

# Estimation of exhaled nitric oxide parameters in the two-compartment model

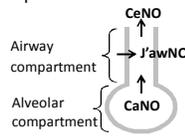
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## Objective

Compare estimators of the parameters in the two-compartment model of nitric oxide exchange in the lower respiratory tract to:  
**(a) Guide selection of an estimation method, and**  
**(b) Quantify sensitivity of estimates to estimation method**

## Background

- Exhaled nitric oxide (NO): non-invasive biomarker of airway inflammation
- Concentration of exhaled NO (CeNO) is highly dependent on flow rate [1]
- At conventional 50 ml/s flow, CeNO is primarily from proximal sources [2]
- Mathematical two-compartment model describes NO production in the lower respiratory tract, with 3 parameters [3]:
  - CaNO:** alveolar NO concentration, ppb
  - J'awNO:** maximum airway flux, pl/s
  - DawNO:** airway tissue diffusing capacity, pl(s·ppb)<sup>-1</sup>
- Parameters are estimated using a regression model fit to CeNO data measured at multiple flow rates
- Numerous regression methods exist, but there is no standard method



## Methods: Candidate Parameter Estimators

**Two-compartment model:** solution to differential equations

$$C_{eNO} = J'awNO/DawNO + (CaNO - J'awNO/DawNO) \exp(-DawNO/V) \quad (1)$$

**Regression models,** assume  $\epsilon \sim N(0, \sigma^2)$ ,  $V$  = flow rate

- "Pietropaoli (P)" formulations use CeNO as outcome [4]
- "Tsoukias (T)" formulations use NO output (CeNO x flow) as outcome [1]

**Linear approximations:** simple linear regression

$$\text{linP} \quad C_{eNO} = CaNO + J'awNO/V + \epsilon \quad (2)$$

$$\text{linT} \quad C_{eNO}V = J'awNO + CaNOV + \epsilon \quad (3)$$

**Quadratic approximations:** multiple linear regression

$$\text{quadP} \quad C_{eNO} = CaNO + (J'awNO - CaNO/DawNO)/V + (-1/2 DawNO (J'awNO - CaNO/DawNO))/V^2 + \epsilon \quad (4)$$

$$\text{quadT} \quad C_{eNO}V = (J'awNO - CaNO/DawNO) + CaNOV + (-1/2 DawNO (J'awNO - CaNO/DawNO))/V + \epsilon \quad (5)$$

**Non-linear least squares**

$$\text{nonLin} \quad C_{eNO} = J'awNO/DawNO + (CaNO - J'awNO/DawNO) \exp(-DawNO/V) + \epsilon \quad (6)$$

$$\text{nonLinLog} \quad \log(C_{eNO}) = \log(J'awNO/DawNO + (CaNO - J'awNO/DawNO) \exp(-DawNO/V)) + \epsilon \quad (7)$$

**Högman algorithm:** based on 3<sup>rd</sup> order approx. using the T formulation [5]

## Methods: Simulation

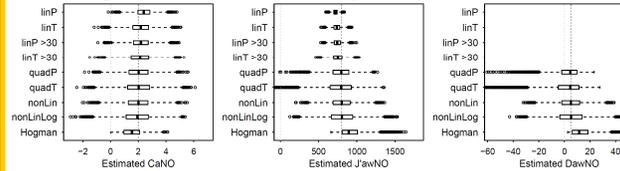
- 10,000 multiple flow datasets: 8 CeNO values (2 at 30, 50, 100, 300 ml/s)
- Generated from Equation 1, assuming: CaNO=2, J'awNO=800, DawNO=5
- Added random noise  $N(0, \sigma^2)$ ,  $\sigma^2=3.1, 1.4, 0.8, 0.5$  ppb at each flow rate

## Methods: Children's Health Study (CHS) data

- CeNO measured in 1640 children (ages 12-15) in Southern California
- Protocol [6]: 9 exhaled NO maneuvers, according to ATS/ERS guidelines:
  - 3 at 50 ml/s, 2 at 30 ml/s, 2 at 100 ml/s, and 2 at 300 ml/s
- 1507 children had at least 1 valid maneuver at each flow rates (6-12/kid)
- Fit all candidate regression models to the 1507 multiple flow datasets
- Assessed model fit, assumptions, estimated parameters, calc. correlations

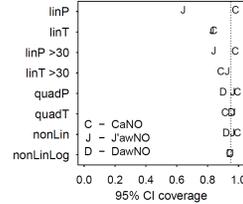
## Results: Simulation Study

**Figure 1. Distributions of parameter estimates**



- Biased estimators: linear approximations and the Högman algorithm

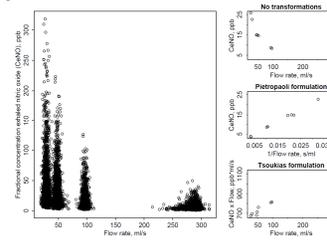
**Figure 2. 95% confidence interval (CI) coverage**



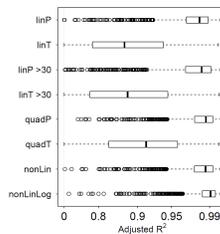
- nonLinLog model estimators had CI with appropriate coverage
- linT model estimators (and linP for J'awNO) had CI that were too narrow

## Results: CHS Data and Model Fit

**Figure 3. Multiple flow datasets from 1507 CHS participants**



**Figure 4. Model fit for 1507 CHS multiple flow datasets**

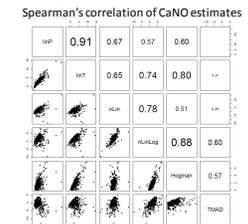


- T formulation models displayed poor fit compared to other models
- nonLinLog model had good fit and satisfied the equal variance assumption

## Results: Sensitivity of CaNO Estimates in CHS

- Strong interest in estimating CaNO since J'awNO is highly correlated with conventionally measured CeNO (at 50 ml/s, NO is mostly from airways)
- For some estimators, Spearman's correlation of CaNO estimates was only moderate (e.g., 0.51 for the Högman algorithm and the nonLin model)

**Figure 5. Comparing CaNO estimates across models**



- With the same model, Spearman's correlation between estimated CaNO and J'awNO was low (-0.1 to 0.1) for quadratic approximation and non-linear models, but moderate (0.5) for linear approximation models

## Discussion

**Summary:** nonLinLog model fit CHS data well and produced estimators of NO parameters with good statistical properties

- Relatively low correlation of CaNO estimates across estimation methods raises concern about validity of comparing CaNO estimates across studies
- Standardized method of estimation is needed
- A limitation of the nonLinLog model is convergence for the non-linear least squares algorithm (convergence not achieved for 12 CHS children)
- Estimation of NO parameters has the potential to provide specificity to studies relating conventionally measured CeNO to disease and other possible determinants of airway inflammation (e.g., air pollution)
- Existing estimators of parameters from more complex models of NO production (e.g., trumpet model with axial diffusion, TMAD) [7] may not be suited to large-scale testing of healthy or mildly asthmatic children
  - 35% of CHS children had CaNO < 0 using the TMAD estimator

## References

- Tsoukias NM, Tannous Z, Wilson AF, et al. Single-exhalation profiles of NO and CO2 in humans: effect of dynamically changing flow rate. *J Appl Physiol* 1998;85(2):642-52.
- George SC. How accurately should we estimate the anatomical source of exhaled nitric oxide? *J Appl Physiol* 2008;104(4):909-11.
- Tsoukias NM, George SC. A two-compartment model of pulmonary nitric oxide exchange dynamics. *J Appl Physiol* 1998;85(2):653-66.
- Pietropaoli AP, Perillo IB, Torres A, et al. Simultaneous measurement of nitric oxide production by conducting and alveolar airways of humans. *J Appl Physiol* 1999;87(4):1532-42.
- Hogman M, Holmkvist T, Wegener T, et al. Extended NO analysis applied to patients with COPD, allergic asthma and allergic rhinitis. *Respir Med* 2002;96(1):24-30.
- Linn WS, Rappaport EB, Berhane KT, et al. Extended exhaled nitric oxide analysis in field surveys of schoolchildren: a pilot test. *Pediatr Pulmonol* 2009;44(10):1033-42.
- Condorelli P, Shin HW, Aledia AS, et al. A simple technique to characterize proximal and peripheral nitric oxide exchange using constant flow exhalations and an axial diffusion model. *J Appl Physiol* 2007;102(1):417-25.