



Longitudinal Assessment and Latest Clinical Evidence for PAP Therapy

Dr Adam Benjafield

Vice President Medical Affairs

Overview

- Past
- Changes in Technology
- Present
- Latest Clinical Evidence
- Future





Past





REVERSAL OF OBSTRUCTIVE SLEEP APNOEA BY CONTINUOUS POSITIVE AIRWAY PRESSURE APPLIED THROUGH THE NARES

COLIN E. SULLIVAN MICHAEL BERTHON-JONES LORRAINE EVES

Faiq G. Issa

Department of Medicine, University of Sydney, New South Wales 2006, Australia

Lancet 1981



OSA Treatment







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Lancet - Background

- Severe OSA with excessive daytime sleepiness
- Sealed nasal prongs style mask
- Vacuum-cleaner blower motor

Patient	Age	AI - NREM	AI - REM	
1	40	00	0.4	
2	52	62 (range 33-	64 (range 48-	
3	55	97)	85)	
4	48	35sec length	45sec length	
5	13	ierigui	lengur	



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Lancet – Results

Patient	СРАР	AI - NREM	AI - REM		
1	10				
2	4.5				
3	6	0	0		
4	7				
5	4.5				

- "Immediate clinical response to 1 night of unobstructed sleep was remarkable"
- Patients alert and remained awake all day





Lancet – Conclusions

CPAP through the nares is a fail-safe system for treating OSA



Inherent simplicity and safety suggest that home use will be possible





Reflection

PULMONARY PERSPECTIVE

Nasal Positive Airway Pressure and Sleep Apnea Reflections on an Experimental Method That Became a Therapy

Colin E. Sullivan

Department of Medicine, University of Sydney, Sydney, Australia

Am J Respir Crit Care Med 2018





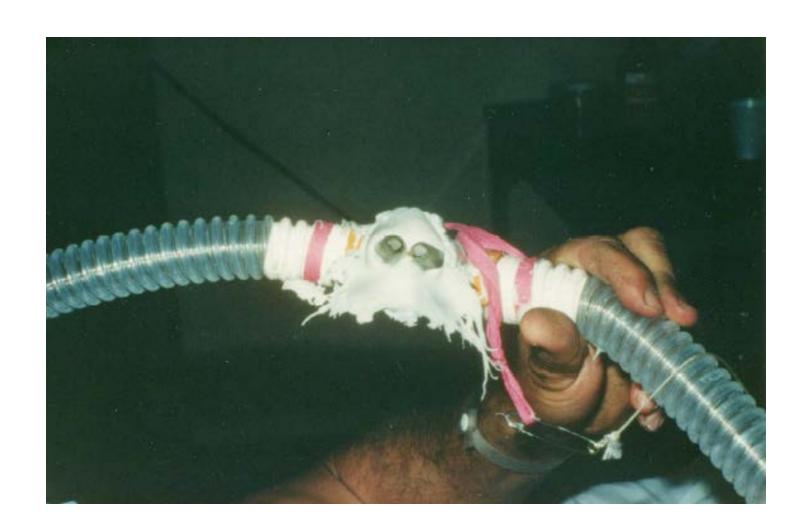
Original CPAP Circuit







Nasal Tubes and Mask After Removal

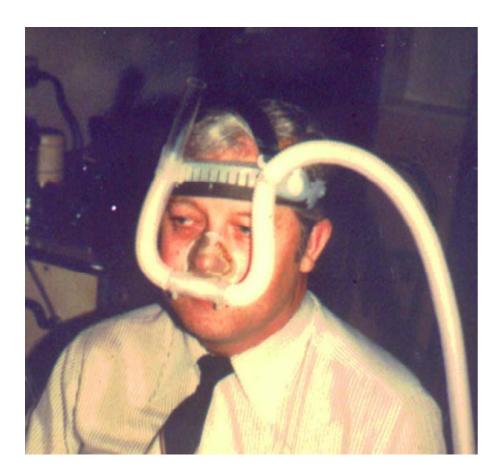






First Home CPAP System

Mask



Device



Glue On Mask - NO LEAK!

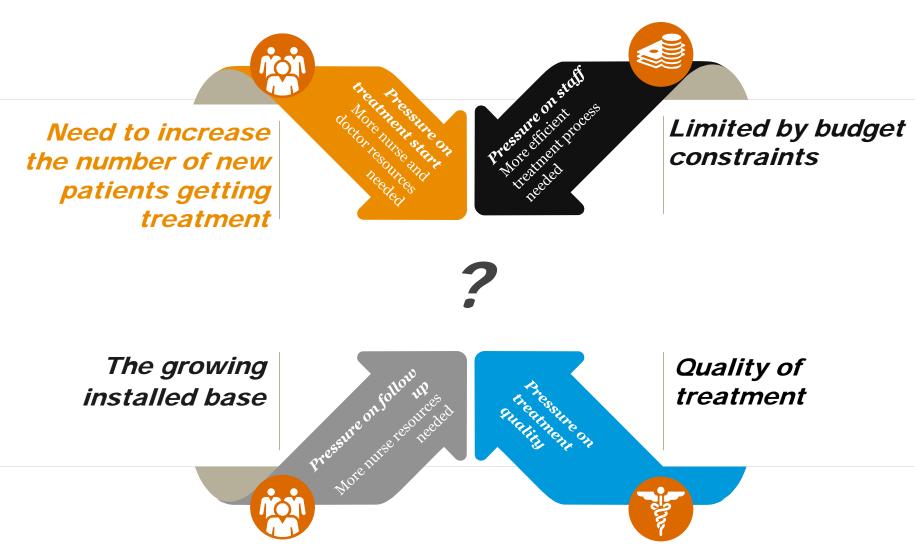


Present





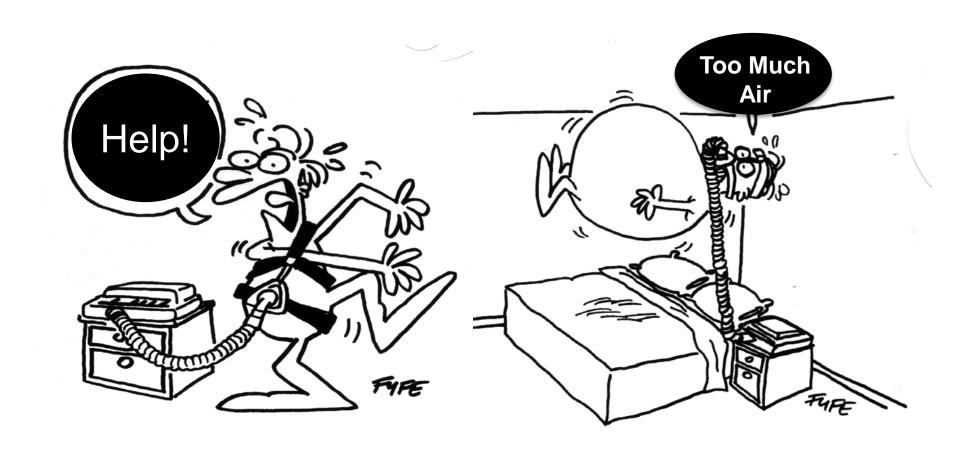
Sleep Medicine – Facing Challenges







Major Challenge – Adherence







Adherence in Major Studies

PREDICT

Continuous positive airway pressure in older people with obstructive sleep apne cundrama (PDEDICT): a 12-month, multicentre, randomi:



Nunn, John R Stradling,

→@ **^** • •

CPAP usage = 2.4 hrs

Alison McMillan, Daniel J Bratton, Rita Faria, Magda Renata L Riha†, Mary J Morrell†, on behalf of the PR

Lancet Respir Med 2014

SAVE

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

CPAP for Prevention of Cardiovascular Events in Obstructive Sleep Apnea

R. Doug McEvoy, M.D., Nick A. Antic, M.D., Ph.D., Emma Heeley, Ph.D., Yuanming Luo, M.D., Qiong Ou, M.D., Xilong Zhang, M.D., Olga Mediano, M.D., Rui Chen, M.D. Guofang C cArdle, M.D., aurent Billot, M.Sc., Sutapa Mukherje Qiang Li, M.B ran Barbe, M.D., Susan I Hisatomi Arima, M.D., Ph.D., Bruce Neal, M.D., Ph.D., David P. White, M.D., Ron R. Grunstein, M.D., Ph.D., Nanshan Zhong, M.D., and Craig S. Anderson, M.D., Ph.D., for the SAVE Investigators and Coordinators*

CPAP usage = 3.3 hrs

MOSAIC

Continuous positive airway pressure improves sleepiness but not calculated vascular risk in patients with minimally symptomatic obstructive sleep apnoea: the MOSAIC randomised controlled trial

Sonva Elizabeth Craig.

coll,¹ Daniel J Bratton,³

Andrew Nunn. Robert Davies, John Stradling

CPAP usage = 2.7 hrsThorax 2012

HeartBEAT

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

CPAP versus Oxygen in Obstructive Sleep Apnea

Daniel J. Gottl Reena Mehra Denise C. Babineau, I Roger S. Blumenthal.

M.D., Ph.D., Ouan, M.D., Rueschman, M.P.H., Bhatt, M.D., M.P.H.,

CPAP usage = 3.5 hrs

NEJM 2014





Adherence in Major Studies

CATNAP

Continuous Positive Airway Pressure Treatment of Sleepy Patients with Milder Obstructive Sleep Apnea

Results of the CPAP Apnea Trial North American Program (CATNAP) Randomized Clinical Trial

Terri E. Weaver^{1,2,3}, Cristina Mancini², J. Richard Landis⁵, Kathleen A. Ferguso Harly Greenberg⁸, David M. Rapoport⁹ Indira Gurubhagavatula³, and Samuel



CPAP usage = 4.0 hrs

AJRCCM 2012

APPLES

EFFECTS OF CPAP ON NEUROCOGNITIVE FUNCTION IN OSA PATIENTS: APPLES

http://dx.doi.org/10.5665/sleep.2226

Effects of Continuous Positive Airway Pressure on Neurocognitive Function in Obstructive Sleep Apnea Patients: The Apnea Positive Pressure Long-term Efficacy Study (APPLES)

Clete A. Kushida, MD, PhD¹; Deborah A. Nichols, MS¹; Richard D. Simon Jr., MD²; Christian Guilleminault, MD Pamela R. Hyde, MA¹; Max Hirshkowitz, PhD²; Sylvan o Daniel A. Bloch, PhD¹; Tami Crabtree, MS¹; William G. Dement, Mt.

NEUTRAL

K. Walsh, PhD³; Daniel J. Gottlieb, MD, MPH^{4,5}; la K. Schweitzer, PhD³; Eileen B. Leary, RPSGT¹; S⁹; Alan Gevins, DSc⁹; Gary G. Kay, PhD¹⁰;

CPAP usage = 4.2 hrs

SLEEP 2012

GLYCOSA

The Effect of Treatment of Obstructive Sleep Apnea on Glycemic Control in Type 2 Diabetes

Jonathan E. Shaw¹, Naresh M. Punjabi², Matthew T. Naughton³, Leslee Willes⁴, Richard M. Bergenstal⁵, Peter A. Cistulli⁶, Greg R. Fulcher⁷, Glenn N. Richards⁸, and Paul Z. Zimmet¹

¹Baker IDI Heart and Diabetes Institute, Melbou University School of Medicine, Baltimore, Mary Consulting Group, Inc., Encinitas, California; ⁵In Respiratory and Sleep Medicine and ⁷Departm New South Wales, Australia; and ⁸ResMed Sci



onary and Critical Care Medicine, Johns Hopkins versity, Melbourne, Victoria, Australia; "Willes et Clinic, Minneapolis, Minnesota; "Department of re Hospital and University of Sydney, Sydney, w South Wales, Australia

CPAP usage = 4.9 hrs

AJRCCM 2016



Changes in Technology





Telemonitoring – AirView





are

Currently ResMed has over 6 million cloud connected PAP devices



Clinician Notifications (Action Groups / U-Sleep)





Patient Engagement and Notifications

(myAir / U-Sleep)







Medical Experts in Clinical Outcomes
Using Data Science

Building clinical learnings through advanced analytics from AirView and other data sources



Atul Malhotra
UC San Diego



Peter Cistulli
University of Sydney



Jean-Louis Pepin
Grenoble Alpes
University



Holger Woehrle
Sleep and Ventilation
Center Blaubeurben

Medical Affairs leaders and Advanced Analytics (data scientists and statisticians) from RMD



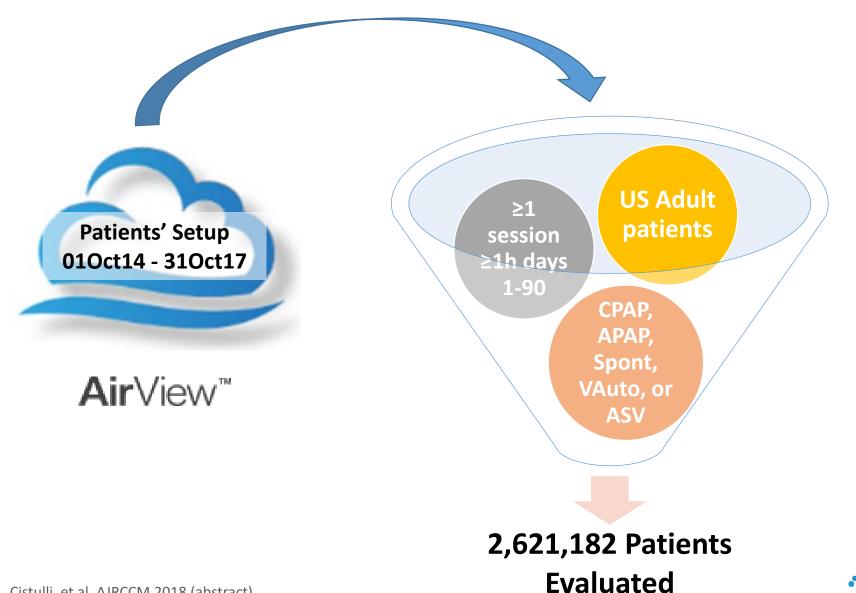
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Latest Clinical Evidence





Real-World PAP Adherence

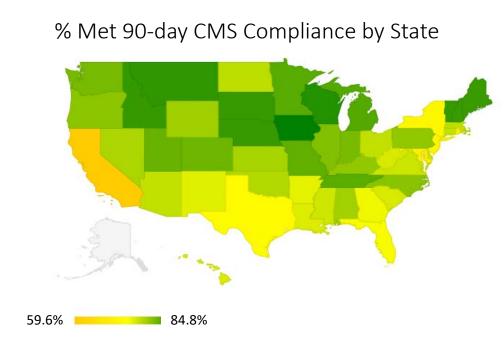




Real-World PAP Adherence

Over 2.6 million US AirView patients, CMS compliance in the first 90 days





Overall mean daily usage

5.1 hours

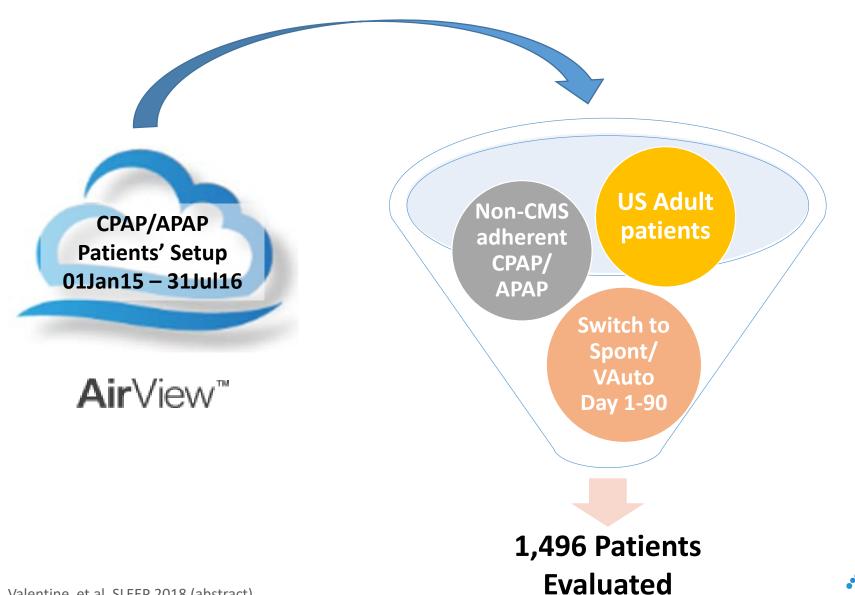
Median percentage of days used

93%





ncOSA Bilevel Rescue







ncOSA Bilevel Transition

Efficacy Metrics (first 90 days)	Before switch (CPAP/APAP) Median	After switch (Spont/VAuto) Median	
Avg. AHI	4.93	4.02	
Avg. Median Leak (L/min)	5.00	4.14	

Usage Metrics (first 90 days)	Before switch (CPAP/APAP) Median	After switch (Spont/VAuto) Median	Change	P-Value
Percentage of days compliant (≥ 4hrs) (%)	52.7	68.9	+16.2 (+30.8%)	<0.001
Avg. daily usage (hrs)	3.85	4.75	+0.90 (+23.3%)	<0.001

Overall rescue to CMS Compliance with Bilevel = 56.8%



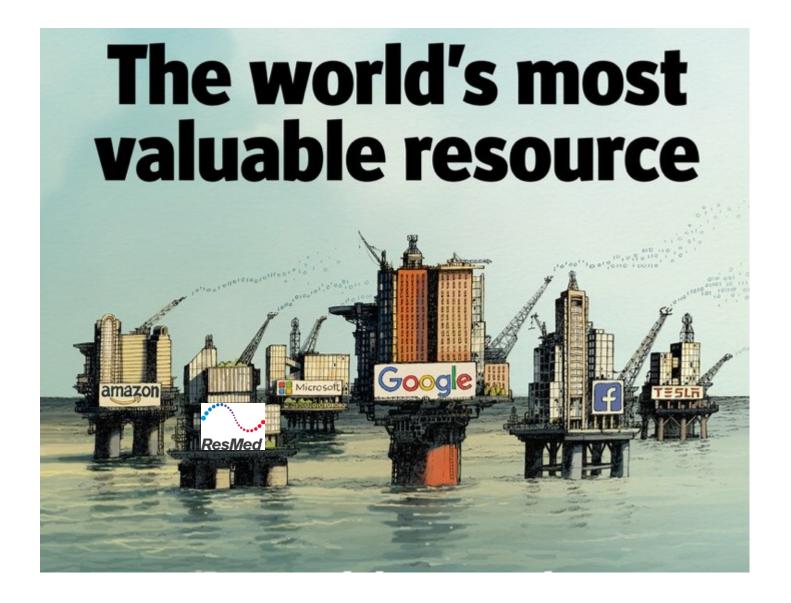


> Future





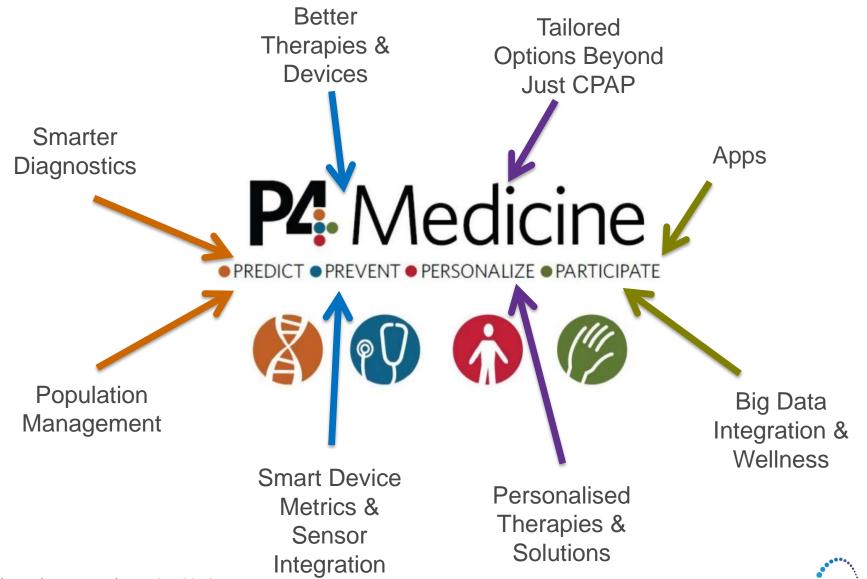








One Paradigm for the Future of Healthcare



Pack, et al. Ann Am Thorac Soc 2016

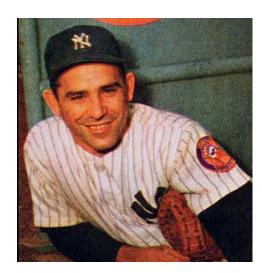


PERSPECTIVE

MACHINE LEARNING AND PREDICTION IN MEDICINE

Machine Learning and Prediction in Medicine — Beyond the Peak of Inflated Expectations

Jonathan H. Chen, M.D., Ph.D., and Steven M. Asch, M.D., M.P.H.



Yogi Berra:
"It's tough to make predictions, especially about the future."







Future NIH Major Studies



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Pregnancy and OSA (SLEEP)

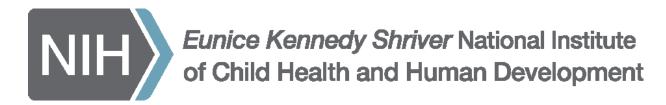


Multi-site study (Pregnancy)

PI: Prof. Francesca Facco (Obstetrics), Prof. Sanjay Patel (Sleep) UPMC

- Primary Aim: Hypertensive disorders of pregnancy
 - -Study n=2700
 - Mild to moderate OSA
 - Other outcomes: gestational diabetes, fetal, maternal cardiovascular (VTE, onset HF, MI, onset AF)
- CT.gov Identifier: NCT0348718









Stoke and OSA (Sleep SMART)



Multi-site study (Stroke)

PI: Prof. Ron Chervin, Prof Devin Brown University of Michigan

- **Primary Aim:** Recurrence of stroke, ACS or all-cause mortality at 6 months
 - -Study n=3062
 - Acute ischaemic stroke or high risk TIA and OSA
 - -Functional neurologic status at 3 months
- CT.gov Identifier: pending

Planning Phase





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Pre-diabetes and OSA



Multi-site study (Pre-Diabetes)

PI: Prof. Naresh Punjabi Johns Hopkins

- **Primary Aim:** Conversion to type 2 diabetes
 - -Study n=1200
 - Insulin insensitivity and OSA
- CT.gov Identifier: pending

Early Planning Phase





Conclusions

- CPAP has gone from an experimental apparatus (1981) to commercially available (1985-) long term therapy over the last nearly 40 years
- With growth of Sleep Medicine, we have seen a rapid development of medical devices to treat SDB and adoption of cloud connectivity
- P4 medicine has emerged as a useful paradigm to approach SDB
- Big Data bring new insights and the potential for further innovation
- There are still with many important challenges but





> Thank You



