EXHALED BREATH CONDENSATE ANALYSIS: EVALUATION OF A METHODOLOGICAL SETTING FOR AN OCCUPATIONAL FIELD STUDY <u>F. Hoffmeyer</u>, V. Harth, R. Merget, E. Heinze, N. Goldscheid, P. Degens, B. Pesch, T. Brüning, J. Bünger, and M. Raulf-Heimsoth

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Introduction: Production of exhaled breath condensate (EBC) is a non-invasive method to determine airway inflammation. There is accumulating evidence that pH, nitrogen oxides, and leukotrienes (LTs) are suitable markers of inflammatory airway diseases. When occupational effects are under investigation a local assessment at the working place is necessary and often a cross-shift design is used. The aim of the pilot study was to evaluate accordingly a protocol for field work.

Methods: Eighteen non-smoking adults (aged 26-63 years) with normal spirometry and no episode of airway infection in the 6 weeks prior to the study were evaluated. EBC samples were obtained with the commercially device ECoScreen/ECoVent (VIASYS Healthcare, Höchberg, Germany) on four days over two weeks and analyzed for volume, pH, nitrate/nitrite (Griess reaction), and LTB₄ (immunoassay). Methodical influences of sample collection, sample handling, and circadian rhythm on EBC volume and mediator concentrations were determined. The study was approved by the local Ethical Committee.

Results: With 10 min of tidal breathing a higher EBC volume (median 1550 μ L; 25th quantile 1250 - 75th quantile 1975 μ L) was collected than with a pre-defined volume of 100 L air (900 μ L; 625-1290 μ L). Wearing a nose-clip had no significant influence on volume or indicated mediators. Within day variability causes minor variations in EBC volume. Storage at 6°C for 16 h (simulating transport conditions in field work) had no significant impact on nitrate/nitrite and LTB4 concentrations. Mediator concentrations were stable in EBC samples stored at - 70°C up to 3 months under argon gas protection.

Discussion: Convenience must be considered when repeated measurements are planed in occupational studies. Our results do not show differences in the outcome variables by noseclip use. Sampling over 10 min resulted in a higher volume of EBC than a predefined respiratory volume enabling more analyses. Since the evaluated mediators showed sufficient stability, analyses could be done off-field in a common laboratory setting.