

The KAAACI Chronic Cough Registries: Key Findings and Clinical Implications

송우정

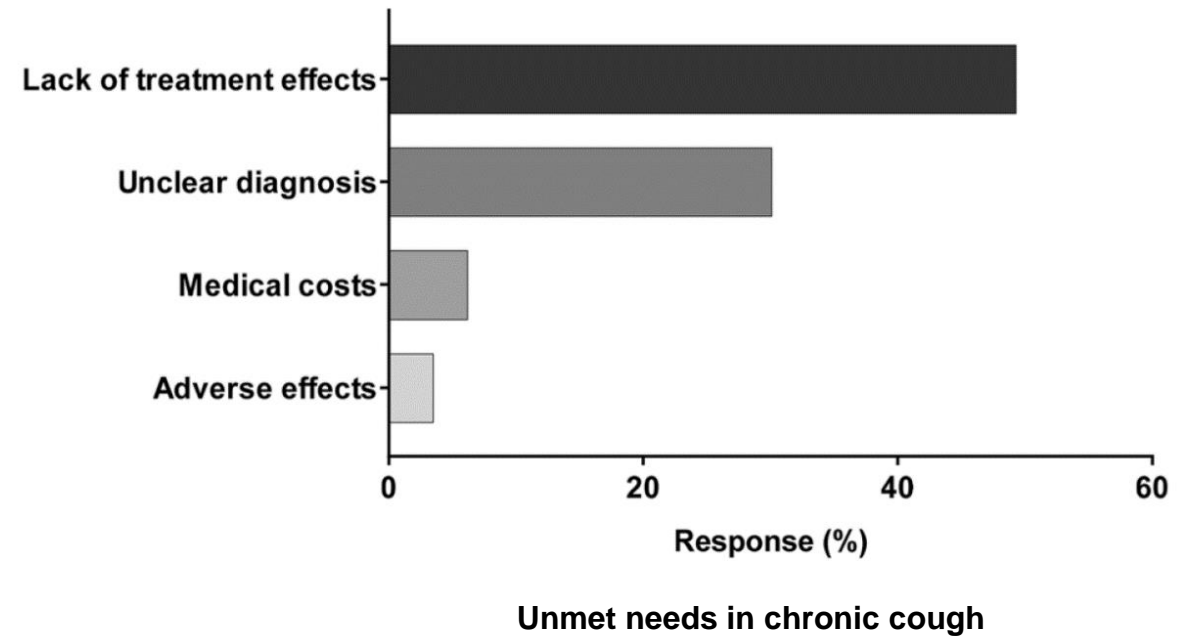
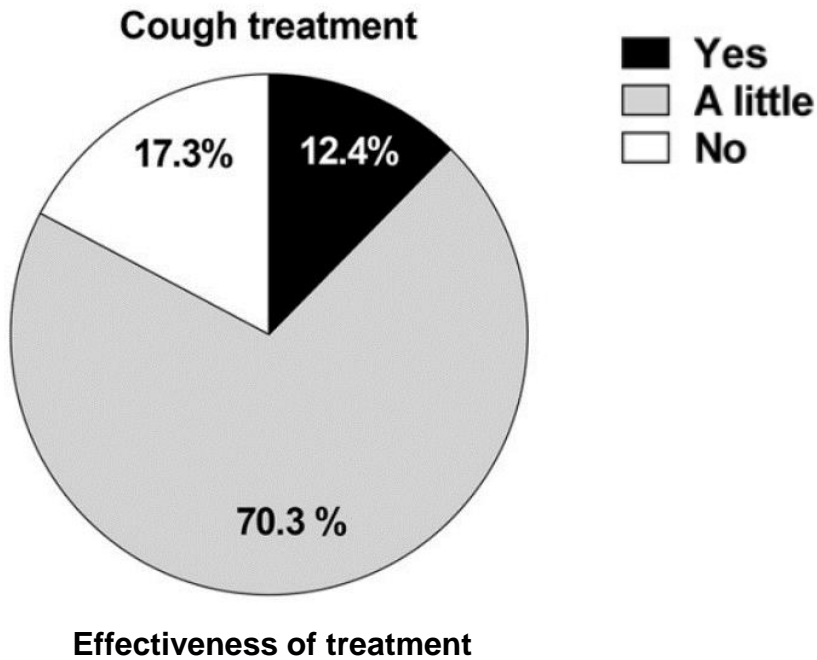
서울아산병원 울산의대 알레르기내과

Cough Registry, Why?

- Chronic cough as a symptom
- Chronic cough as a disease

What are the unmet needs?

- Objective: To identify the disease impact and unmet needs in patients seeking care
- Cross-sectional study of 447 patients recruited from 6 referral hospitals (2016-2018)



Cough triggers and sensations

- Objective: To describe a symptom profile of cough hypersensitivity and assess its clinical relevance
- Cross-sectional study of 478 patients recruited from 6 referral hospitals (2016-2019)

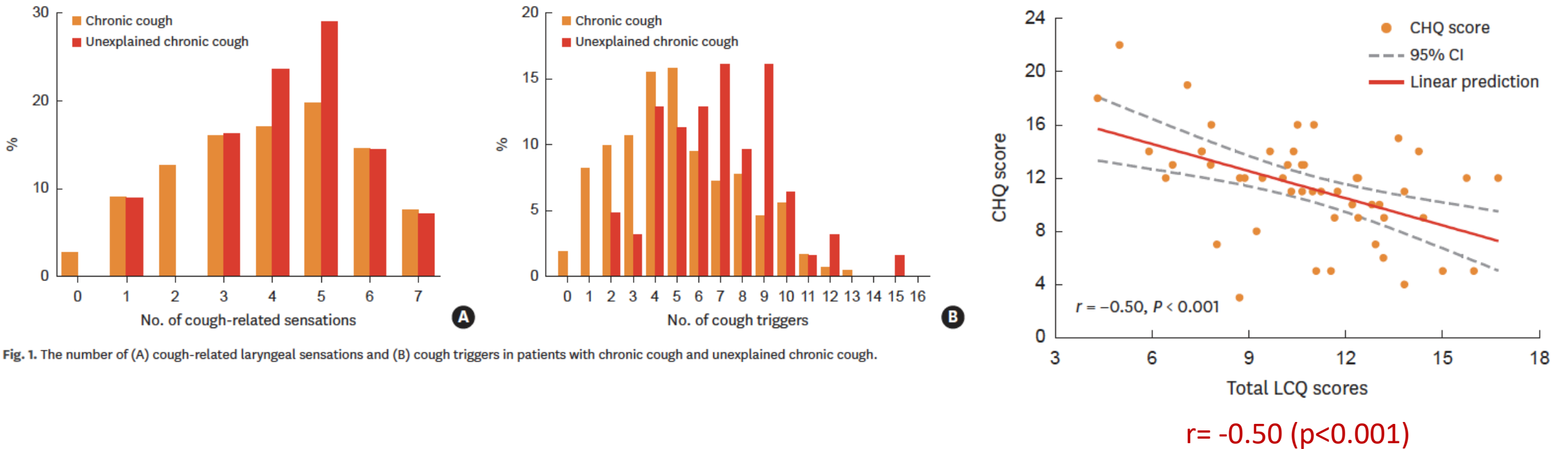
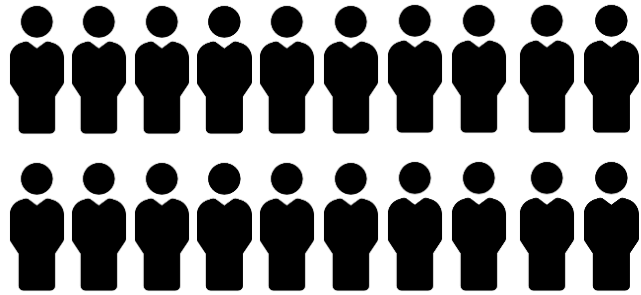
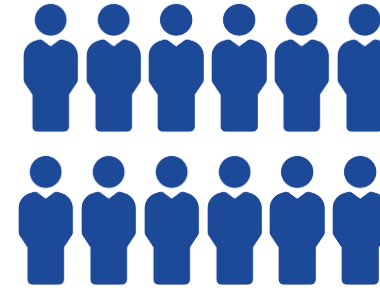
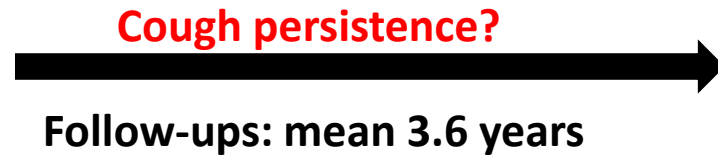


Fig. 1. The number of (A) cough-related laryngeal sensations and (B) cough triggers in patients with chronic cough and unexplained chronic cough.

Persistence of chronic cough: Retrospective cohort study



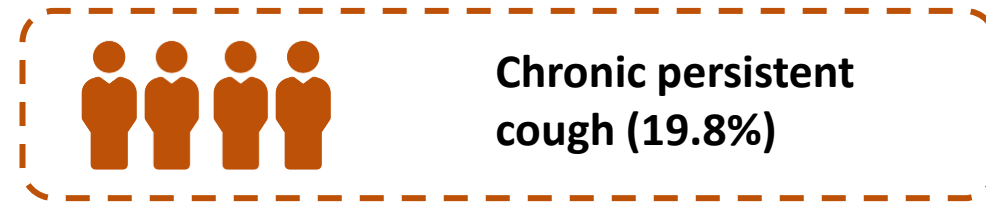
Chronic cough (> 8 weeks), n=323
(mean age: 53 years, female: 71%)



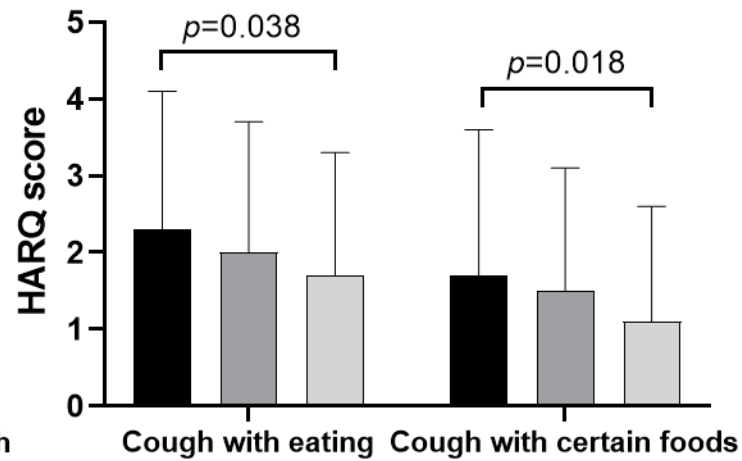
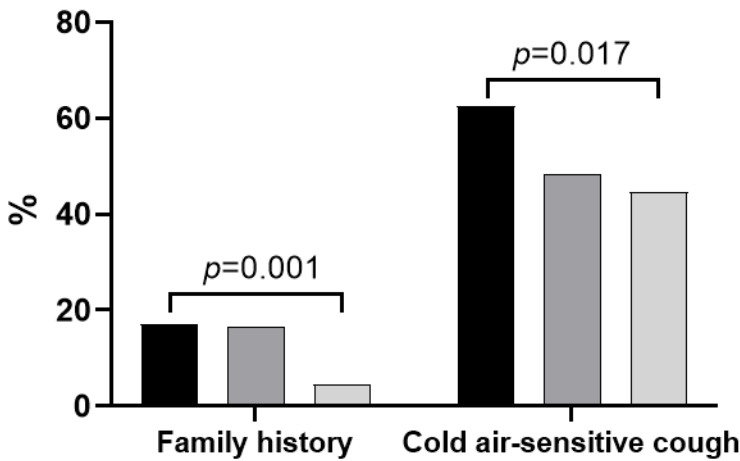
Remitted cough
(59.8%)



Intermittent cough
(20.4%)



Chronic persistent cough
(19.8%)

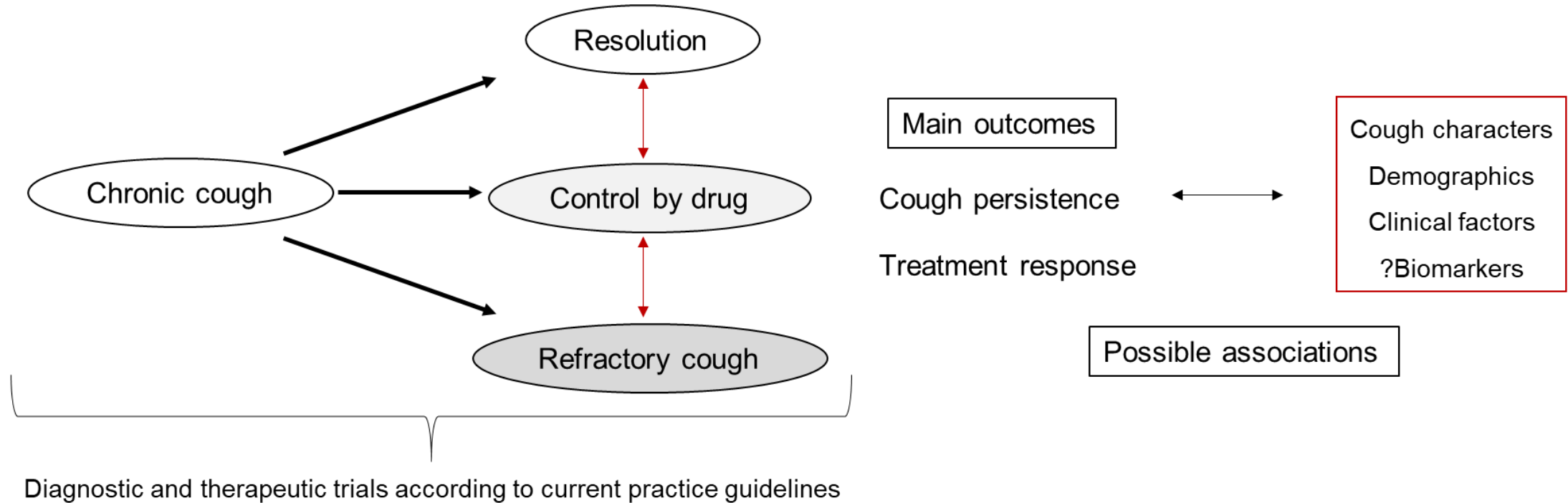


■ Chronic persistent cough ■ Intermediate cough ■ Remitted cough

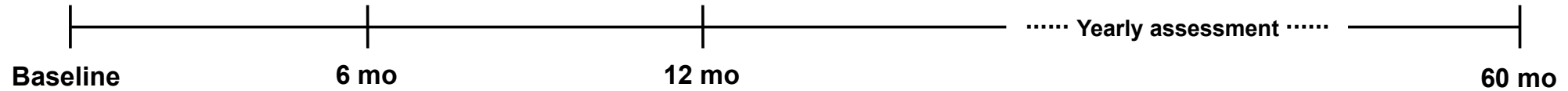
Korean Chronic Cough Registry: A Prospective Study

- Since 2020
- The primary objectives are:
 - (1) to evaluate the clinical characteristics, treatment responses, and longitudinal courses of chronic cough in adults;
 - (2) to quantify the disease burden;
 - (3) to investigate the prevalence of refractory or unexplained chronic cough (RUCC) among referred chronic cough patients and identify predictive factors;
 - (4) to establish an infrastructure for studying novel biomarkers and therapeutic targets

Korean Chronic Cough Registry: Overview



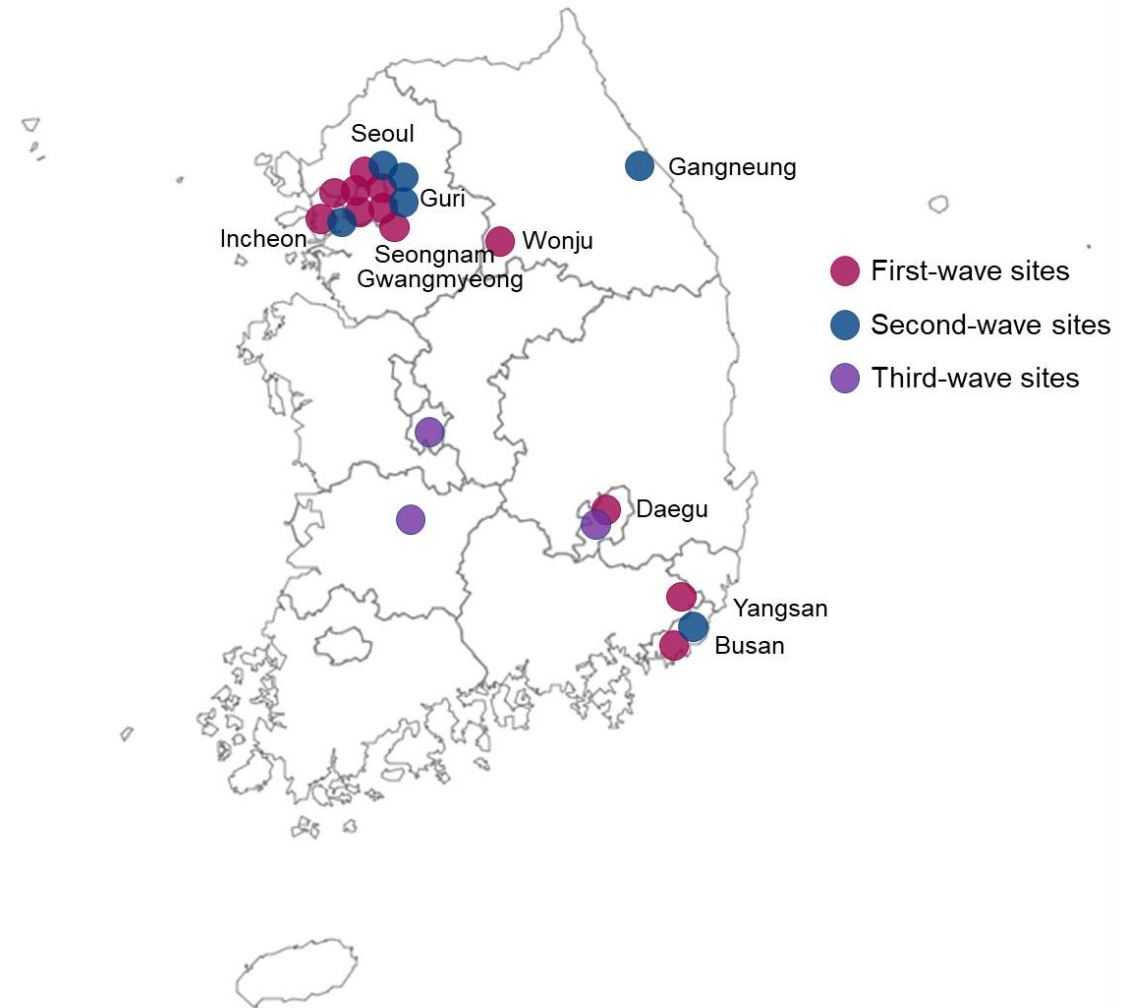
Korean Chronic Cough Registry: Study Protocols



	Baseline visit	Follow-up visits (6, 12, 24, 36, 48, 60 months)
Demographics and clinical information	V	
Cough characteristics	V	V
Patient-reported outcomes		
Cough severity VAS	V	V
LCQ	V	V
CHQ	V	V
EuroQoL	V	V
CES-D	V	V
Physician assessment		
Cough phenotype		V
Physician-assessed treatment response		V
Electronic medical record review	V	V
Blood sample	V	

Korean Chronic Cough Registry: Participation

- 844 patients with chronic cough
- 22 centers

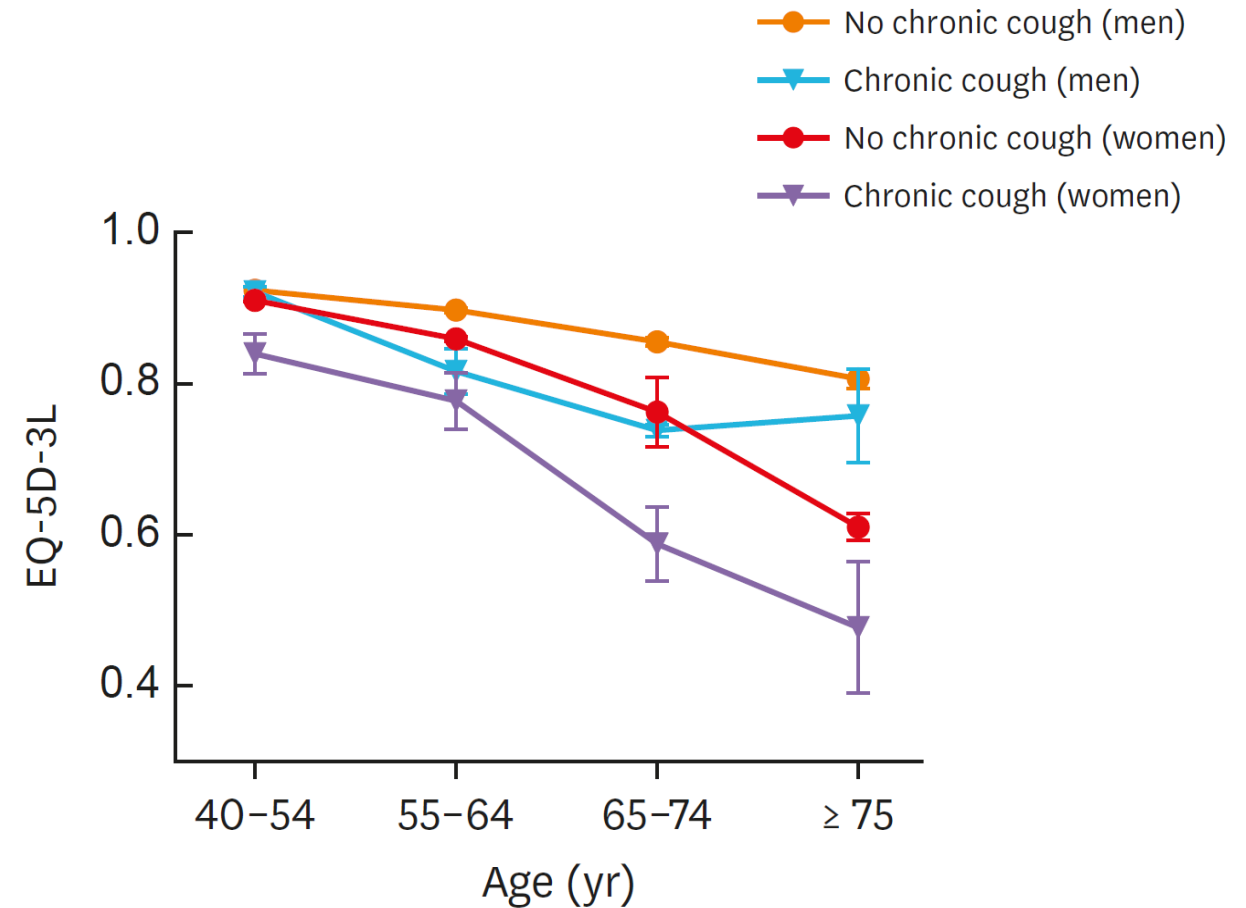
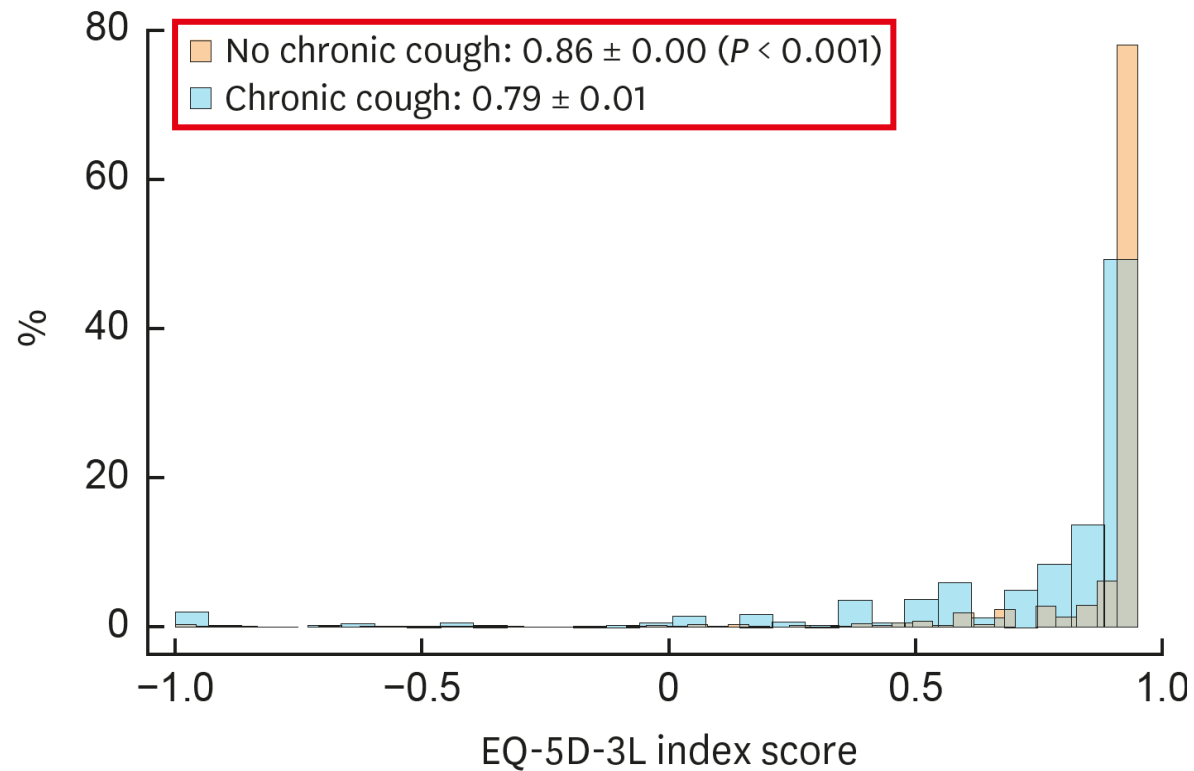


Health-Related Quality of Life and Its Determinants in Chronic Cough: The Korean Chronic Cough Registry Study

Noeul Kang ¹ Ha-Kyeong Won ² Ji-Hyang Lee ³ Ji-Su Shim ⁴
Sung-Yoon Kang ⁵ Han-Ki Park ⁶ Eun-Jung Jo ⁷ Seung Eun Lee ⁸
Min-Hye Kim ⁴ Sang-Heon Kim ⁹ Sae-Hoon Kim ¹⁰ Yoon-Seok Chang ¹⁰
Byung-Jae Lee ¹ Woo-Jung Song ^{3*} Min-Woo Jo ^{11*}

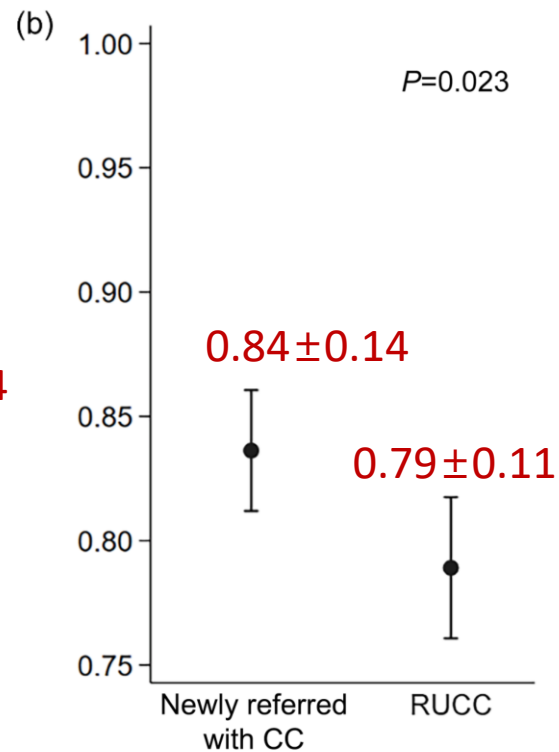
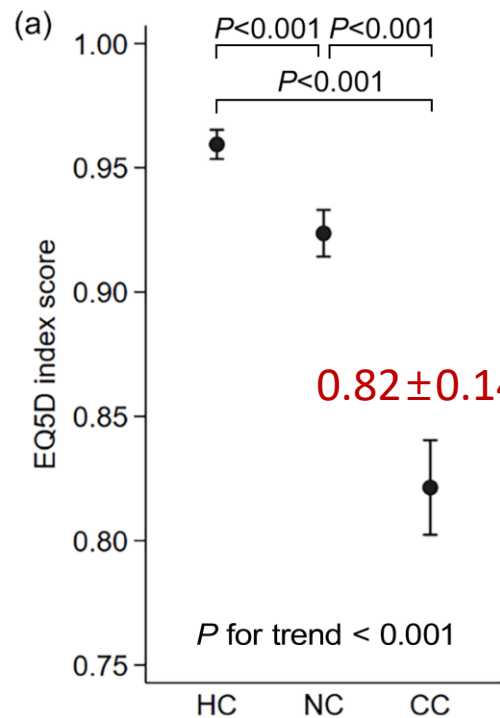
- Objective: To identify HRQoL impairment associated with chronic cough
- Cross-sectional comparison
 - Healthy controls (n=800) & Non-cough controls (n=800) from KNHANES
 - Newly referred chronic cough & refractory chronic cough patients (n=200) from Patient Registry
- Outcome of interest: EQ-5D index

Impact of Chronic Cough on Health-Related Quality of Life in the Korean Adult General Population: The Korean National Health and Nutrition Examination Survey 2010–2016



Health-Related Quality of Life and Its Determinants in Chronic Cough: The Korean Chronic Cough Registry Study

Noeul Kang ¹, Ha-Kyeong Won ², Ji-Hyang Lee ³, Ji-Su Shim ⁴,
 Sung-Yoon Kang ⁵, Han-Ki Park ⁶, Eun-Jung Jo ⁷, Seung Eun Lee ⁸,
 Min-Hye Kim ⁴, Sang-Heon Kim ⁹, Sae-Hoon Kim ¹⁰, Yoon-Seok Chang ¹⁰,
 Byung-Jae Lee ¹, Woo-Jung Song ^{3*}, Min-Woo Jo ^{1**}

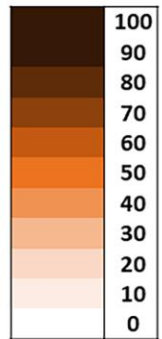


(a) Newly referred with CC

	M	SC	UA	P/D	A/D
No	83.2	93.4	70.1	36.5	44.5
Slight	10.9	4.4	16.8	48.9	39.4
Moderate	5.8	1.5	8.8	8.0	10.2
Severe	0	0.7	4.4	5.1	3.6
Extreme	0	0	0	1.5	2.2

(b) RUCC

	M	SC	UA	P/D	A/D
No	58.7	95.2	38.1	27.0	34.9
Slight	28.6	3.2	42.9	34.9	31.7
Moderate	9.5	1.6	12.7	33.3	20.6
Severe	1.6	0	6.3	4.8	12.7
Extreme	1.6	0	0	0	0



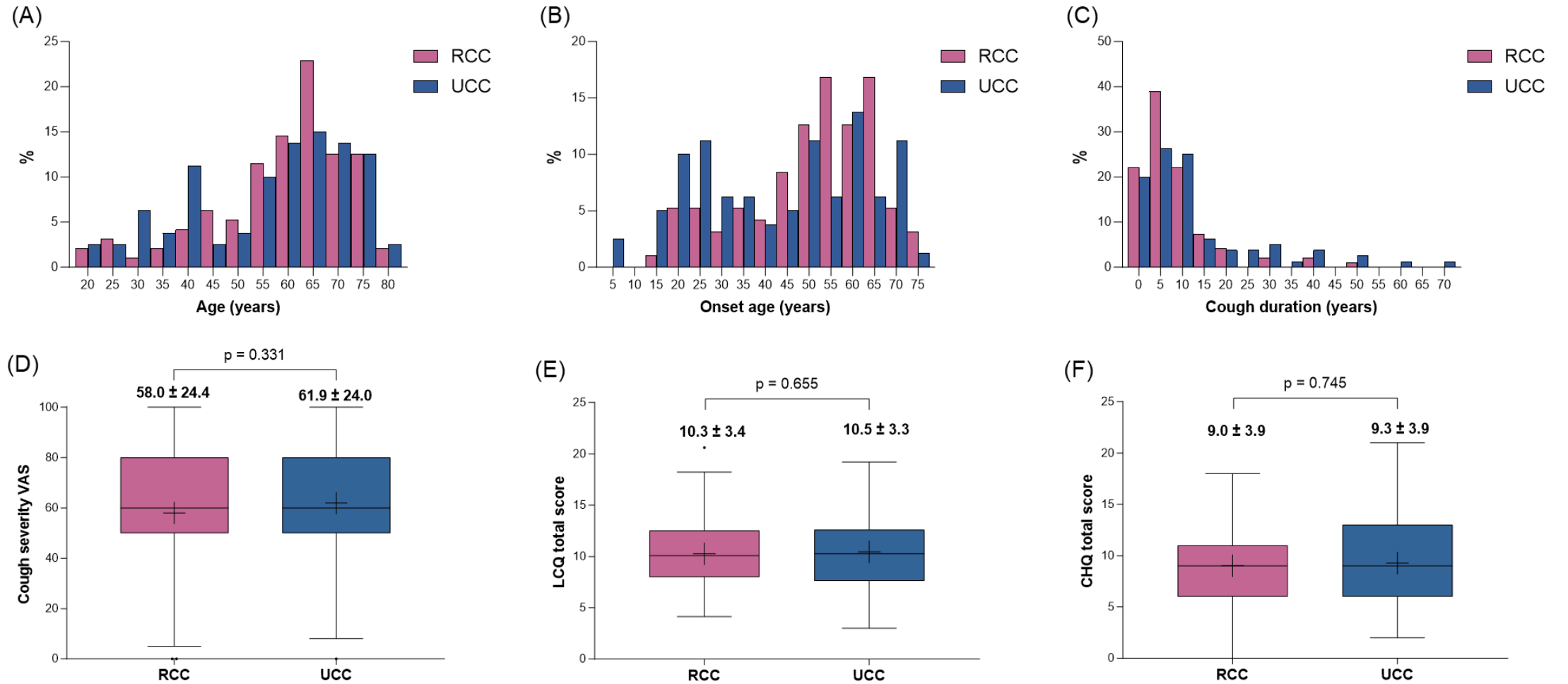
Mobility (M), self-care (SC), usual activities (UA), pain and discomfort (P/D), and anxiety and depression (A/D)

Baseline Cohort Profile of the Korean Chronic Cough Registry: A Multicenter, Prospective, Observational Study

Eun-Jung Jo¹ · Ji-Hyang Lee² · Ha-Kyeong Won³ · Noeul Kang⁴ · Sung-Yoon Kang⁵ · Seung Eun Lee^{1,6} · Ji-Ho Lee⁷ · Mi-Yeong Kim⁸ · Ji-Su Shim⁹ · Jin An¹⁰ · Youngsang Yoo¹¹ · So-Young Park¹² · Byung-Keun Kim¹³ · Ji-Yong Moon¹⁴ · Han-Ki Park¹⁵ · Min-Hye Kim⁹ · Hyouk-Soo Kwon² · Sae-Hoon Kim¹⁶ · Sang-Heon Kim¹⁴ · Yoon-Seok Chang¹⁶ · Sang-Hoon Kim¹⁷ · Surinder S. Birring¹⁸ · Byung-Jae Lee⁴ · Woo-Jung Song²

- Objective: To outline the baseline cohort profile and study protocols
- 610 patients (66.9% women; median age 59 years) recruited from 18 centers
- Age at cough onset: 50.1 years (IQR: 34-61)
- Adult-onset CC (≥ 19 years): 94.4%
- Cough duration: 4 years (IQR: 1-10)

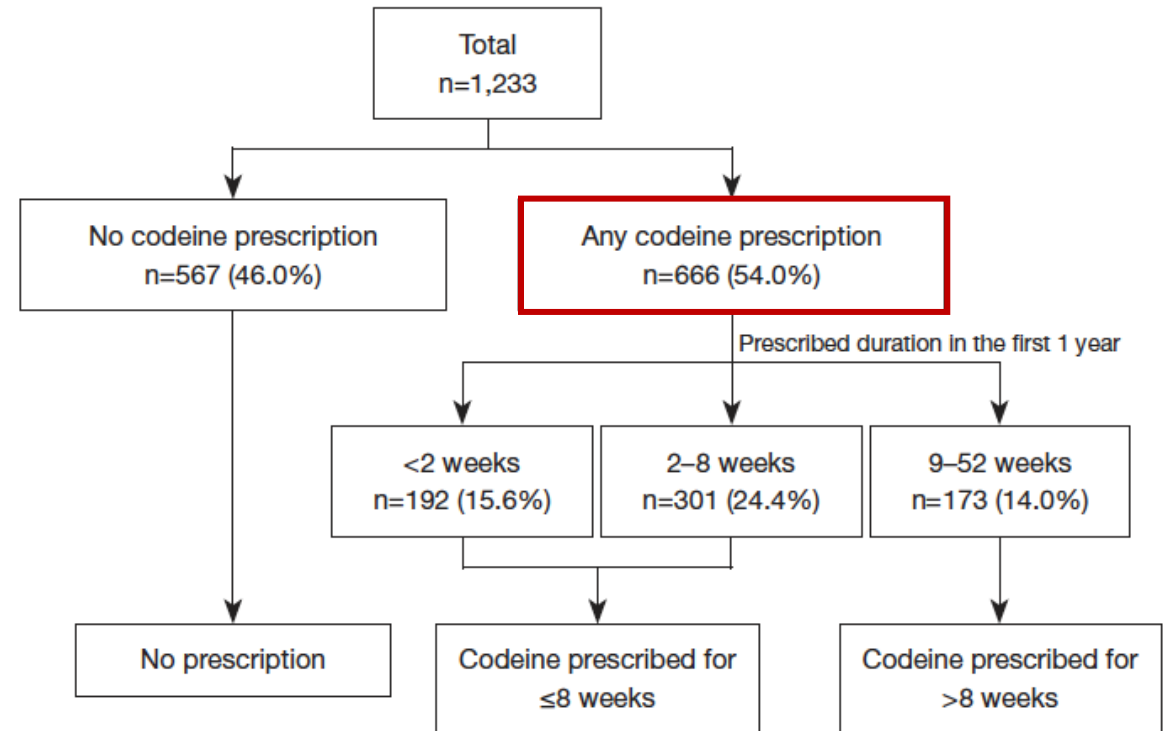
Refractory chronic cough (RCC) or Unexplained chronic cough (UCC)?



Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

Ji-Yoon Oh^{1^}, Yu Ri Kang^{1^}, Jin An^{2^}, Eugene Choo^{3^}, Ji-Hyang Lee¹, Hyouk-Soo Kwon¹, Jae-Seung Lee^{4^}, Sei Won Lee^{4^}, Tae-Bum Kim^{1^}, Yeon-Mok Oh^{4^}, You Sook Cho^{1^}, Sang-Do Lee⁴, Woo-Jung Song^{1^}

- Retrospective cohort of chronic cough patients newly referred to a tertiary clinic (2017-2018)
- Routinely collected data

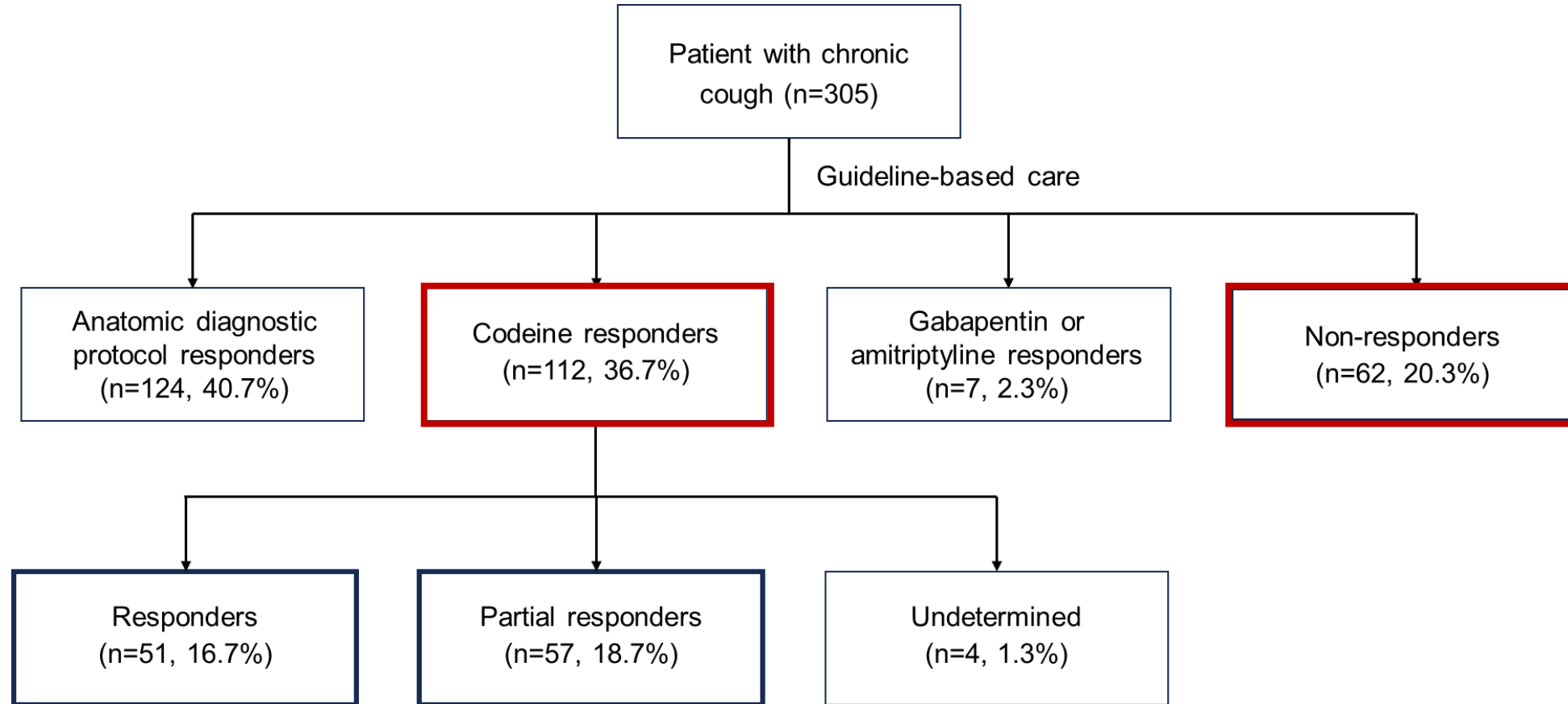


Characterization of Codeine Treatment Responders Among Patients with Refractory or Unexplained Chronic Cough: A Prospective Real-World Cohort Study

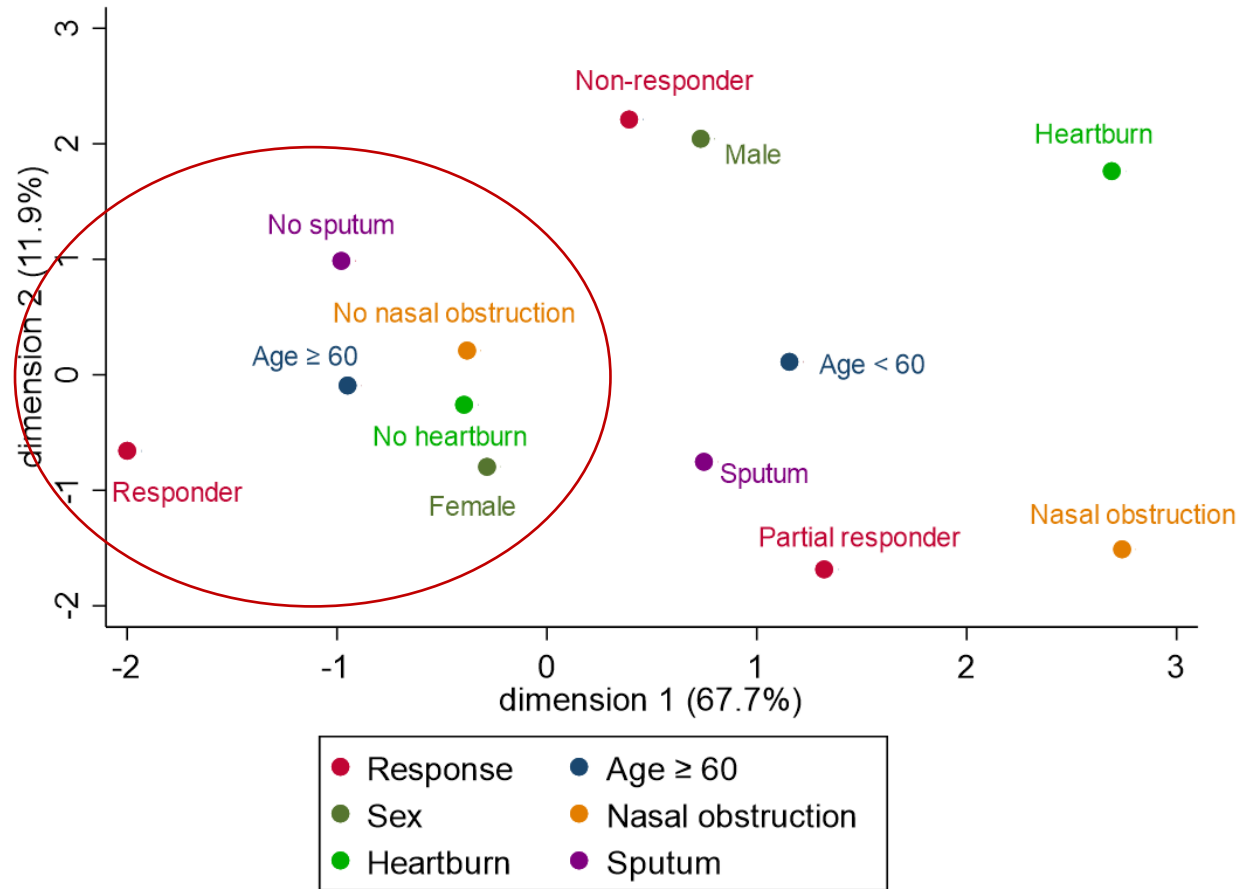
Ji-Yoon Oh¹ · Sung-Yoon Kang² · Noeul Kang³ · Ha-Kyeong Won⁴ · Eun-Jung Jo⁵ · Seung-Eun Lee⁶ · Ji-Hyang Lee¹ · Ji-Su Shim⁷ · Young-Chan Kim⁸ · Youngsang Yoo⁹ · Jin An¹⁰ · Hwa Young Lee¹¹ · So-Young Park¹² · Mi-Yeong Kim¹³ · Ji-Ho Lee¹⁴ · Byung-Keun Kim¹⁵ · Han-Ki Park¹⁶ · Min-Hye Kim⁷ · Sae-Hoon Kim¹⁷ · Sang-Heon Kim¹⁸ · Yoon-Seok Chang¹⁷ · Sang-Hoon Kim¹⁹ · Byung-Jae Lee³ · Kian Fan Chung^{20,21} · Sang-Heon Cho⁸ · Woo-Jung Song¹ on behalf of The Korean Chronic Cough Registry Study Group

- Objective: To investigate the proportion and characteristics of codeine treatment responders
- 305 patients who completed the 6-month follow-up visits in the prospective registry
- Outcome of interest:
 - Codeine treatment response (determined by a physician)
 - Patient-reported outcomes: VAS, LCQ, CHQ

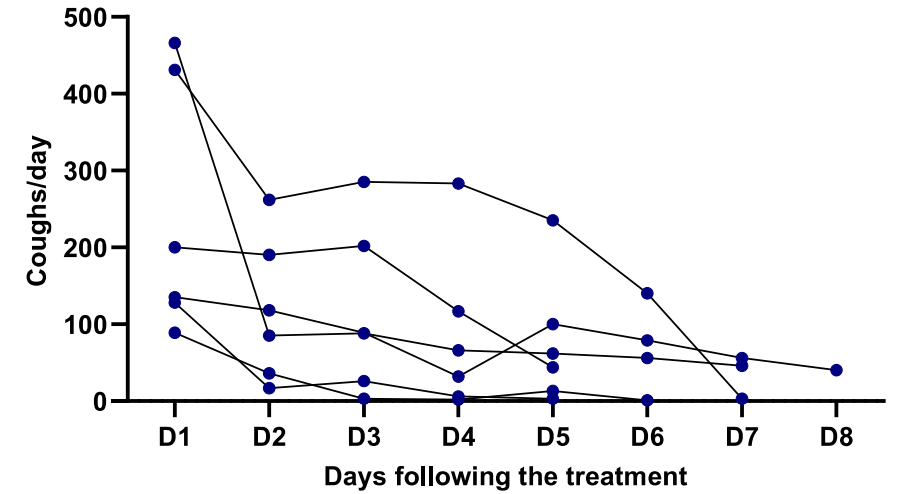
Codeine treatment responders in patients with chronic cough



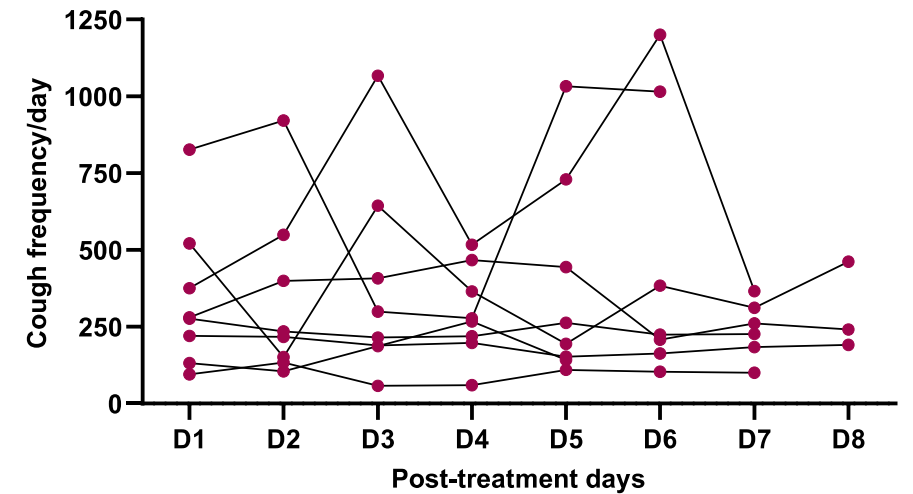
Codeine treatment responder characteristics



(A) Responders



(B) Non-responders

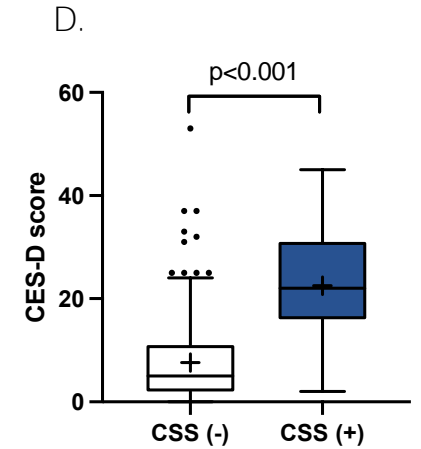
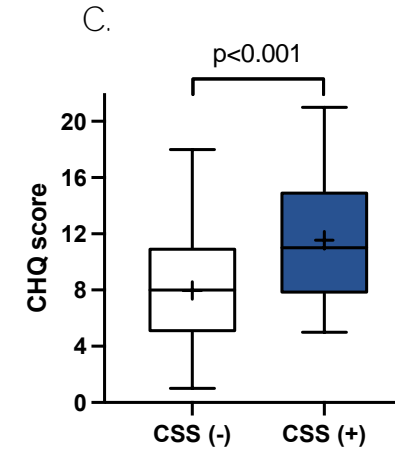
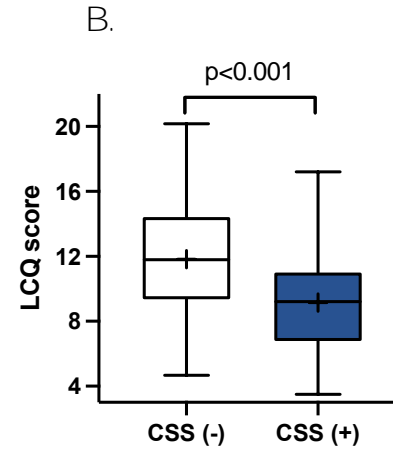
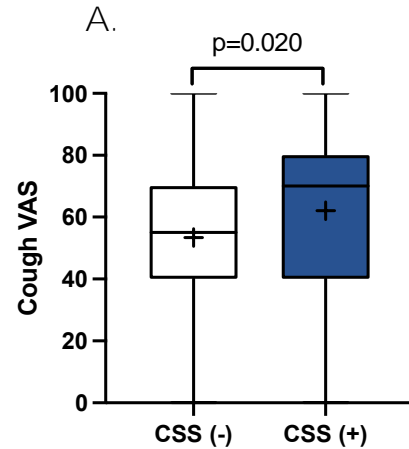
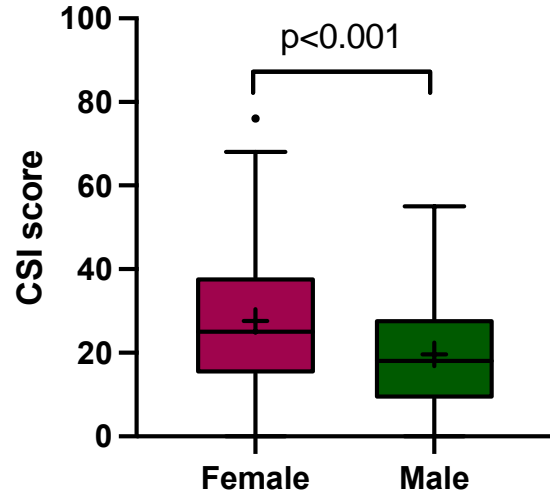


Exploring Traits Associated With Central Sensitization Features in Patients With Chronic Cough

Haesung Jun ¹, Jin Young Park ¹, Ji-Yoon Oh ², Ha-Kyeong Won ³,
Sung-Yoon Kang ⁴, So-Young Park ⁵, Byung-Keun Kim ⁶, Mi-Yeong Kim ⁷,
Young-Chan Kim ⁸, Hwa Young Lee ⁹, Eun-Jung Jo ¹⁰, Seung-Eun Lee ^{10,11},
Sae-Hoon Kim ¹², Sang-Heon Kim ¹³, Yoon-Seok Chang ¹², Sang-Hoon Kim ¹⁴,
Byung-Jae Lee ¹⁵, Kian Fan Chung ¹⁶, Woo-Jung Song ², on behalf of the
Korean Chronic Cough Registry Investigators[†]

- Objective: To explore patient traits associated with Central Sensitization Inventory (CSI) score
- 317 patients with newly referred chronic cough
- CSI: Screening questionnaire to identify patients with central sensitization pain syndrome
- Outcomes of interest: Baseline patient traits associated with CSI score

Patient traits associated with central sensitization symptoms

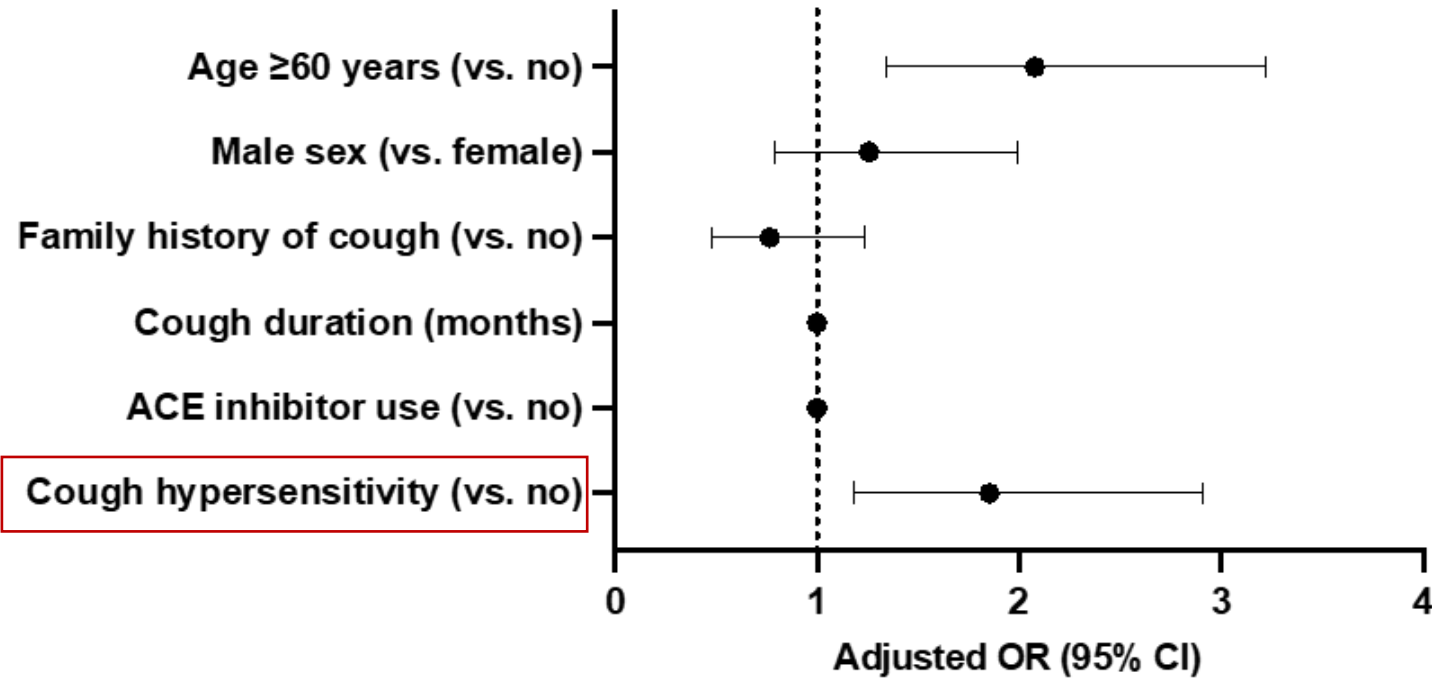


For CSI score	Coefficient (95% CI)	p-value
Age (years)	-0.091 (-0.174 to -0.008)	0.032
Male sex (vs. female)	-0.439 (-7.126 to -1.650)	0.002
LCQ score	-0.579 (-0.977 to -0.181)	0.004
CES-D score	0.832 (0.695 to 0.969)	<0.001

Cough persistence predictors?

- Objective: To explore baseline patient traits associated with cough persistence at 1 year
- 426 patients with newly referred chronic cough (female 67.9%; mean age 55.8 years)
- Potential treatable traits measured at baseline
- Outcome of interest: Cough persistence (VAS >20) at follow-up

Baseline traits associated with cough persistence at 1 year



At follow-up, patients with persistent cough also had persistently higher CHQ scores (8.4 ± 3.9 vs. 5.2 ± 3.9 , $p < 0.001$).

How to measure cough hypersensitivity clinically

Subjective Measures

Patient History

Cough triggers and throat symptoms

Questionnaires

- Hull Airway Reflux Questionnaire (HARQ)
- Newcastle Laryngeal Hypersensitivity Questionnaire (LHQ)
- The Sensations and Triggers Provoking Cough questionnaire (TOPIC)
- Cough Hypersensitivity Questionnaire (CHQ)

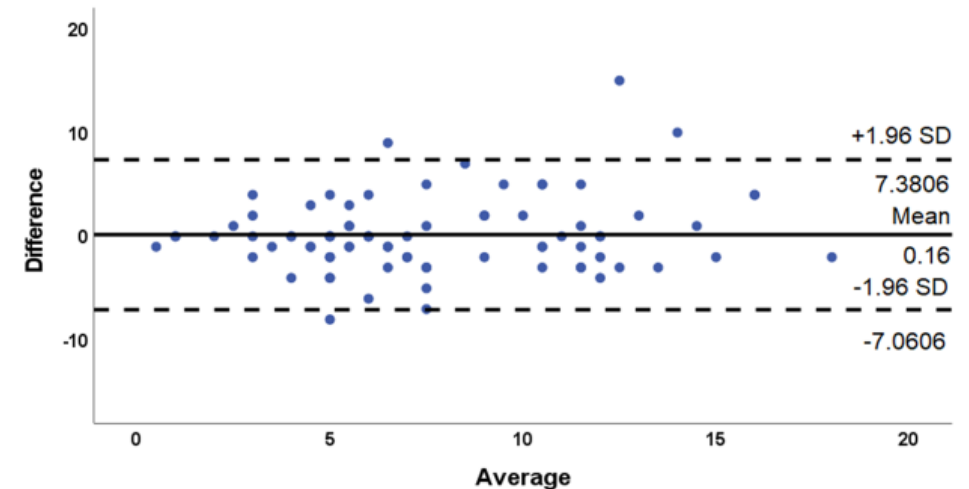
Objective Measures

Cough Challenge Tests

- Capsaicin inhalation
- Citric acid inhalation
- Aerosolized aqueous solution inhalation
 - ATP inhalation
- Mechanical stimulation

Longitudinal evaluation of Cough Hypersensitivity Questionnaire (CHQ)

- Objective: To evaluate the reliability, longitudinal validity, and responsiveness of CHQ
- 614 patients with chronic cough (331 completed 6-month follow-up)
- Cronbach alpha = 0.792
- Repeatability, ICC = 0.78
- Spearman correlation with LCQ = -0.522 ($p < 0.001$)
- Responsiveness to LCQ change, Cohen's D = 0.835 (large effect) with dose response (+)



Cough hypersensitivity symptoms are specific to RCC?

- Objective: To compare cough hypersensitivity symptoms between asthmatic cough and RCC
- 365 patients who completed 6-month follow-up visit in the longitudinal cohort
- Outcomes of interest:
 - CHQ score
 - Physician diagnosis of chronic cough: asthmatic cough, RCC

Cough hypersensitivity symptoms are specific to RCC?

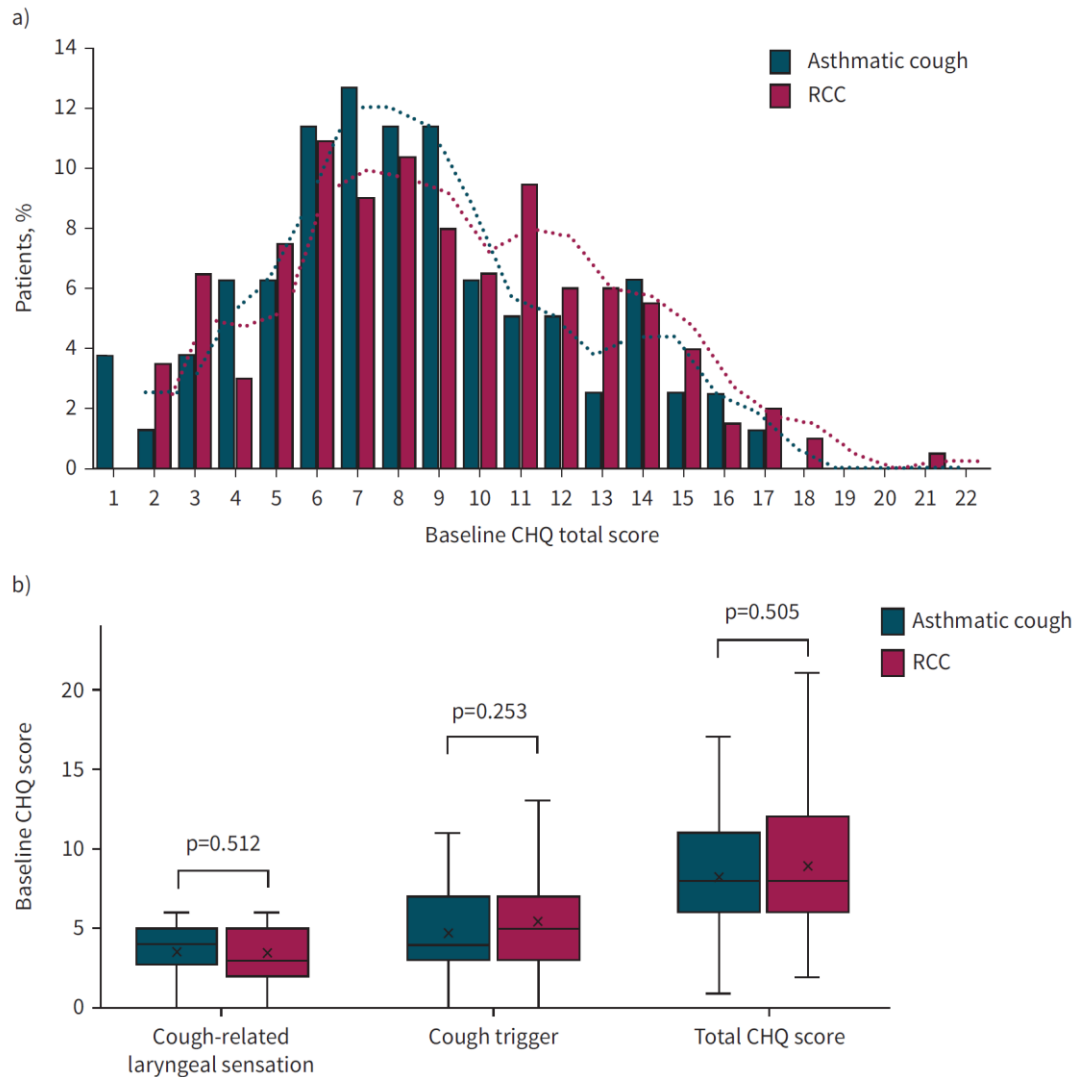


FIGURE 2 a) Comparison of baseline CHQ score distributions in asthmatic cough and RCC and b) Comparison of CHQ scores between asthmatic cough and RCC (box-and-whisker plot). CHQ: Cough Hypersensitivity Questionnaire; RCC: refractory chronic cough.

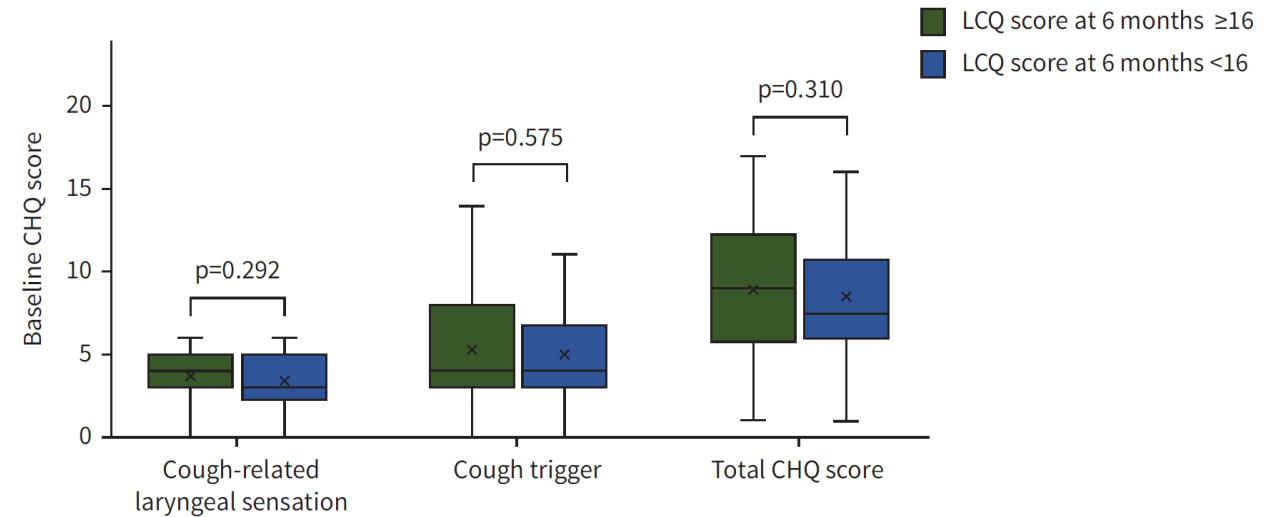


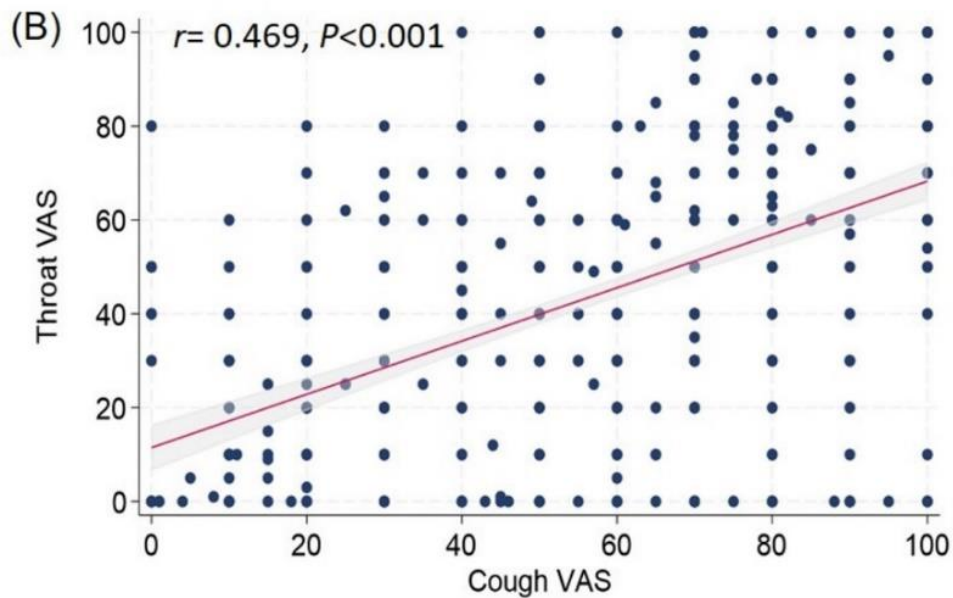
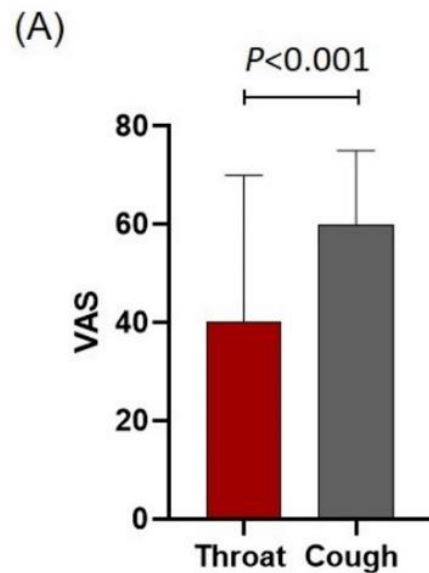
FIGURE 5 Comparison of baseline CHQ scores between patients with 6-months follow-up LCQ score ≥ 16 points and < 16 points in asthmatic cough. Age, sex and baseline LCQ score were adjusted by ANCOVA (general linear model). CHQ: Cough Hypersensitivity Questionnaire; LCQ: Leicester Cough Questionnaire.

Shareable abstract (@ERSpublications)

The symptoms of cough hypersensitivity may not distinguish between asthmatic cough and refractory chronic cough. Cough reflex hypersensitivity may underlie chronic cough across different phenotypes, despite having different treatable traits. <https://bit.ly/45kgwBm>

Throat sensation in chronic cough

- Objective: To explore the clinical relevance of abnormal throat sensation
- Cross-sectional study of 649 patients with chronic cough
- Throat severity VAS
- Associations with LCQ (cough-specific QoL) and EQ-5D (HRQoL)



Throat sensation in chronic cough

Throat sensation severity VAS tertiles

LCQ score	Coefficient (95% CI)*	P value	EQ-5D index	Coefficient (95% CI)*	P value
T2 vs. T1	-1.03(-1.62 to -0.44)	0.001	T2 vs. T1	-0.01 (-0.05 to 0.03)	0.56
T3 vs. T1	-1.63 (-2.23. to -1.02)	<0.001	T3 vs. T1	-0.06 (-0.09 to 0.02)	0.01

*adjusted for age, sex, smoking history, BMI, number of comorbid symptoms/complications, comorbidities, cough VAS

Clinical Characteristics of Post-COVID-19 Persistent Cough in the Omicron Era

Yu Ri Kang,^{1†} Jin-Young Huh,^{2,3†} Ji-Yoon Oh,¹ Ji-Hyang Lee,¹ Daegeun Lee,²
Hyouk-Soo Kwon,¹ Tae-Bum Kim,¹ Jae Chol Choi,^{2,3} You Sook Cho,¹
Kian Fan Chung,⁴ So-Young Park,^{2,3*} Woo-Jung Song^{1*}

- Objective: To analyze cough and clinical characteristics of post-COVID chronic cough (vs. non-COVID chronic cough)

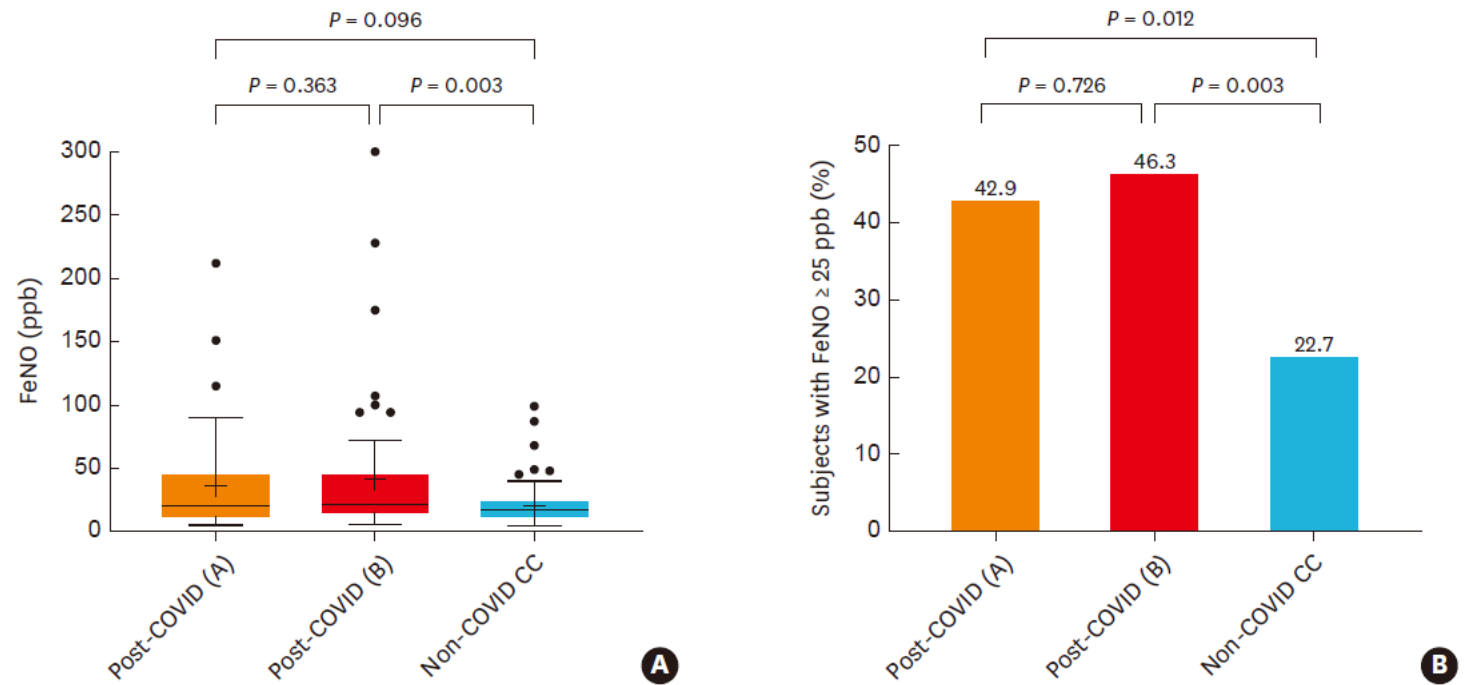
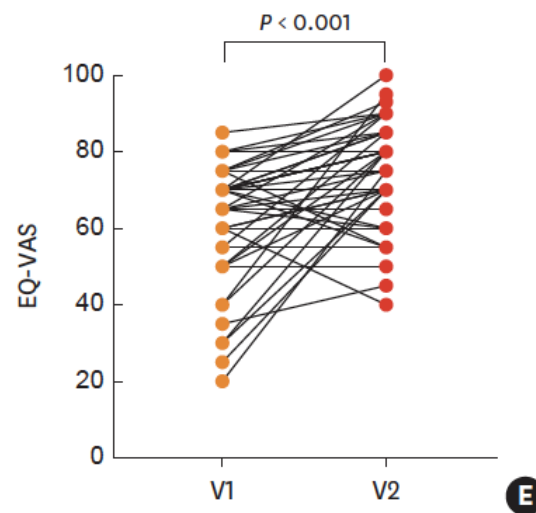
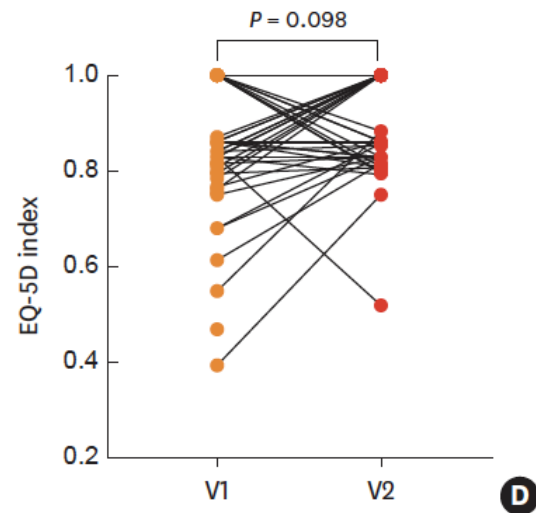
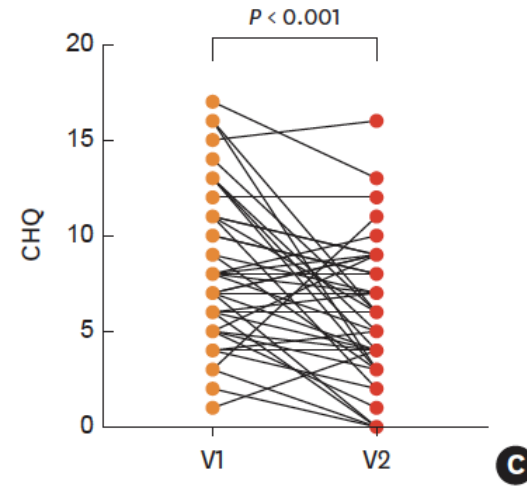
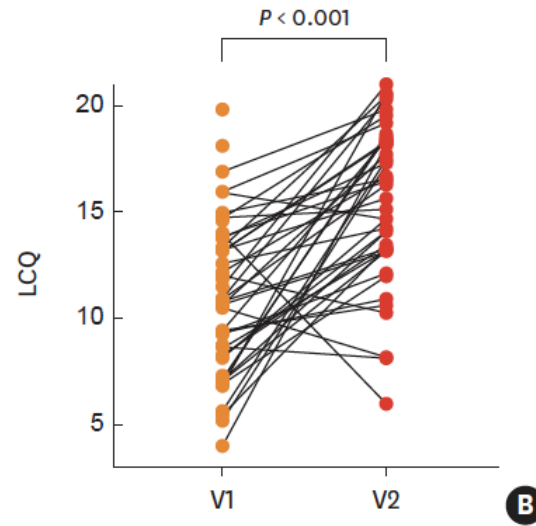
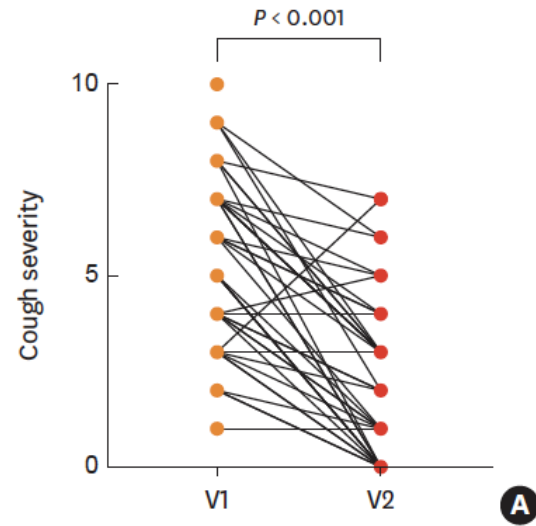
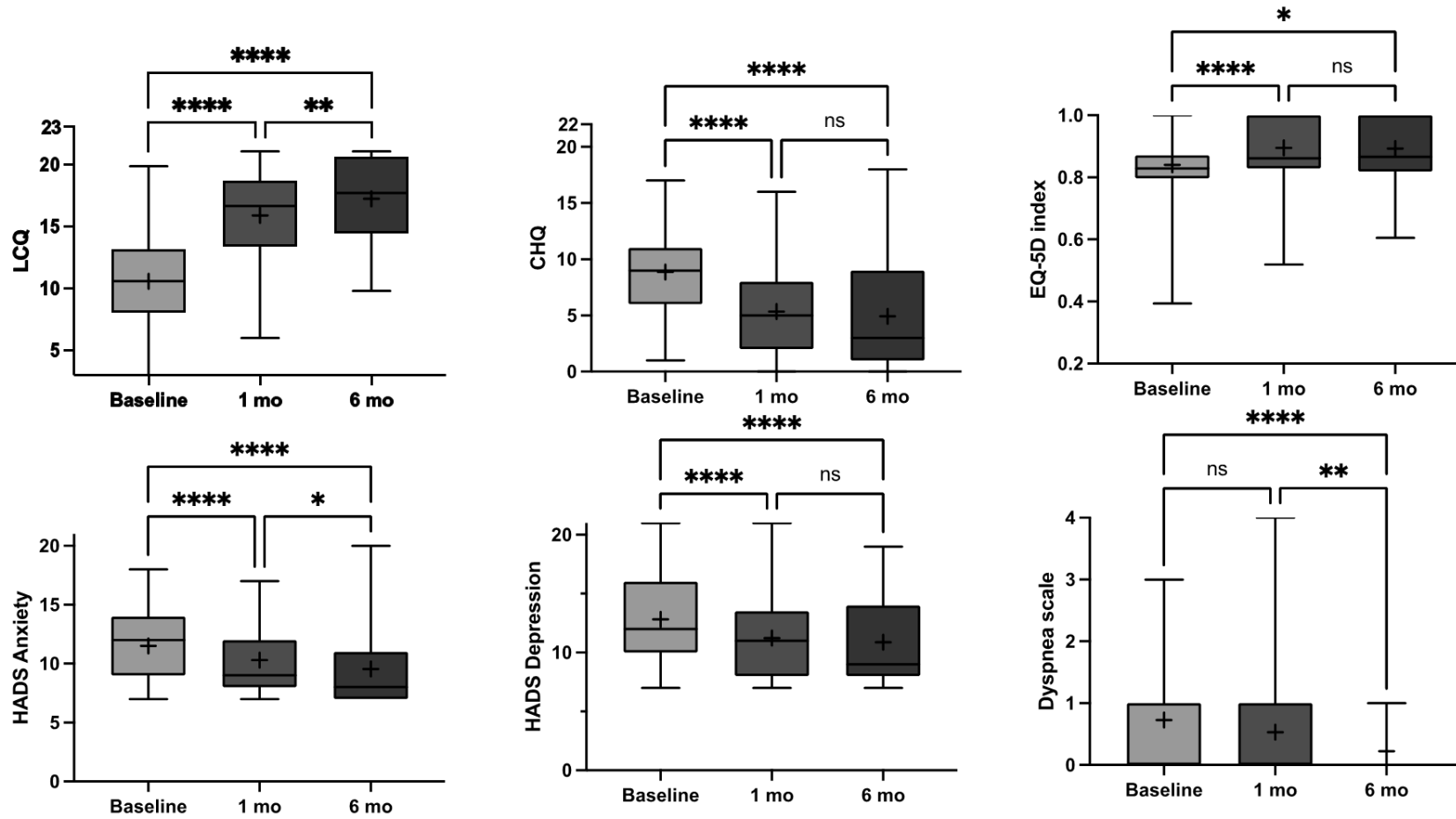


Fig. 1. FeNO levels at study enrollment. (A) FeNO levels; and (B) proportion of subjects with FeNO ≥ 25 ppb. Box indicates the lower and upper quartile; (+) sign, mean value; central line, median value; and points at the ends of the whiskers, upper extreme values. P values were determined by the Mann-Whitney U-test or the χ^2 test. FeNO, fractional exhaled nitric oxide; COVID = coronavirus disease.

Post-COVID chronic cough: 1-month treatment outcome



Post-COVID chronic cough: 6-month treatment outcome



Asthmatic cough	50%
Refractory chronic cough	20%
Allergic rhinitis or CRS	18%
Spontaneous remission	12%
Interstitial lung disease or fibrosis	2%
Unknown (due to follow-up loss)	9%

Cough Response to High-Dose Inhaled Corticosteroids in Patients with Chronic Cough and Fractional Exhaled Nitric Oxide Levels ≥ 25 ppb: A Prospective Study

Ji-Ho Lee¹ · Sung-Yoon Kang² · Iseul Yu¹ · Kyung Eun Park³ · Ji-Yoon Oh⁴ · Ji-Hyang Lee⁴ · So-Young Park⁵ · Min-Hye Kim⁶ · Eun-Jung Jo⁷ · Ji-Yong Moon⁸ · Sae-Hoon Kim⁹ · Sang-Hoon Kim¹⁰ · Byung-Jae Lee¹¹ · Woo-Jung Song^{3,4} · the Korean Academy of Asthma Allergy, Clinical Immunology Working Group on Chronic Cough

- Objective: To investigate the effects of high-dose ICS on chronic cough patients with FeNO ≥ 25 ppb
- Single-arm prospective study
- Population: Chronic cough patients with FeNO ≥ 25 ppb and without other apparent etiology
- Intervention: 3-week high-dose ICS treatment
- Outcome: LCQ score, daily cough severity score, FeNO

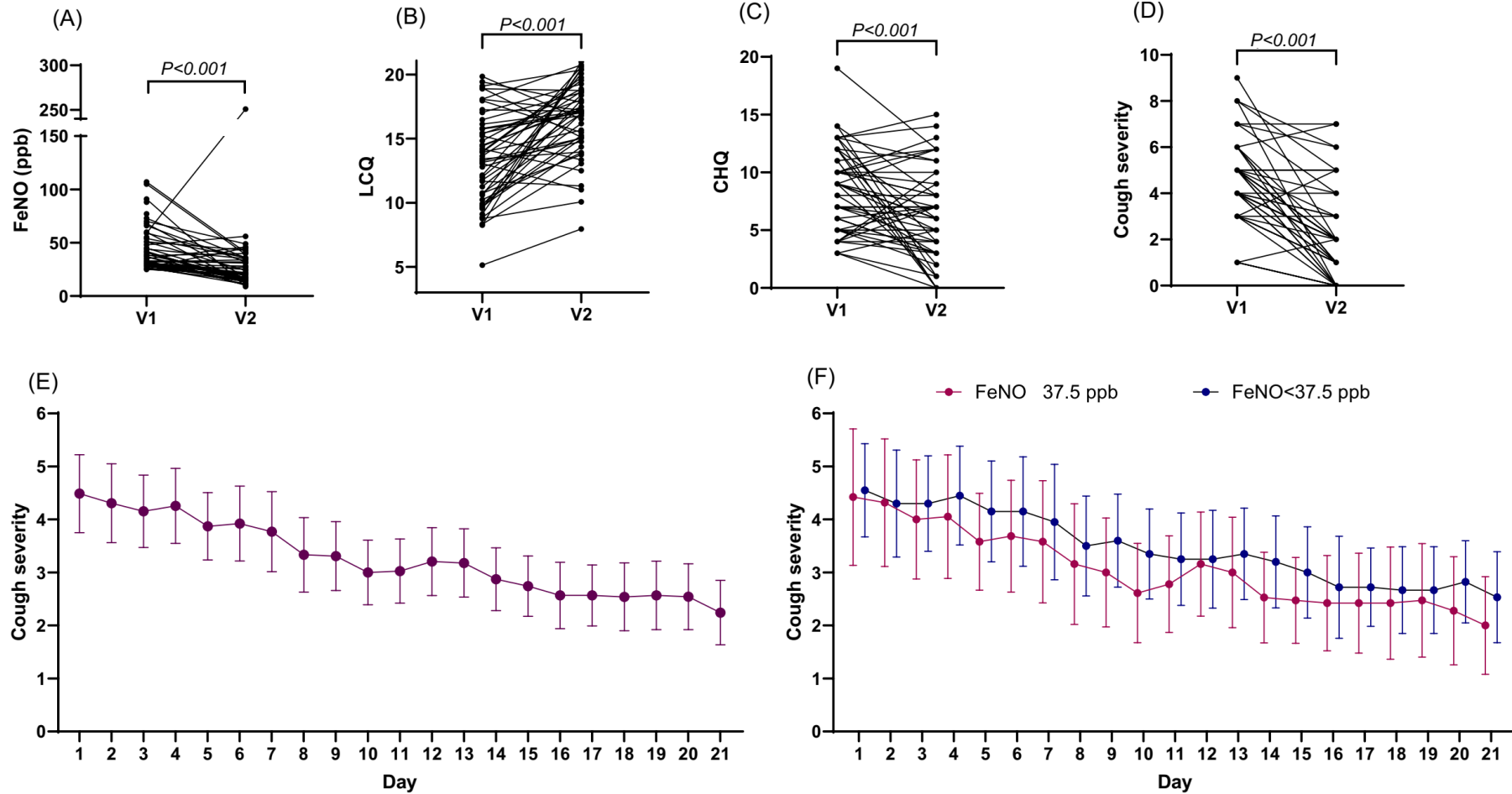
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LCQ responder rate: 68%

Gradual improvement

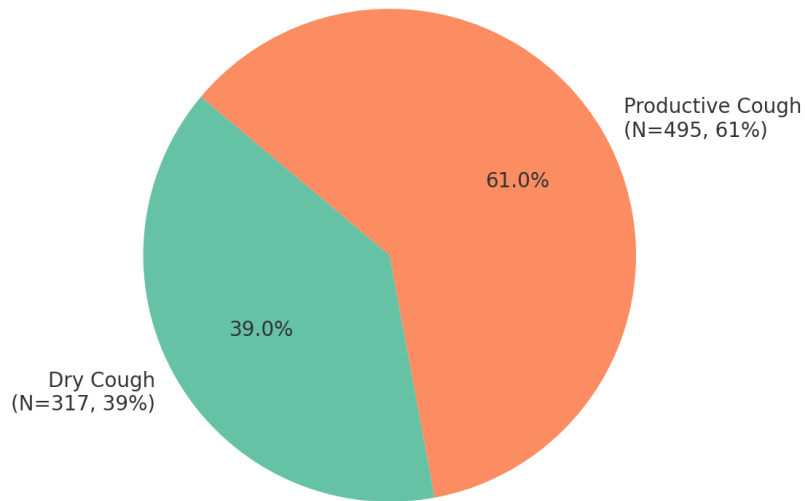
Non-significant correlation between FeNO and cough score



Chronic productive cough

- Objective: To explore if chronic productive cough is a distinct phenotype

Distribution of Cough Types (Two Groups)
Total N=812

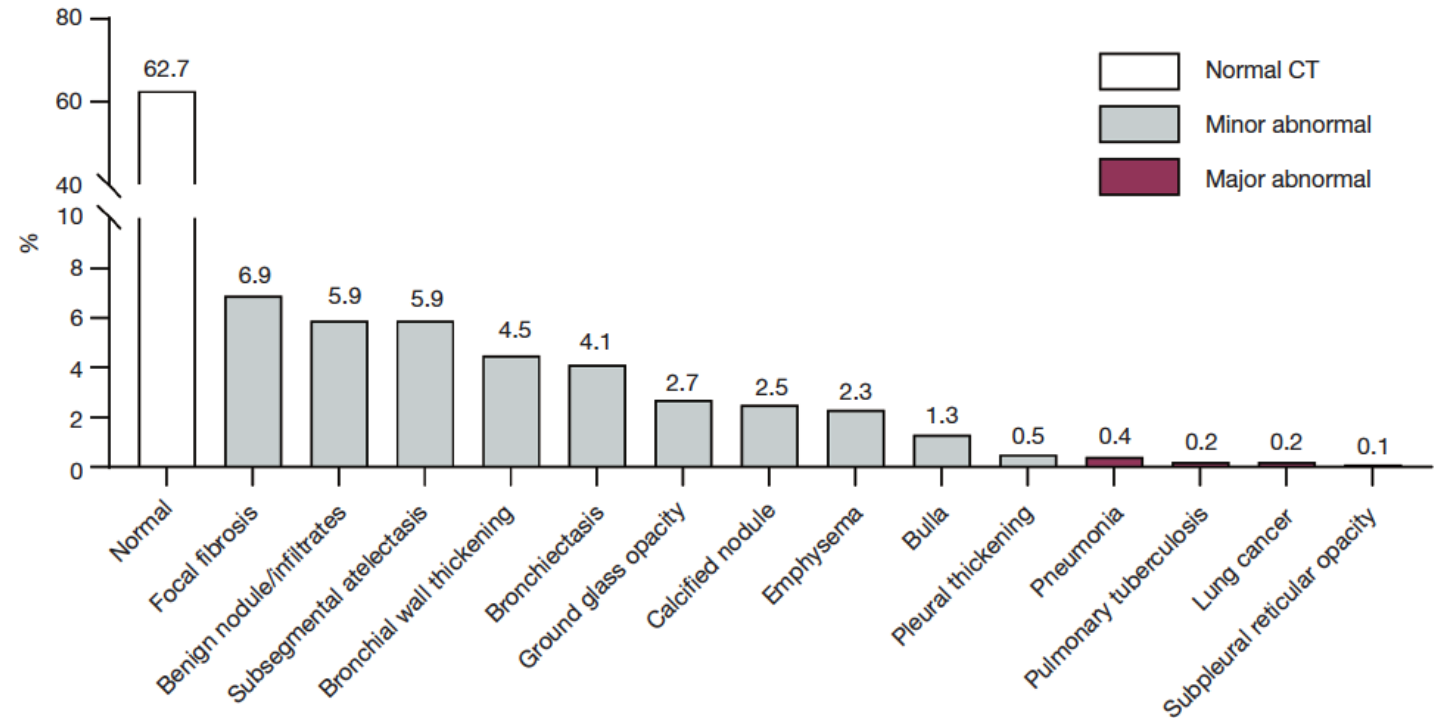
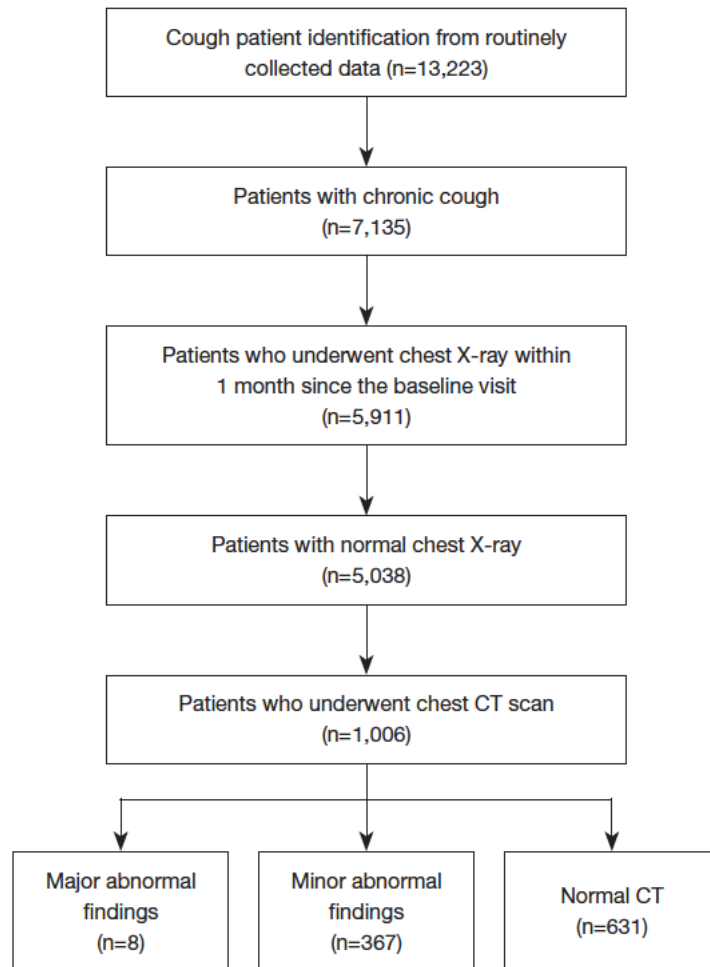


	Dry cough (n=317)	Productive cough (n=495)	P value
Sex, Female, n (%)	63.7%	67.9%	0.251
Age, years	54.7 ± 14.8	53.3 ± 15.5	0.185
Current smoker	3.5%	5.9%	
Chest pain d/t cough	17.5%	33.0%	<0.001
Fatigue d/t cough	29.5%	45.5%	<0.001
Cough VAS	52.3 ± 25.5	60.1 ± 24.5	<0.001
Throat sensation VAS	33.3 ± 29.4	49.9 ± 28.8	<0.001
CHQ score	7.5 ± 3.9	9.3 ± 4.0	<0.001
LCQ score	11.8 ± 3.6	10.6 ± 3.4	< 0.001
CES-D score	7.4 ± 9.6	9.2 ± 11.1	0.015

Chest computed tomography scan utilization and diagnostic outcomes in chronic cough patients with normal chest X-rays: analysis of routinely collected data of a tertiary academic hospital

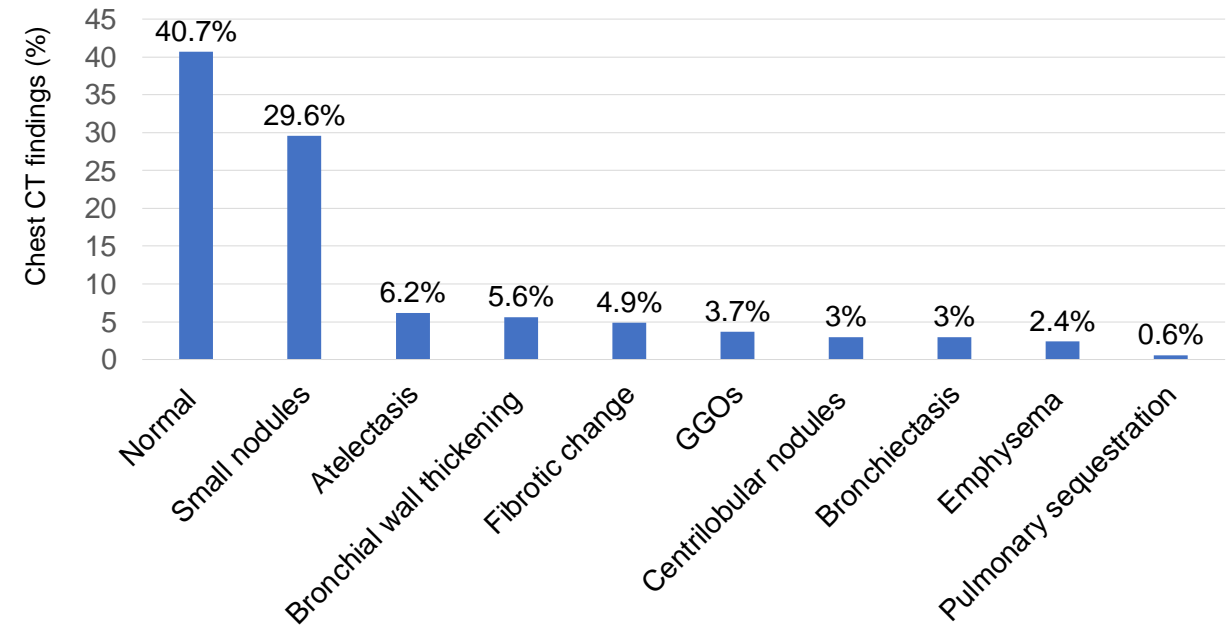
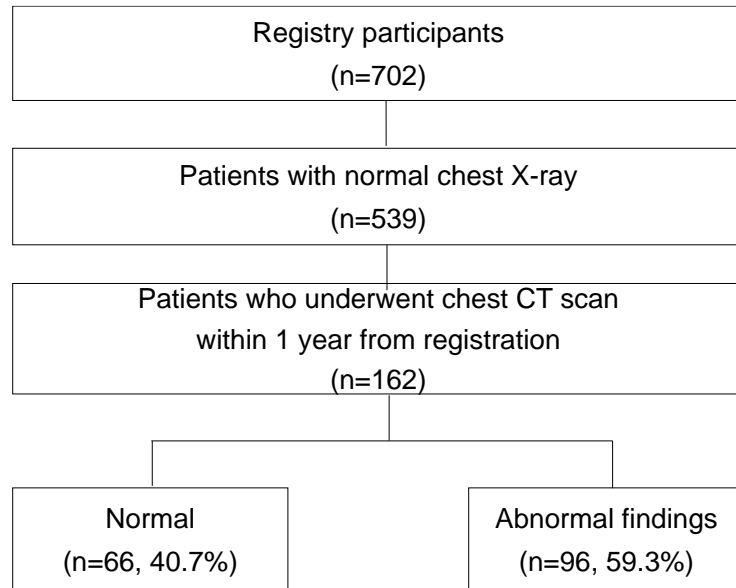
Jin An¹, Ji-Hyang Lee², Youngsang Yoo³, Hyouk-Soo Kwon², Jae-Seung Lee⁴, Sei Won Lee⁴, Tae-Bum Kim², Yeon-Mok Oh⁴, You Sook Cho², Sang-Do Lee⁴, Woo-Jung Song^{2^*}

- Routinely collected data analysis



Role of chest CT scan in patients with normal chest X-rays

- Prospective cohort analysis
- Outcome: Clinical impact of CT scan



CT findings	Additional tests	Treatment change	Treatment response
Benign nodules (n=5)	Chest CT follow-up	No	-
GGOs (n=2)	Sputum culture	Yes (Pneumonia: antibiotics)	Improved
Centrilobular nodules (n=1)	Sputum AFB stain	No	-

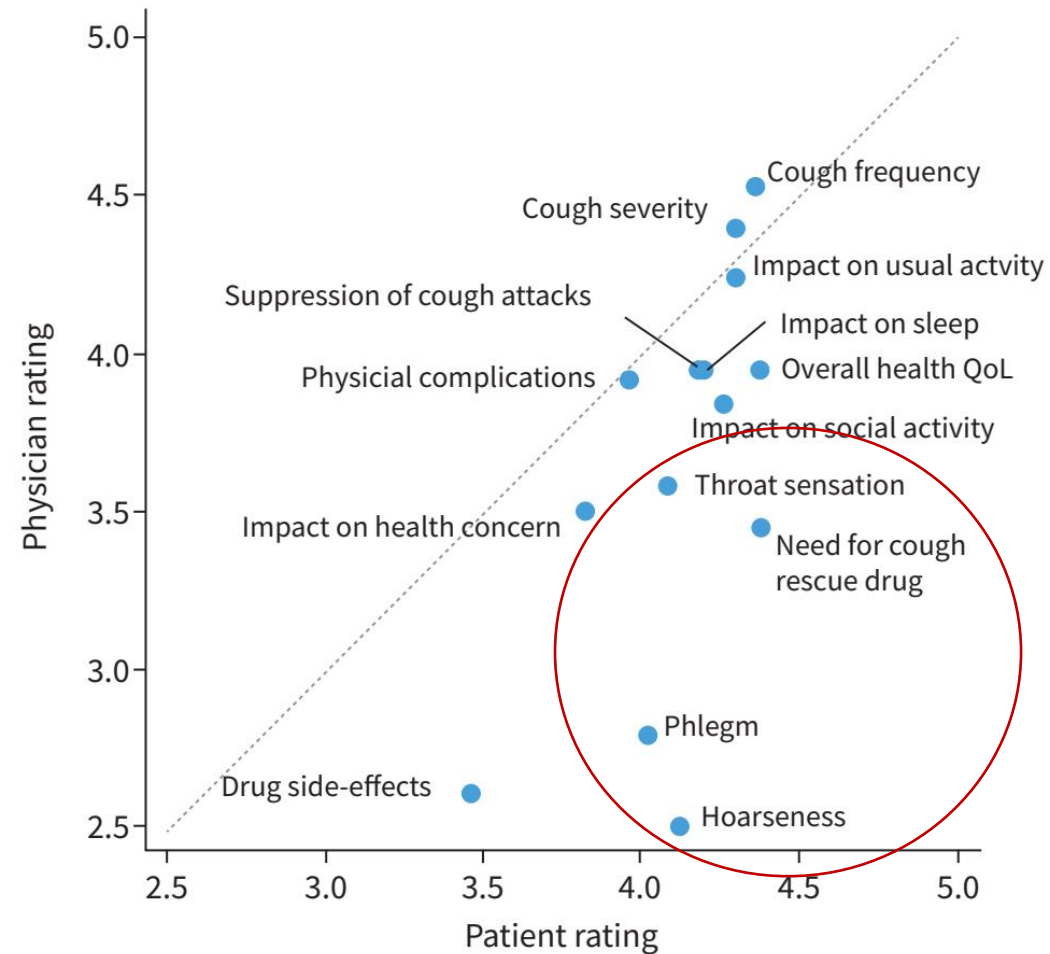
Exploring the concept of disease control in chronic cough



Jin Young Park¹, Haesung Jun¹, Seung-Eun Lee², Ha-Kyeong Won³, Sung-Yoon Kang⁴, Noeul Kang ⁵,
Ji-Yoon Oh^{6,7}, Young-Chan Kim ⁸, So-Young Park⁹, Jin An¹⁰, Youngsang Yoo¹¹, Mi-Yeong Kim¹²,
Hwa Young Lee¹³, Ji-Su Shim¹⁴, Min-Hye Kim ¹⁴, Sae-Hoon Kim¹⁵, Sang-Heon Kim ¹⁶,
Yoon-Seok Chang ¹⁵, Sang-Hoon Kim¹⁷, Byung-Jae Lee⁵, Surinder S. Biring¹⁸ and Woo-Jung Song ⁶,
on behalf of the Korean Chronic Cough Registry Investigators

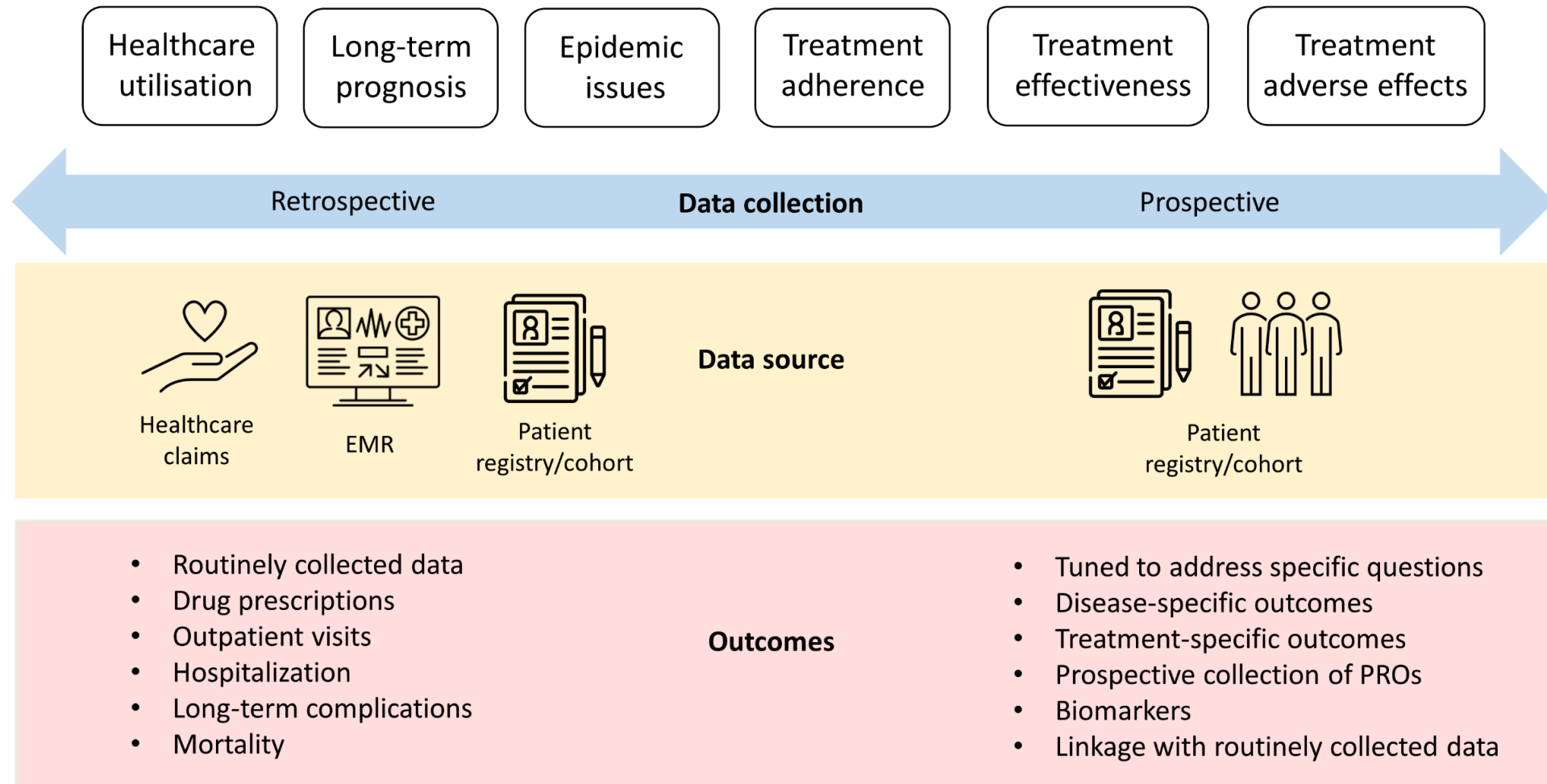
- Disease control vs. Disease severity?
- Objective: To provide a conceptual exploration of patient-reported cough control in chronic cough
- Registry data (1): Correlation between patient-reported cough control (1-5) and conventional cough PROs
- Survey of items pertinent to cough control (2): 50 patients and 38 clinicians

Concept of disease control in chronic cough: patient's perspectives?



Roles of real-world patient registries

Which real-world data are “fit for purpose” to address a specific question?



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- Ji-Hyang Lee (Seoul National University Hospital)
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- Jin Young Park (University of Ulsan College of Medicine)
- Kyung-Eun Park (University of Ulsan College of Medicine)

- Byung-Jae Lee (Samsung Medical Center)
- Noeul Kang (Samsung Medical Center)
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