



Congress Review

Review of the European Respiratory Society (ERS) Congress 2026

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THE OPENING of the European Respiratory Society (ERS) Congress 2026 placed patient partnership, equitable care, sustainability, and science-led policy at the centre of the respiratory agenda.

The Congress opened in Barcelona, Spain, under the theme ‘Patient–Professional Partnership: United for Better Breathing’. The opening programme considered how lived experience can shape clinical decisions, research priorities, education, and public policy, while also highlighting digital care, health inequalities, planetary health, and the future respiratory workforce.

CARE DESIGNED WITH PATIENTS

Patient contributors called for care to be built with patients rather than simply delivered to them. Clinical expertise remains essential, but symptoms, treatment burden, emotional wellbeing, daily goals, and quality of life determine whether care works for the person receiving it. This requires shared decision-making based on trust and open discussion, with clinicians asking what matters in a patient’s everyday life.

The programme reflected this commitment through 32 sessions with patient and professional co-chairs, 12 patient testimonials, and 46 patient speakers or panellists. Patient participation covered approximately one-quarter of the

programme, including sessions on stigma, communication, service design, and patient contributions to ERS projects.

SCIENCE CONNECTED TO EVERYDAY CARE

Organisers reported just under 7,200 abstract submissions, the highest number received by the Congress. Programme highlights included new respiratory pharmacotherapies, treatment escalation following a COPD exacerbation, inhaler technology, and digital applications. Sessions also explored equity in respiratory care, transitions from paediatric to adult services, and communication between patients, parents, and clinicians.

Environmental and geopolitical pressures also featured. Planned discussions addressed net zero respiratory healthcare, the effects of food systems and lifestyle on respiratory health, and the disruption of care during conflict.

RESEARCH EDUCATION AND ADVOCACY

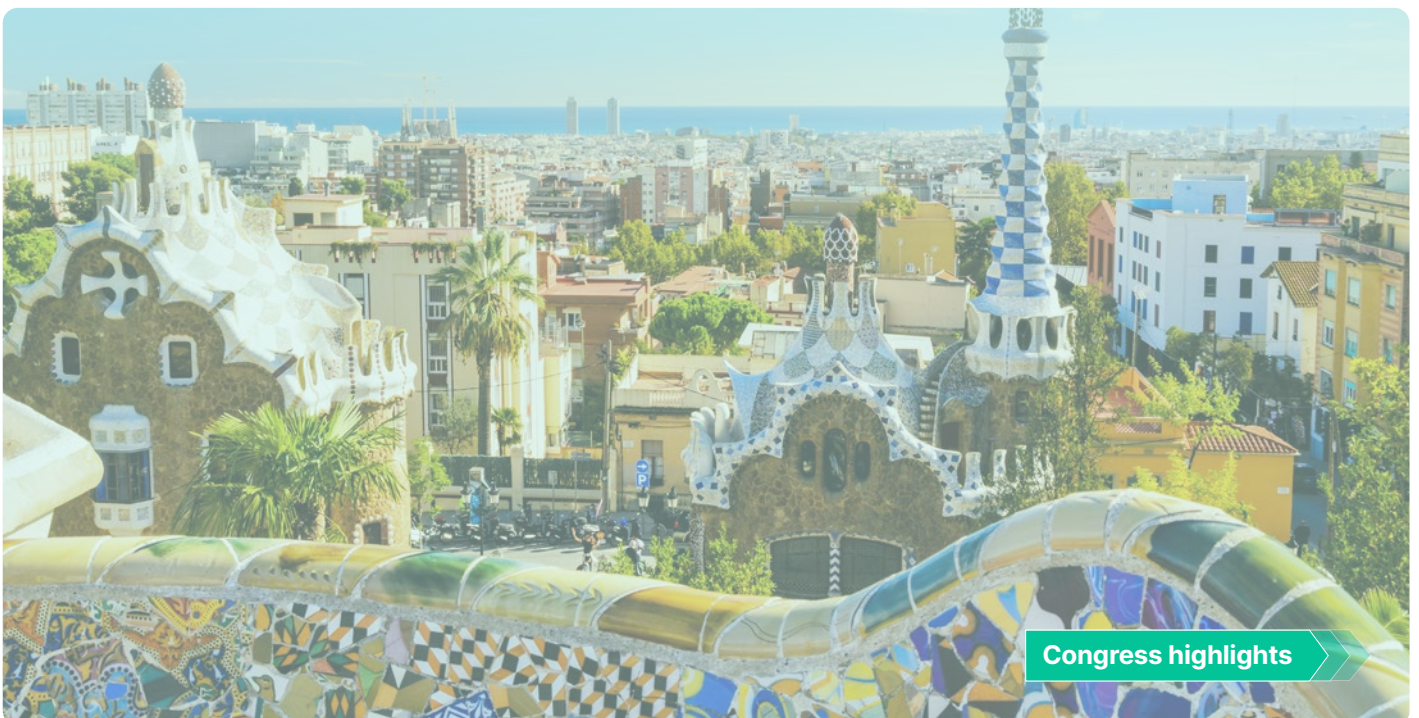
ERS outlined work with the European Lung Foundation (ELF) on a research strategy incorporating the priorities of HCPs and patients. It also highlighted international scientific collaboration and initiatives supporting medical students, allied HCPs, and basic scientists entering respiratory careers.

Digital and on-demand education is intended to improve access for a membership in which around one-third of members are based outside Europe. Advocacy leaders also identified tobacco and nicotine use, air pollution, climate change, occupational exposures, and respiratory infections as priorities requiring evidence-based policy.

PARTNERSHIP BEYOND THE CONGRESS

The opening programme presented patient partnership as a working method rather than a ceremonial theme. Its success will depend on whether patients continue to shape routine care, research questions, education, and policy after delegates leave Barcelona.

“Patient participation covered approximately one-quarter of the programme, including sessions on stigma, communication, service design, and patient contributions to ERS projects”



Residual T2 Inflammation Linked to Severe Asthma Relapse

APPROXIMATELY one in five patients with severe asthma who achieved clinical remission after starting biologic therapy experienced relapse during the following year, according to an international registry study presented at ERS 2026.¹

Researchers used data from the International Severe Asthma Registry (ISAR) to identify factors associated with relapse among adults who had at least 2 consecutive years of follow-up. All included patients had achieved clinical remission 12 months after initiating biologic treatment.

Clinical remission was defined using three criteria: no exacerbations, no long-term oral corticosteroid use, and partly or well-controlled asthma. Relapse was recorded when a patient no longer met at least one of these criteria at 24 months.

Among 732 patients from 21 countries who were in remission at 12 months, 148 patients, or 20.2%, had relapsed by 24 months.



Patients with a blood eosinophil count of at least 100 cells/ μ L had approximately twice the odds of relapse compared with those with counts below 50 cells/ μ L.

“One in five patients with severe asthma who achieved clinical remission after starting biologic therapy experienced relapse during the following year”

Better lung function was associated with a lower likelihood of relapse. Patients with a percent predicted forced expiratory volume in 1 second of at least 80% had 38% lower odds of relapse than those with values below 80%.

Markers of persistent Type 2 inflammation were associated with poorer remission durability. Patients with a blood eosinophil count of at least 100 cells/ μ L had approximately twice the odds of relapse compared with those with counts below 50 cells/ μ L.

Fractional exhaled nitric oxide measured at 12 months was not independently associated with relapse. However, patients whose levels had fallen by less than 34% between the pre-biologic assessment and 12 months had higher odds of relapse than those with reductions of at least 34%.

These findings suggest that most patients who achieve remission with biologic treatment maintain it for at least another year. However, residual Type 2 inflammation and reduced lung function at 12 months may help identify patients requiring closer monitoring. As an observational analysis, the study identifies associations and does not establish that these factors directly cause relapse.



Functional Capacity May Explain Sex Differences After Lung Surgery

MEN undergoing lung cancer surgery may have higher postoperative risk than women, with differences in functional capacity potentially accounting for much of this association, according to findings presented at ERS 2026.²

Findings suggest that differences in preoperative functional capacity may help explain sex-related differences in outcomes following lung cancer surgery. Sex differences in postoperative outcomes are well documented, but the role of functional capacity in determining surgical selection and subsequent risk remains less clear. The study investigated whether differences in cardiopulmonary exercise testing (CPET) performance could help explain these differences.

Researchers assessed 498 patients referred for CPET between 2008–2020 and reviewed the reasons why patients did not proceed to surgical treatment. CPET measures included weight-indexed peak oxygen uptake ($\text{VO}_{2\text{peak}}$), percent-predicted $\text{VO}_{2\text{peak}}$, and the ventilatory equivalent for carbon dioxide (VE/VCO_2) slope. Logistic regression was used to examine whether sex was associated with major pulmonary complications or 30-day mortality among patients undergoing lobectomy, with sequential adjustment for comorbidities, surgical factors, and CPET-derived variables.

Of the patients assessed, 224 underwent resection, including 149 who underwent lobectomy. Women who were excluded from surgery had relatively preserved functional capacity. Their mean percent-predicted $\text{VO}_{2\text{peak}}$ was 80%, while the mean VE/VCO_2 slope was 35.8. These measures were comparable with those seen in men who

subsequently underwent lobectomy, whose corresponding values were 78% and 35.1.

Among patients undergoing lobectomy, male sex was initially associated with an increased risk of major pulmonary complications or 30-day mortality, with an odds ratio (OR) of 3.15 and a 95% CI of 1.39–7.16. This association remained after adjustment for comorbidities and surgical extent, with an OR of 2.69 and a 95% CI of 1.11–6.50. However, the association was no longer apparent after percent-predicted $\text{VO}_{2\text{peak}}$ was included in the analysis, when the OR was 1.39 with a 95% CI of 0.51–3.77.

These findings suggest that differences in functional capacity may account for much of the observed sex-related variation in postoperative risk. They also raise questions about how CPET measures are incorporated into multidisciplinary decisions regarding lung cancer surgery, particularly where women with preserved exercise capacity may not proceed to resection.

The observational nature of the study means that the findings cannot establish causality, and further research is required to determine how functional capacity should be incorporated into surgical decision-making. The authors suggest that percent-predicted $\text{VO}_{2\text{peak}}$ or VE/VCO_2 slope may provide useful measures for assessing risk across sexes.

“Findings suggest that differences in preoperative functional capacity may help explain sex-related differences in outcomes following lung cancer surgery”

Higher Levels of Growth Differentiation Factor 15 in Patients with Asthma Suggests Role in Pathogenesis

GROWTH differentiation factor 15 (GDF-15) may play a role in asthma pathogenesis after a new study presented at ERS 2026 revealed that circulating GDF-15 levels are higher in patients with asthma and continue to be linked to fixed airway obstruction and asthma exacerbation rate.³

Asthma is known to be related to an increased risk of developing certain thromboembolic complications, while GDF-15, a multifunctional cytokine that has anti-inflammatory and pro-fibrotic properties, is linked to cardiovascular risk.

This study looked at the relationship between concentrations of GDF-15 in the peripheral blood of patients with asthma and their relationship with asthma severity, lung function, exacerbation rate, and a set of inflammatory and prothrombotic biomarkers.

In total, 157 adult patients with asthma were matched with 60 controls. Plasma GDF-15 was determined in relation to a number of factors including inflammatory and prothrombotic markers, such as thrombin generation profile, fibrinolysis (measured by clot lysis time [CLT]), and cellular fibronectin.

During the 3-year follow-up period of this study, researchers also assessed the asthma exacerbation rate.

The results showed that GDF-15 levels were 10.8% higher in patients with asthma ($p < 0.001$). Moreover, GDF-15 levels positively correlated with longer CLT, implying impaired fibrinolysis (Pearson correlation coefficient $[r] = 0.39$; $p < 0.001$), cellular fibronectin ($r = 0.37$; $p < 0.001$), and C-reactive protein ($r = 0.18$; $p = 0.025$). Conversely, higher GDF-15 levels were not correlated with thrombin generation parameters.

Baseline GDF-15 levels were 13.9% higher in patients with fixed airway obstruction ($p = 0.024$). However, these baseline levels were not associated with asthma severity or forced expiratory volume in 1 second.

Interestingly, researchers also recorded 150 severe asthma exacerbations in 50 patients. These individuals exhibited 12.3% higher GDF-15 at baseline ($p = 0.003$).

Overall, the findings indicate that patients with asthma have higher circulating GDF-15 levels and that they remain associated with fixed airway obstruction and asthma exacerbation rate.

The authors explained that this study is the first to demonstrate higher GDF-15 levels in patients with asthma and, as a result, suggested that GDF-15 may play a role in asthma pathogenesis.

“This study is the first to demonstrate higher GDF-15 levels in patients with asthma”



Personalised Campaign Increases Influenza Vaccination Uptake in High-Risk Groups

A PERSONALISED communication campaign delivered by a Slovak health insurance company (HIC) has been associated with increased influenza vaccination among high-risk individuals, according to a late-breaking abstract presented at ERS 2026.⁴

Influenza vaccination coverage in Slovakia has remained low, at 3.8% in the general population and between 1.9–15.5% among high-risk groups, representing an underused preventive opportunity. The study aimed to assess whether a personalised communication campaign delivered by a HIC was associated with increased influenza vaccination among high-risk individuals.

An administrative database from a Slovak HIC, covering 1.8 million insurees in 2025, was used to identify high-risk individuals, including those with asthma, COPD, cardiovascular disease, or diabetes; adults aged 59 years and over; and pregnant women. A personalised campaign was delivered via email, SMS, or push notification between October–November 2025. Vaccine prescriptions by the end of December 2025 were compared against 232,153 insurees who did not receive the campaign, using multivariable logistic regression.



Personalised communication was associated with a

23%

increase in odds of vaccination, corresponding to 1,853 additional vaccinations

The campaign reached 232,159 high-risk individuals, of whom 13,679 (5.9%) filled a vaccine prescription. Personalised communication was associated with a 23% increase in odds of vaccination, corresponding to 1,853 additional vaccinations. Pregnant women showed the highest adjusted odds (odds ratio: 1.37), and patients with respiratory disease also had significantly higher odds (odds ratio: 1.21) versus the cardiovascular disease reference group. Prior-year vaccination was the strongest predictor, with up to 30-fold higher odds. SMS was less effective than email, with 8% lower odds of vaccination.

Personalised communication represents a simple, effective, and scalable tool to support influenza vaccination uptake

The authors have concluded that HIC-led personalised communication represents a simple, effective, and scalable tool to support influenza vaccination uptake in high-risk populations.



Lower Risk of Cardiovascular Events Associated with AS01_E-Adjuvanted RSVPreF3 Vaccine

IN ADULTS aged 60 years and over, the AS01_E-adjuvanted respiratory syncytial virus prefusion F protein (RSVPreF3)-based vaccine was associated with a lower risk of respiratory syncytial virus (RSV)-related major adverse cardiovascular events (MACE) and respiratory exacerbations over two RSV seasons, according to a retrospective cohort study presented at ERS 2026.⁵

Current research suggests that the adjuvanted RSVPreF3 vaccine is effective in reducing the risk of a number of RSV-related outcomes over one RSV season. These include reducing the risk of MACE, severe exacerbations of COPD, and asthma. However, in this study, researchers aimed to evaluate vaccine effectiveness (VE) over two RSV seasons.

The study included 662,982 vaccinated and 2,651,928 unvaccinated adults in the USA aged 60 years and over, and was conducted using claims data obtained from the Optum Research Database. The claims data used spanned almost 3 years from August 2022–May 2025. Vaccinated and unvaccinated adults were exact matched on key baseline characteristics. Propensity score weighting was used to balance the remaining differences, and Cox proportional hazards models were used to estimate hazard ratios that compared the risk of overall and RSV-related MACE and COPD and asthma exacerbations.



Regarding respiratory outcomes, VE was 57.6% for severe COPD exacerbations (95% CI: 46.1–66.7%), and 57.3% for severe asthma exacerbations (95% CI: 22.3–76.6%)

The median follow-up of vaccinated adults was 16.4 months, whereas the median follow-up of unvaccinated adults was 14.3 months. Against RSV-related outcomes, VE was 58.5% for MACE (95% CI: 46.0–68.1%). Regarding respiratory outcomes, VE was 57.6% for severe COPD exacerbations (95% CI: 46.1–66.7%), and 57.3% for severe asthma exacerbations (95% CI: 22.3–76.6%).

Overall, this study revealed that in adults from the USA aged 60 years and over, adjuvanted RSVPreF3 vaccination was associated with a lower risk of RSV-related MACE, COPD exacerbations, and asthma exacerbations over two RSV seasons. The authors concluded by outlining the clinical implications of these findings. They suggested that the results may help inform future recommendations in revaccination timing.

“Adjuvanted RSVPreF3 vaccination was associated with a lower risk of RSV-related MACE, COPD exacerbations, and asthma exacerbations”



Aerosolised Budesonide/Formoterol Does Not Reduce Respiratory Failure in Hospitalised Pneumonia

A LARGE multicentre RCT has found that aerosolised budesonide/formoterol does not significantly reduce acute respiratory failure in hospitalised patients with pneumonia and hypoxaemia, according to findings presented at ERS 2026.⁶

The Phase III ARREST trial enrolled 465 patients between May 2020–July 2025. Participants were randomly assigned to receive twice-daily aerosolised budesonide/formoterol or placebo for up to 5 days. The double-blind study excluded patients who already had an indication for inhaled beta agonists or corticosteroids, although the protocol was amended to permit 6 mg dexamethasone in patients with COVID-19.

The primary endpoint was acute respiratory failure, defined as requiring high-flow nasal oxygen or non-invasive or invasive ventilation for more than 36 hours. Researchers also explored whether the treatment effect differed across prespecified patient subgroups.

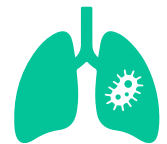
Acute respiratory failure occurred in 47 of 235 patients (20.0%) receiving budesonide/formoterol and 50 of 230 patients (21.7%) receiving placebo. This difference was not statistically significant (odds ratio: 0.9; 95% CI: 0.6–1.5; $p=0.7$), and no differences were observed in secondary outcomes.

The median time from presentation to the emergency department to administration of the first dose was 20 hours. Subgroup analysis suggested a possible effect of treatment timing: patients treated within 20 hours showed a trend towards a lower risk of acute respiratory failure compared with those treated later. However, the interaction did not reach conventional statistical significance and should be interpreted cautiously.



The trial was stopped for futility after reaching 75% of its planned enrolment, limiting its ability to identify smaller treatment effects. The timing of treatment initiation may also have influenced the results, while the protocol amendment permitting dexamethasone in patients with COVID-19 introduced potential variation in concomitant corticosteroid exposure.

Overall, the findings do not support routine use of aerosolised budesonide/formoterol to prevent acute respiratory failure in hospitalised patients with pneumonia and hypoxaemia. Further research would be needed to determine whether earlier administration could benefit selected patients.



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“Aerosolised budesonide/formoterol does not significantly reduce acute respiratory failure in hospitalised patients with pneumonia and hypoxaemia”

Danish Study Links Gestational Air Pollution to Childhood Respiratory Infections

AIR POLLUTION is a recognised risk factor for chronic respiratory diseases, but the understanding of influence on childhood lower respiratory tract infections (LRTI) following gestational exposure remains incomplete. Exposure during pregnancy may affect foetal lung development and subsequent respiratory health, highlighting the importance of investigating its implications for paediatric clinical practice. Understanding associations between prenatal environmental exposures and childhood respiratory infections could support early risk identification and inform preventative strategies. A study presented at ERS 2026 investigated the association between gestational exposure to ambient air pollutants and the incidence of childhood LRTIs through adolescence.⁷ The researchers' key finding was that gestational exposure to fine particulate matter (PM_{2.5}), nitrogen dioxide (NO₂), and ozone (O₃) was associated with an increased incidence of childhood LRTIs.

The nationwide, register-based cohort study included all live-born singleton children in Denmark between 1998–2016. Gestational exposure to PM_{2.5}, NO₂, O₃, and black carbon (BC) was estimated using maternal residential addresses. Children were followed from birth until 18 years of age, with pneumonia, bronchitis, and influenza identified through national health registers. Cox regression models assessed associations per interquartile range increase in pollutant exposure, adjusting extensively for individual- and area-level covariates.

Higher gestational exposure to PM_{2.5}, NO₂, and O₃ was associated with increased LRTI incidence. Hazard ratios per interquartile range increase were 1.06 (95% CI: 1.04–1.07) for PM_{2.5}, 1.05 (95% CI: 1.04–1.06) for NO₂, and 1.01 (95% CI: 1.00–1.03) for O₃. No clear association was observed for BC (hazard ratio: 1.00; 95% CI: 0.99–1.00). Pneumonia was consistently associated with PM_{2.5}, NO₂, and BC, whereas O₃ showed limited evidence of association. Associations were generally observed throughout childhood, with somewhat stronger estimates among school-aged children.



Higher gestational exposure to PM_{2.5}, NO₂, and O₃ was associated with increased LRTI incidence. Hazard ratios per interquartile range increase were 1.06 (95% CI: 1.04–1.07) for PM_{2.5}, 1.05 (95% CI: 1.04–1.06) for NO₂, and 1.01 (95% CI: 1.00–1.03) for O₃.

“Gestational exposure to specific air pollutants may contribute to childhood respiratory morbidity”

These findings suggest that gestational exposure to specific air pollutants may contribute to childhood respiratory morbidity, highlighting the relevance of environmental risk factors in clinical practice. HCPs could incorporate air pollution awareness into antenatal counselling and respiratory health education. However, the observational design prevents causal conclusions, while residential exposure estimates may not accurately reflect individual exposure. Residual confounding and pollutant-specific differences further limit interpretation. Future research should investigate underlying mechanisms and whether interventions to reduce maternal exposure can improve respiratory outcomes in children.

Matrix Pencil Decomposition MRI Shows Promise for Tracking Lung Ventilation Changes in Cystic Fibrosis

LONGITUDINAL changes in perfusion defect percentage (QDP) and ventilation defect percentage (VDP) measured using matrix pencil decomposition MRI (MP-MRI) correlated with changes measured using established morpho-functional MRI scores and lung function parameters in patients with cystic fibrosis. The findings suggest that MP-MRI may be used as a contrast-independent alternative to contrast-enhanced (CE) perfusion MRI, according to a new study presented at ERS 2026.⁸

Lung ventilation and perfusion in people with cystic fibrosis can be quantitatively assessed using MP-MRI. Importantly, this method does not require contrast agents, unlike CE perfusion MRI. This suggests that MP-MRI could be a promising contrast-independent alternative to CE perfusion MRI.

Researchers explained that the aim of this study was to determine the longitudinal course of MP-MRI parameters in comparison to the established morpho-functional MRI scores and lung function parameters in patients with cystic fibrosis, given that longitudinal comparisons of the two methods are lacking.

In total, 136 patients with cystic fibrosis with a median age of 14.5 years were included in the study. CE perfusion MRI, MP-MRI, multiple-breath washout, and spirometry were performed twice in these patients, and the morpho-functional MRI score was obtained.

Automated software calculated QDP and VDP. Other measurements assessed included lung clearance index and forced expiratory volume in 1 second (FEV₁) z-score.

The authors found that QDP change correlated with the change in MRI global score (Spearman's rank correlation coefficient [r_s]=0.44; $p<0.001$), MRI morphology score (r_s =0.26; $p<0.01$), MRI CE perfusion score (r_s =0.53; $p<0.001$), and FEV₁ z-score (r_s =-0.28; $p<0.01$). Additionally, the change in VDP correlated with change in MRI global score (r_s =0.35; $p<0.001$), MRI CE perfusion score (r_s =0.38; $p<0.001$), and FEV₁ z-score (r_s =-0.26; $p<0.05$).

The findings suggest that MP-MRI can assess longitudinal changes in lung perfusion and ventilation. The changes in QDP and VDP measured using MP-MRI correlated with changes measured by established morpho-functional MRI scores and lung function parameters.

The authors explained that there was a notable correlation between change in QDP and CE perfusion score, which was particularly high and suggested that future clinical studies could implement MP-MRI as a contrast-independent alternative to CE perfusion MRI.

“The findings suggest that MP-MRI can assess longitudinal changes in lung perfusion and ventilation”



QDP change correlated with the change in MRI global score (Spearman's rank correlation coefficient [r_s]=0.44; $p<0.001$), MRI morphology score (r_s =0.26; $p<0.01$), MRI CE perfusion score (r_s =0.53; $p<0.001$), and FEV₁ z-score (r_s =-0.28; $p<0.01$)



Automated Quality Control in Multiple-Breath Washout Measurements Shows Reproducibility

APPLICATION of a novel automated quality control (QC) algorithm provided a fast and reproducible method for post-hoc analysis of large datasets of nitrogen multiple-breath washout (N2MBW) measurements. The findings presented at ERS 2026 highlight its potential to serve as a more efficient strategy than expert QC.⁹

N2MBW is a method used to assess ventilation inhomogeneity in patients. This method requires expert quality control to review the measurements, which is limited by its time consuming and subjective nature.

Researchers used their computationally efficient automated QC algorithm to process measurements from N2MBW data analysed from two independent studies. The aim of this study was to evaluate its feasibility for post-hoc analysis of large datasets and to determine whether it could reproduce results previously obtained using gold-standard expert QC.

N2MBW data from two cystic fibrosis (CF) cohorts, Frauchiger BS et al.¹⁰ (CF study 1) and Arn-Roth T et al.¹¹ (CF study 2), were analysed with measurements processed by both automated and expert QC. The results from these two methods of QC were subsequently compared.

Additionally, the authors used automated QC to recalculate the change in lung clearance index (LCI) over 1 year before and after modulator therapy initiation, and the annual LCI increase, which were two main clinical outcomes in the two independent CF studies.

Automated QC was applied to all available 4,473 measurements. The acceptance ratio for the measurements assessed by automated QC was comparable to that of the acceptance ratio of

expert QC for both studies. Acceptance was 82% for automated QC versus 88% with expert QC in CF study 1, and 71% for automated QC versus 64% with expert QC in CF study 2.

In CF study 1, concerning the recalculation of LCI change over 1 year before and after modulator therapy initiation, median LCI decreased from 7.73 to 6.44 with expert QC, while the LCI decreased from 7.69 to 6.43 with automated QC.

In CF study 2, when comparing expert QC and automated QC, the annual LCI increases were 0.196 units/year and 0.193 units/year, respectively.

The findings presented by the authors suggest that their novel automated QC algorithm provides a fast and reproducible method for QC of N2MBW measurements that is suitable for large datasets and can consistently assess quality issues. The researchers concluded that these results support the hypothesis, positing that automated QC can serve as a more efficient method than expert QC given that clinical outcomes were equivalent between the two methods.

“Automated QC can serve as a more efficient method than expert QC”

Transient Receptor Potential Ankyrin 1 Inhibition Shows Delayed Reduction in Idiopathic Pulmonary Fibrosis Cough

A SELECTIVE transient receptor potential ankyrin 1 (TRPA1) inhibitor showed a delayed reduction in cough frequency among patients with idiopathic pulmonary fibrosis (IPF), despite failing to meet its early primary endpoint, findings from a late-breaking abstract presented at ERS suggest.¹²

BI 1839100, an oral selective antagonist of TRPA1, may reduce cough frequency in patients with IPF, with an effect becoming more apparent after longer treatment. Chronic cough is a common and burdensome symptom of IPF, and treatment options remain limited, particularly for patients whose cough persists despite management of their underlying disease.

The Phase IIa/IIb study evaluated BI 1839100 in adults with IPF-related cough. The randomised, double-blind, placebo-controlled trial included treatment periods of 4 and 12 weeks. The primary endpoint was change in 24-hour cough count at the respective assessment points, while secondary outcomes included cough severity, forced vital capacity, daytime cough frequency, and cough-bout frequency.

A total of 85 patients were randomised, including 28 who received the high dose of BI 1839100, at 150 mg twice daily, and 29 who received placebo. A total of 26 and 27 patients, respectively, completed treatment. Baseline cough burden was approximately 20 coughs per hour.

At Week 4, the relative change in cough frequency with the high dose was -5.7%. Following a prespecified interim analysis in the Phase IIa component, the trial was stopped for futility because the primary endpoint was not met.

However, a different pattern was observed at Week 12. The high-dose group demonstrated a 45.5% reduction in 24-hour cough count compared with placebo.

Daytime cough frequency and cough-bout frequency were also reduced compared with placebo, while cough severity scores showed a numerical improvement over time. No effect on forced vital capacity was observed.

BI 1839100 had an acceptable safety profile in the study. The delayed reduction in cough frequency raises the possibility that TRPA1 inhibition may require longer treatment to produce an observable effect. The authors suggest that the slower onset could potentially reflect neuroplastic or fibro-inflammatory remodelling associated with IPF, although this remains a hypothesis requiring further investigation. Further studies will be needed to establish whether the Week 12 findings can be replicated and to clarify the potential role of TRPA1 inhibition in IPF-related cough.



The high-dose group demonstrated a 45.5% reduction in 24-hour cough count compared with placebo

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