



Assessing Chronic Cough: Insights from the ERS Cough Conference 2026

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THE INAUGURAL European Respiratory Society (ERS) Cough Conference 2026 was held at the Royal College of Physicians, London, UK, and online from 15th–17th July 2026, bringing together 356 participants from 57 countries. Under the theme 'Chronic cough as a disease', presentations covered advances in cough biology, epidemiology, diagnosis, monitoring, and treatment.

A FIELD AT A TURNING POINT

Cough was long viewed as a symptom that is common across many chronic and acute respiratory conditions; however, it is now recognised that, for a subset of patients, cough can become a disease in its own right, deserving of a diagnostic pathway and requiring targeted therapy. A key theme of the ERS Cough Conference 2026 was the consideration of refractory and unexplained chronic cough through the lens of cough hypersensitivity disease, involving altered neural responses and peripheral and central sensitisation. Presenters highlighted the importance of distinguishing the broad term 'chronic cough' from refractory and unexplained chronic cough, particularly for diagnosis, care pathways, clinical trial design, and endpoint selection.

Alongside distinguishing refractory or unexplained cough that may be caused by

cough hypersensitivity, speakers cautioned that historic chronic cough prevalence estimates are sensitive to definition. Treatable, disease-related cough (e.g., cough in bronchiectasis or COPD) should not be conflated with unexplained chronic cough and refractory chronic cough when interpreting epidemiological studies or designing trials. Older pooled estimates were viewed as potentially inflated because they included broader disease groups in which cough is a symptom, while a newer global meta-analysis suggests a 6.3% period prevalence, 7.0% lifetime prevalence, and point prevalence of approximately 4.0% for chronic cough.¹

Two patient representatives contributed presentations and discussion, sharing their experiences of prolonged diagnostic journeys, high symptom burden, trigger sensitivity, throat irritation, mucus, throat clearing, and unpredictable cough episodes.

Clinical language was also discussed; for example, asking how ‘troublesome’ a cough is may better capture patient impact than asking how ‘bad’ it is. These perspectives reinforced the importance of including patient experience when assessing disease burden and treatment benefit.

FROM COUNTS TO CONTEXT: ADVANCING COUGH ASSESSMENT

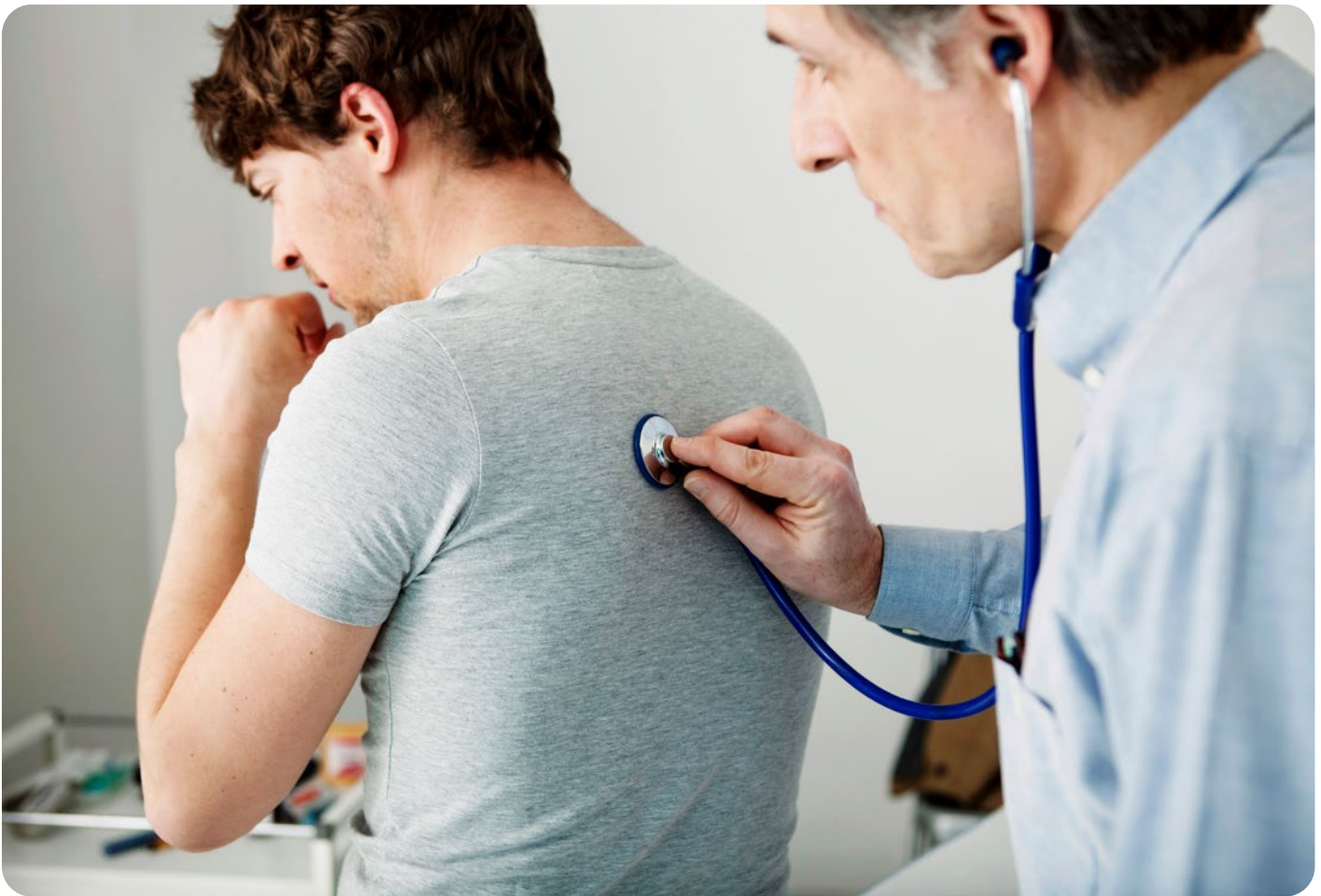
The Conference highlighted the expanding toolkit for cough assessment, combining objective endpoints with patient-reported measures and emerging digital approaches.

Objective cough monitoring was discussed as an established endpoint in chronic cough trials, with ongoing discussion about whether 24-hour recordings are sufficient for future applications. Longer-term monitoring may better capture variability, treatment-response patterns, and patient-relevant fluctuations, prompting discussion on how continuous measures might be used as a clinical trial endpoint with questions around acceptable levels of accuracy and monitoring period. Several wearable monitoring technologies were

presented, and there was considerable interest in exploratory measures such as longer-term and continuous cough monitoring,² cough sound and motion intensity,³ cough bouts, cough-free time,⁴ throat clearing, and other non-cough expiratory sounds,^{5,6} although questions remain around operational definitions, annotation frameworks, endpoint calculation, and how these measures should be implemented in clinical trials.

Objective cough assessment in clinical practice was identified as an unmet need, and speakers discussed its potential use in referral pathways, treatment selection, and ongoing patient management. Additional posters covered cough frequency measurement applications, illustrating the relevance of cough beyond chronic cough. Work from Tampere University, Finland, used a continuous cough monitor in cross-country skiing elite athletes to measure cough across a World Cup competition weekend, showing increased cough burden clustering immediately after racing.⁷ Interim results from a prospective COPD exacerbation study demonstrated an increased cough burden measured with a continuous monitor up to 14 days before exacerbation.⁸





Patient-reported outcomes (PRO) were discussed as being essential complements to objective assessment tools for chronic cough. Numeric rating scales were reported as having similar validity to visual analogue scales, albeit with better alignment to regulatory expectations. Other PRO tools, including the Cough Hypersensitivity Questionnaire (CHQ) and the Triggers and Sensations Provoking Coughing (TOPIC) questionnaire, were discussed as ways to capture patient-perceived impact, including symptom severity and hypersensitivity. However, both patient representatives and speakers noted that with all the PROs, qualitative scores are likely to be most influenced by recent or particularly severe coughing episodes, so may not always correlate closely with objective cough frequency assessment. Overall, the programme reinforced that no single tool fully captures the cough experience, and that future assessment strategies will likely require a combination of objective monitoring, PROs, and clinically meaningful measures such as cough bouts and cough-free time.

WHAT'S NEXT FOR CHRONIC COUGH THERAPIES?

Therapies in development are largely focused on cough hypersensitivity, with investigational neuromodulatory approaches targeting central and peripheral pathways, including Trevi Therapeutics' (New Haven, Connecticut, USA) nalbuphine extended release in refractory chronic cough and idiopathic pulmonary fibrosis, Seyltx's (Cambridge, Massachusetts, USA) ifenprodil, and Nocion Therapeutics' (Watertown, Massachusetts, USA) taplucainium in refractory chronic cough. Other therapies in development include Sensory Cloud's (Boston, Massachusetts, USA) SC0023, which focuses on laryngeal rehydration to relieve compression on mechano-sensitive ion channels. Presentations reported effects across cough frequency and bout-related measures, while noting continued interest in responder profiles and trial design.

Coinciding with the Conference programme, on 17th July, GSK (London, UK) announced that it would be halting further development of camlipixant in refractory chronic cough following the Phase III CALM-1 and CALM-2 trials. CALM-1 met its primary endpoint at the 50 mg twice-daily dose, but CALM-2 did not meet the same endpoint at Week 24, and the 25 mg dose was not significant in either study. Key secondary endpoints did not meet target thresholds, adverse event profiles were similar to placebo, and GSK concluded that overall efficacy was unlikely to transform patient care.⁹ Despite not being part of the Conference programme, the announcement was disappointing for many attendees and highlighted the challenges associated with cough measurement that had been a recurring theme throughout the meeting.

For clinicians, the meeting highlighted the importance of structured cough assessment, including confirmation of cough duration, identification of red flags, assessment of treatable traits, quantification of severity and burden, and consideration of cough hypersensitivity. Speakers noted that no single measure fully captures the disease experience.

Cough monitoring was discussed as a potential future tool to help characterise symptoms, assess baseline severity, identify associations with triggers or complications, and evaluate treatment response in research and specialist settings.

CONCLUSION

The inaugural ERS Cough Conference reflected growing clinical and research interest in chronic cough as a focus within respiratory medicine, and in cough hypersensitivity as a distinct disease entity. Key priorities include consensus definitions and terminology that reflect patient experience, alignment between objective and patient-reported endpoints, and further evaluation of evolving wearable monitoring tools and prospective measures.

Therapies in development will require endpoint strategies that demonstrate both objective cough reduction and meaningful patient benefit. Resolving outstanding questions around cough bouts, longer-term monitoring, throat clearing, and endpoint combinations may support future research, clinical pathways, and therapeutic development.

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