

Clinical Summary of COPD and Bronchiectasis and why a diagnosis is important

According to the COPD Foundation there are 24 million persons in the USA with COPD and there are 8 million estimated with Bronchiectasis. Bronchiectasis is typically underdiagnosed due to several possible reasons. One reason may be because there has not been an effective, preventative home therapy that is easy to use and does not disrupt the patient's quality of life. The AffloVest being portable, easy to use, battery operated and can be used while mobile, may finally give this patient demographic a therapy they will use regularly as prescribed. AffloVest is covered by all major insurance including Medicare, so with a CT scan diagnosis of Bronchiectasis this will give your patients this new treatment option to try. The goal of this oscillation therapy is to clear your patient's airways to reduce the number of chronic chest infections, and thereby help manage Bronchiectasis better.

Afflovest is different. It does not use air generator and air bladder technology first developed in the 1980's. No loud and heavy air generators. No air hoses and electrical cords to connect and slow you down. With AffloVest's 21st century technology it gives doctors a new tool to help manage their Bronchiectasis patients utilizing the latest in oscillation therapy, portability and mobility during use. The AffloVest is a preventative therapy that gives patients a device that they can easily use at home or anywhere which could help prevent mucus buildup, subsequent lung infections, hospitalizations and lower re-admissions. Patient treatment plans can be customized using the targeted motors for specific lobes of the lung using different levels of intensity and, because the AffloVest is quiet, portable, and fully mobile during use, this device may more likely be used by an older patient population with bronchiectasis, thereby yielding higher compliance.

Summary of studies on prevalence of bronchiectasis in COPD:

Chin Med J (Engl). 2016 5th Sep;129(17):2017-9. doi: 10.4103/0366-6999.189071. **Bronchiectasis as a Comorbidity of Chronic Obstructive Pulmonary Disease: Implications and Future Research.** Chen YH¹, Sun YC¹.

“The prevalence of bronchiectasis in COPD is highly varied, mostly due to patient inclusion criteria such as different GOLD stages, and different definitions of bronchiectasis. Evaluation of COPD Longitudinally to Identify Predictive Surrogate Endpoints revealed a prevalence of bronchiectasis in 4% of COPD patients with all GOLD stages,[1] but much higher prevalence of bronchiectasis in COPD patients was reported, ranging from 20% to 58% in both primary and secondary care.[2,3,4] In a study from Spain, bronchiectasis was found in 57.6% of patients with moderate to severe COPD,[5] while in a Turkish study the prevalence was 33%.[6] A recent study from the UK showed that 69% of COPD patients with acute exacerbation had some evidence of bronchiectasis, mostly minor or mild in severity; minor 40%, mild 29%, moderate 22%, and severe 8%.[7] A nationwide diagnosis-related groups hospital statistics for the years 2005–2011 in Germany indicated that COPD was found in up to 39.2% of hospitalizations with bronchiectasis as the primary diagnosis.[8] Recent studies in Chinese patients showed that 34.7% (311/896)[9] and 45.8% (87/190)[10] of stable COPD patients were coexistent with bronchiectasis revealed by lung high-resolution computed tomography (HRCT).” In one study it was found that in the COPD patients that were identified with the frequent exacerbator phenotype (≥ 2 exacerbations per year), almost 93% had bronchiectasis. [11]

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10. Jin J, Yu W, Li S, Lu L, Liu X, Sun Y. Factors associated with bronchiectasis in patients with moderate severe chronic obstructive pulmonary disease. *Medicine (Baltimore)* 2016;95:e4219. doi: 10.1097/MD.0000000000004219
11. Bronchiectasis in Patients With COPD: An Irrelevant Imaging Finding or a Clinically Important Phenotype? Epaminondas Kosmas, MD; Silvia Dumitru, MD; Spiros Gkatzias, MD; Konstantinos Velentzas, MD; Serafeim Iossif, MD *Obstructive Lung Diseases: COPD* | October 2016

* AffloVest requires a doctor's prescription for treatment by High Frequency Chest Wall Oscillation (HFCWO). The AffloVest has received the FDA's 510k clearance for U.S. market availability, and is approved for Medicare, Medicaid, and private health insurance reimbursement under the Healthcare Common Procedure Coding System (HCPCS) code E0483 – High Frequency Chest Wall Oscillation. The AffloVest is also available through the U.S Department of Veterans Affairs/Tricare. Patients must qualify to meet insurance eligibility requirements.