

EMBARC Newsletter



Welcome to the inaugural edition of the EMBARC Newsletter!

We are thrilled to launch this bi-monthly newsletter to share with you exciting updates, accomplishments, initiatives, and opportunities within the EMBARC research community!

Whether you're a new member of the EMBARC network or have been with us since the beginning, we hope you find inspiration, valuable insights, and a deeper connection to the work we do as a community through the content of this newsletter.

We are incredibly proud of the progress we've made as a community since our beginning in 2012 and your dedication and passion for bronchiectasis research are at the heart of everything we have achieved thus far.

We thank you for being a part of our journey and for your continued support.

Please enjoy this month's newsletter.

With best wishes,



EMBARC

The European Bronchiectasis Registry

In this newsletter series, you can expect:

Latest EMBARC news

Research Project Updates

Recent EMBARC Publications

Upcoming EMBARC Events

Opportunities for EMBARC members

and more...



Promising Results of an EMBARC-led Clinical Trial: Results from the GREAT-2 Study

On May 19th 2025, the initial results of the EMBARC GREAT-2 trial were presented at the American Thoracic Society (ATS) conference in San Francisco.

The GREAT-2 trial tested the efficacy of Gremubamab - a novel bi-specific antibody targeting *Pseudomonas aeruginosa* developed by AstraZeneca - in 37 participants with bronchiectasis with chronic *P. aeruginosa* infection.

The topline results show:

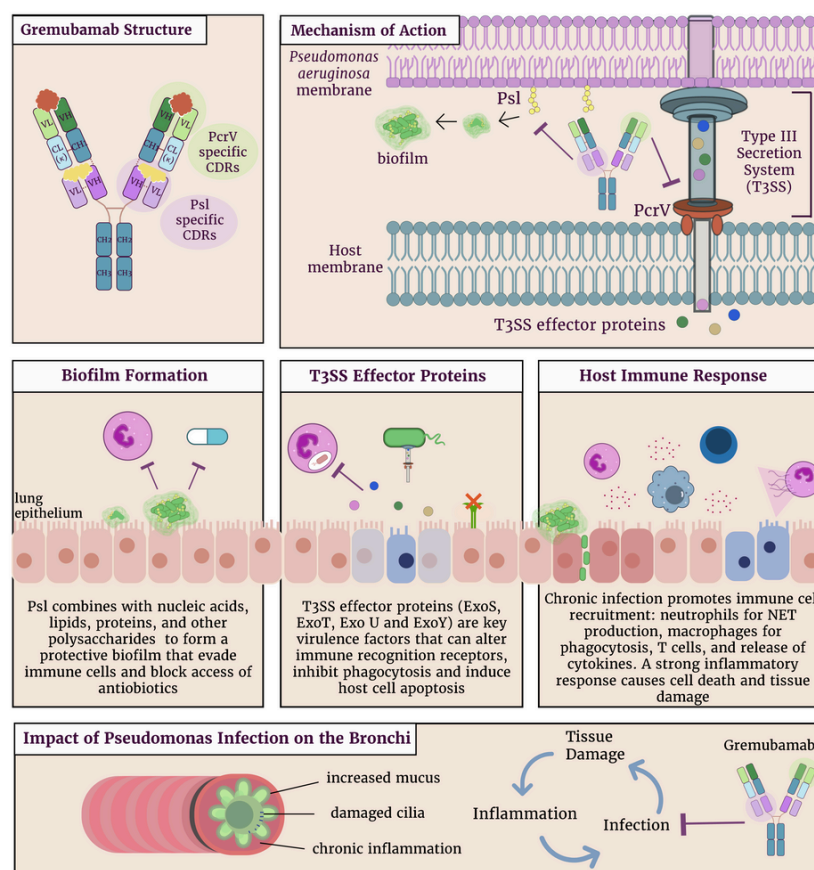
- ✓ A reduction in bacterial load with the 500mg dose of Gremubamab
- ✓ Treatment with Gremubamab achieved statistical significance on multiple secondary endpoints compared with placebo
- ✓ Statistically significant and clinically meaningful improvements in quality of life across multiple domains with both doses of Gremubamab
- ✓ Both doses of Gremubamab were well tolerated

These results suggest that antibacterial antibody therapy could represent **a promising approach for targeting *Pseudomonas aeruginosa***, with a potential to improve patient outcomes and reduce antibiotic dependency in bronchiectasis

Gremubamab targets two key virulence proteins of *P. aeruginosa*, PcrV and Psl. By inhibiting both of these proteins, Gremubamab works to inhibit toxin delivery and biofilm formation, thus neutralising bacterial virulence and enhancing host immunity →

We would like to thank all of the EMBARC investigators, research staff, patients who participated in the GREAT-2 trial!

More information about the GREAT-2 trial and its promising results can be found [here](#).



Gremubamab Mechanism of Action. Figure created by Erin Bell, 2025.



A Breakthrough for Bronchiectasis: the results of the Phase III ASPEN Trial are here!

On April 23rd, 2025, the long-awaited results of the Phase III ASPEN trial of Brensocatib for the treatment of bronchiectasis were published in the New England Journal of Medicine.

The trial tested the efficacy of the Dipeptidyl peptidase-1 inhibitor Brensocatib in a cohort of 1,680 adults and 41 adolescents with bronchiectasis.

The trial reports a significant reduction in exacerbations at both the 10mg and 25mg dose of Brensocatib compared to placebo, with the 25mg dose also bringing additional improvements in patient-reported quality of life and lung function.

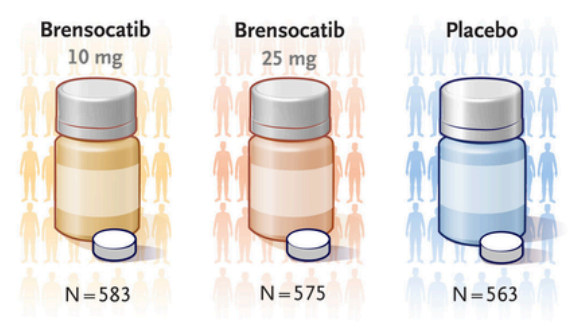
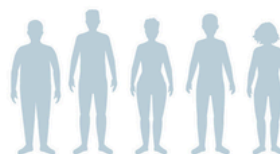
This positive trial represents a turning point in the natural history of bronchiectasis – underscoring bronchiectasis as an inflammatory disease that is treatable with anti-inflammatory therapy – and marks a new beginning for the those living with bronchiectasis.

We would like to thank all of the investigators, research staff and patients who participated in the trial!

The full text (alongside a pdf and video summary of the trial results) is available [here](#).

Patients

- 1680 adults; 41 adolescents
- Mean age, 60 years
- Female: 64%; Male: 36%

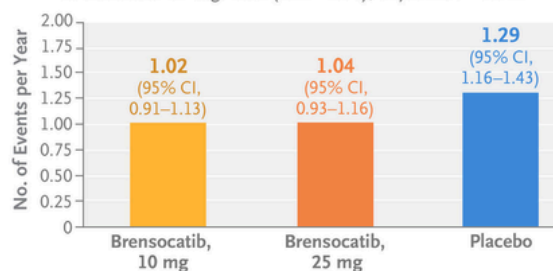


Annualized Rate of Pulmonary Exacerbations

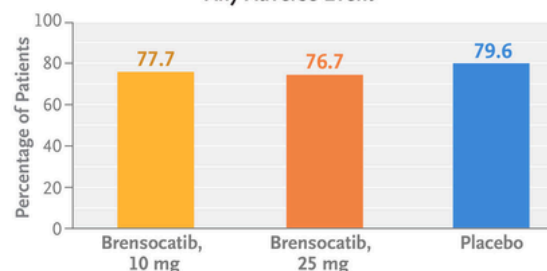
Rate ratio vs. placebo

Brensocatib 10 mg: 0.79 (95% CI, 0.68–0.92); adjusted P=0.004

Brensocatib 25 mg: 0.81 (0.69–0.94); adjusted P=0.005



Any Adverse Event





Launch of the new EMBARC Website



[HOME](#) [ABOUT US](#) [NEWS](#) [RESEARCH](#) [EDUCATION](#) [EARLY CAREERS AREA](#) [INDUSTRY PARTNERS](#) [PATIENT PARTNERS & RESOURCES](#) [REGISTRY](#) [CONTACT US](#)



We are excited to announce the launch of our new and improved EMBARC website!

Alongside a brand new look, **our new website is packed with EMBARC-related resources**, including...

- ✓ Information on EMBARC and how to join EMBARC-related projects
- ✓ A feed of the latest EMBARC updates and announcements
- ✓ Details of EMBARC research projects currently being conducted
- ✓ Educational resources on bronchiectasis
- ✓ Dedicated sections for patients and Early Career Researchers

We invite you to explore the site and discover all it's new features and **please share our new website link on social media!**



Please note: We are aware of a fraudulent website that is currently impersonating EMBARC.

Please be advised that www.bronchiectasis.net is the only official website for EMBARC.

We strongly urge you to only use our official website and avoid contact with other sites claiming to be EMBARC.





The Bronchiectasis Patient Conference 2025

On Saturday March 15th 2025, we hosted our annual EMBARC / ELF / ERS Bronchiectasis Patient Conference.

The day included:



529 attendees from 63 countries



4 sessions on topics of importance to individuals with bronchiectasis



7 talks from expert speakers



Insight into the patient experience via talks from patient representatives



Live Q&A chat and panel discussions

The event received wonderful feedback from the patient community:

'I loved hearing about the positive future for us all. I came away feeling uplifted and happy and looking forward to my life with my little ones, rather than worrying about how it will be'

'I am a recently diagnosed patient and have a much better understanding of my condition'

'Each year it just gets better! Can't wait for 2026!'

When asked about the significance of the patient conference, Justine Hamaide, a long-standing member of the ELF Bronchiectasis Patient Advisory Group and President of Mon Poumon Mon Air, said:

'The Patient Conference is a concrete case study of a close exchange between healthcare professionals and patients, and is proof that medical and patient languages are complementary and allow everyone to learn from each other.'

We would like to thank all of those who attended, and our expert speakers for their participation and contribution to the success of the event!

The recording of the patient conference (with subtitles) is available [here](#).

We are thrilled to have **published 3 new EMBARC publications!**

Clinical Efficacy of Serum Antiglycopeptidolipid Core IgA Antibody Test for Screening Nontuberculous Mycobacterial Pulmonary Disease in Bronchiectasis: A European Multicenter Cohort Study



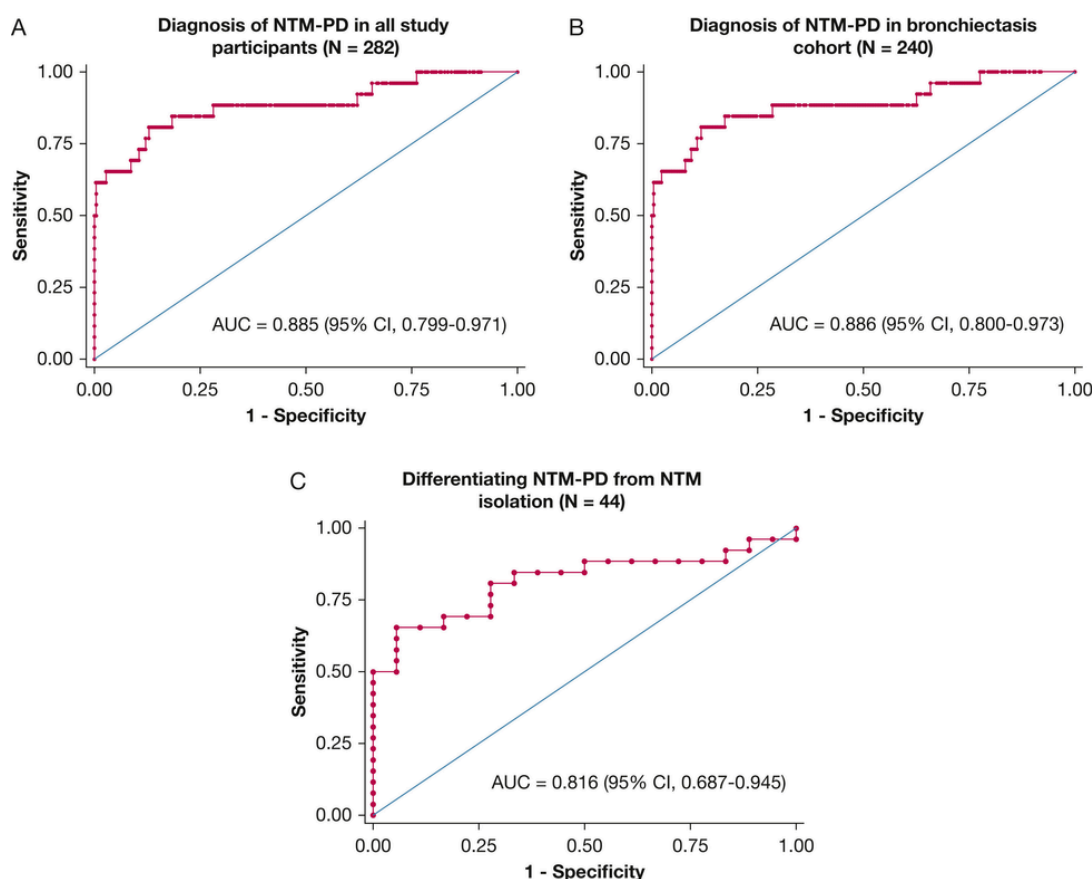
Hayoung Choi et al. CHEST. Published Online: May 2025. doi.org/10.1016/j.chest.2024.10.029

This paper addresses, for the first time, whether the serum antiglycopeptidolipid core IgA antibody test can be used to screen for NTM-PD in a large bronchiectasis cohort, utilising data from the EMBARC-BRDIGE study.

NTM-PD is a known cause and consequence of bronchiectasis, and represents a treatable trait. So much so, international guidelines recommend regular testing for mycobacterial pathogens in those with bronchiectasis ([Polverino et al., 2017](#)). However, due to diagnostic challenges, NTM-PD is thought to be underdiagnosed in those with bronchiectasis.

Here, Choi et al. report that IgA antibody levels showed excellent accuracy in identifying bronchiectasis patients with NTM-PD, with the ability to effectively discriminate between those with NTM-PD and those with NTM isolation who did not meet the diagnostic criteria for NTM-PD - **highlighting the potential of the serum antiglycopeptidolipid core IgA antibody test as an effective screening tool in bronchiectasis.**

To read the full article, click [here](#).



Taken from Choi et al., 2025.

Broad Immunomodulatory Effects of the Dipetidyl-peptidase-1 Inhibitor Brensocatib in Bronchiectasis: Data from the Phase 2, Double-blind, Placebo-controlled WILLOW Trial



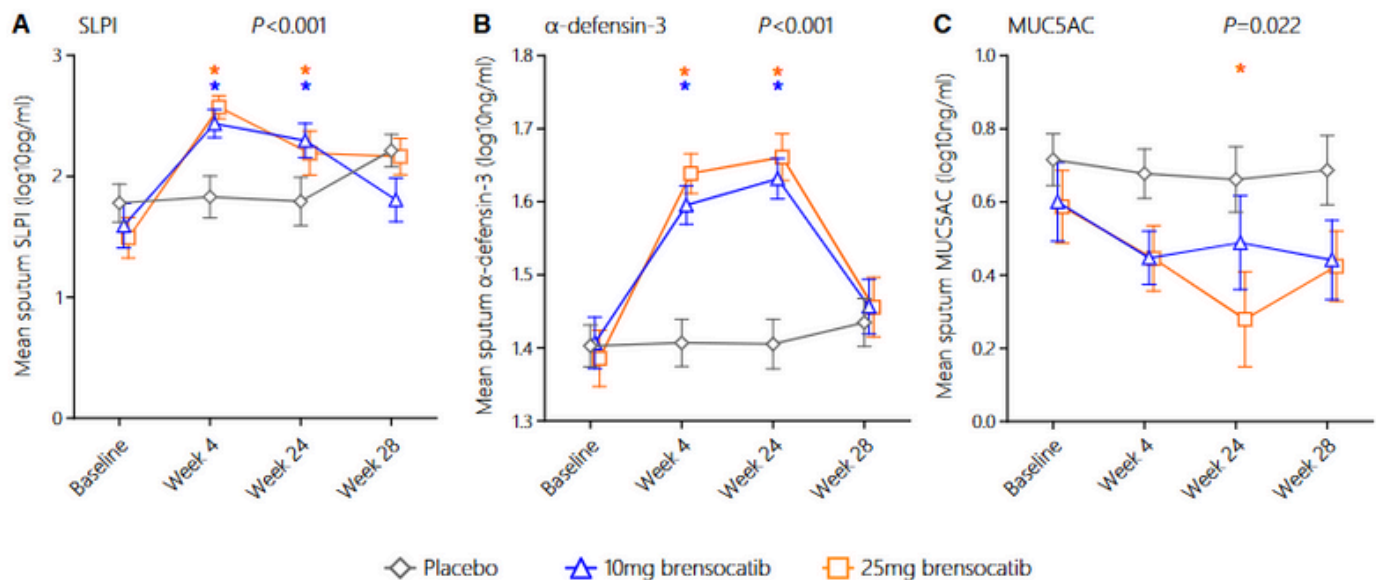
Emma D Johnson, et al. AJRCCM. Published Online: 10 February 2025. [doi:10.1164/rccm.202408-1545OC](https://doi.org/10.1164/rccm.202408-1545OC)

This paper adds to our understanding of the mechanism of action of the Dipeptidyl peptidase-1 (DPP-1) inhibitor, Brensocatib, utilising data from the WILLOW trial.

In the WILLOW trial, Brensocatib reduced the frequency of exacerbations and prolonged time-to-first exacerbation ([Chalmers et al., 2020](#)), and significantly reduced airway concentrations of various neutrophil serine proteases ([Cipolla et al., 2023](#)), over 24-weeks. These clinical findings were recently confirmed in the Phase III ASPEN trial ([Chalmers et al., 2025](#)).

Here, Johnson et al. report that 24-week Brensocatib treatment also reduces sputum MUC5AC levels, increases anti-microbial peptides and influences various inflammatory and anti-inflammatory cytokines - **highlighting diverse immunomodulatory effects of DPP-1 inhibition that likely contribute to the beneficial treatment effects of DPP-1 inhibition.**

To read the full article, click [here](#).



Taken from Johnson et al., 2025.

Use of inhaled corticosteroids in bronchiectasis: data from the European Bronchiectasis Registry (EMBARC)



Jennifer Pollock et al. *Thorax*. Published Online: 23 March 2025. [doi: 10.1136/thorax-2024-221825](https://doi.org/10.1136/thorax-2024-221825)

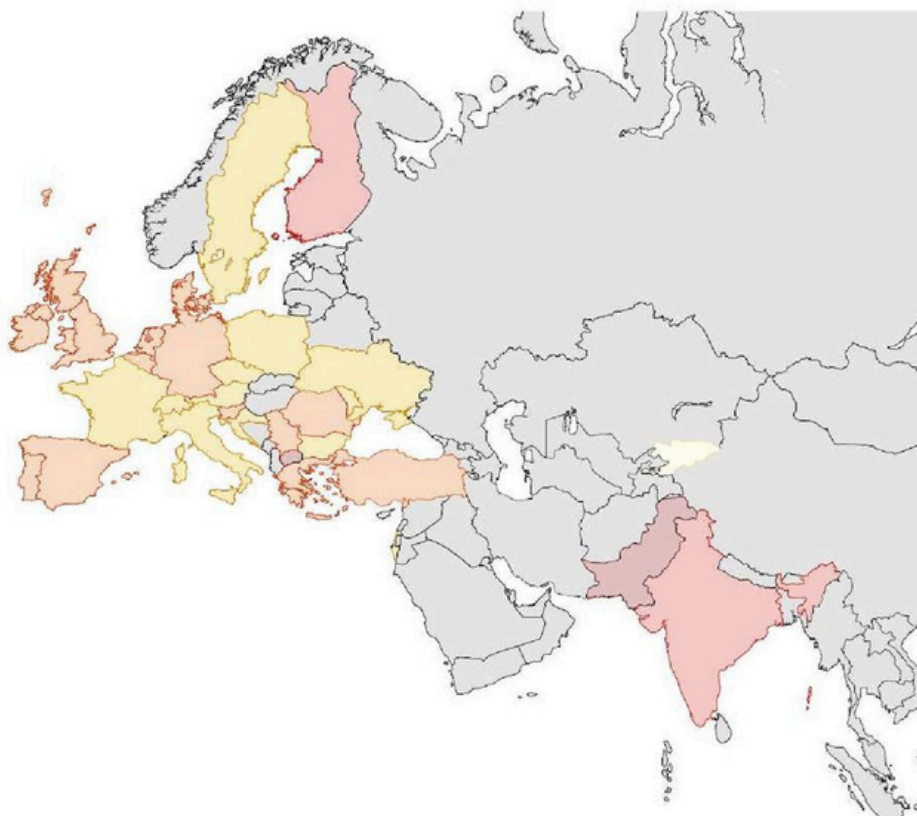
This EMBARC registry paper examines the frequency of inhaled corticosteroid (ICS) use across Europe and explores the clinical outcomes associated with ICS use in bronchiectasis patient populations, including those with peripheral blood eosinophilia.

[Bronchiectasis treatment guidelines](#) advise against ICS use in bronchiectasis (except in those with asthma and/or COPD), yet recognition of an eosinophilic endotype of bronchiectasis questions whether ICS may be beneficial in this patient subset.

Here, Pollock et al. show that ICS use is frequent in the bronchiectasis population, even in those not recommended ICS according to treatment guidelines, and highlight an association where those with elevated blood eosinophils receiving ICS have a reduced risk of exacerbation - **supporting the need for randomised trials of ICS in those with eosinophilic bronchiectasis.**

To read the full article, click [here](#).

% ICS users



Taken from Pollock et al., 2025.

GENERAL ANNOUNCEMENTS

The ✨ FUTURE ✨ of EMBARC

We are in the process of launching **FUTURE** - an **EMBARC network for Early Career Researchers (ECRs)**.

The programme aims to establish a collaborative research network for ECRs interested in bronchiectasis research to:

- ✓ Drive EMBARC-related research projects
- ✓ Strengthen mentorship and career development opportunities
- ✓ Encourage continued education and patient advocacy among ECRs.

If you are an ECR - or know an ECR - who may be interested in FUTURE, please register interest [here](#).

Dates for the Diary



ERS EUROPEAN
RESPIRATORY
SOCIETY

Submit your Late Breaking Abstracts for the ERS Congress in Amsterdam.

DEADLINE = MAY 30TH 2025

**8th WORLD BRONCHIECTASIS
CONFERENCE** BRISBANE, AUSTRALIA
14-17 JULY 2025

Submit your Late Breaking Abstracts for the World Bronchiectasis Conference.

DEADLINE = JUNE 9TH 2025

**WORLD
BRONCHIECTASIS
DAY**
JULY 1ST

EMBARC will soon be celebrating World Bronchiectasis Day - more details will be announced soon.

JULY 1ST 2025

EMBARC-BRIDGE

As of May 1st, we have...

**>1,500 patients
from 25 sites**

enrolled in the EMBARC-BRIDGE study!

If your site is interested in taking part in BRIDGE, please register your interest on the following [form](#) or contact contact@bronchiectasis.net for more information.

If you are interested in working with one of our EMBARC datasets, including the use of samples from the BRIDGE biobank, please submit your request on the following [form](#).



Have you got something you would like to share with the EMBARC community?



If so, please email your submission with a short description to contact@bronchiectasis.net

Thank you for reading!



www.bronchiectasis.net



contact@bronchiectasis.net



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Bronchiectasis Network