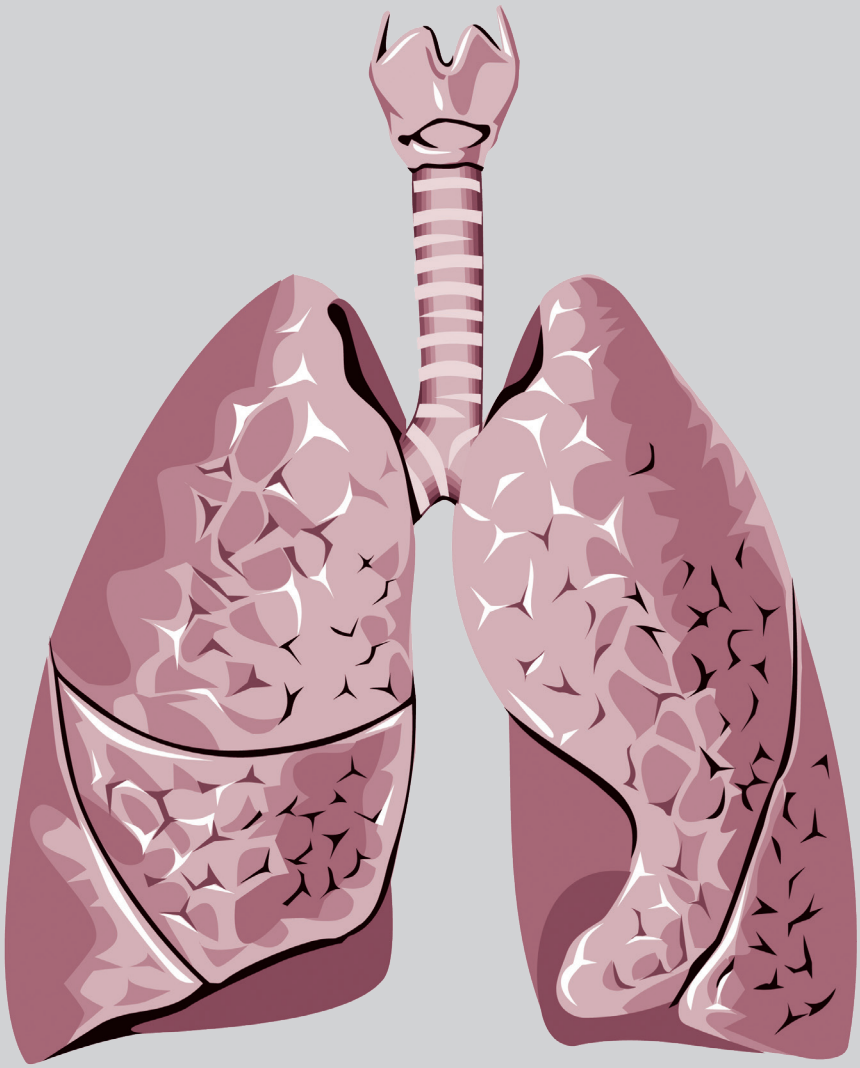
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CONTENTS

Original Articles

Successful Weaning Predictive Model for Respiratory Care Center Patients ..... 143~152
Tse-Yu Chen, Tsu-Hsuan Weng, Mei-Fen Lu, Chia-Hsin Liu, Chih-Hao Shen, Chen-Liang Tsai, Chung-Kan Peng, Ming-Tsung Chen

Lung Function Outcomes and Predictive Factors in Severe Asthma Patients Treated With Anti-IL-5 Therapy: A Real-world Cohort Study ..... 153~161
Wei-Syun Hung, Bing Chen Wu, Meng-Heng Hsieh, Shih Wei Huang, Chun-Yu Lin, Po-Jui Chang, Ting-Yu Lin, Shu-Min Lin, Horng-Chyuan Lin

Predicting Post-COVID Symptoms Based on Initial Presentation ..... 162~177
Chiu-Feng Wu, Chu-Hsuan Cheng, I-Shiang Tzeng, Li-Fan Ko, Ya-Ting Liu, Yu En Huang, Po-Chun Hsieh, Chou-Chin Lan

Case Reports

Late Severe Immune-Mediated Colitis in an Advanced Lung Squamous Cell Carcinoma Patient Treated with Checkpoint Inhibitors ..... 178~184
Je-Wei Shen, Gee-Chen Chang

Improvement in Clinical Symptoms and Reduction of IgG4 Levels Following Mepolizumab Therapy in a Patient with Eosinophilic Granulomatosis with Polyangiitis: A Case Report ..... 185~191
Mei-Ru Lu, Ping-Hung Kuo

Hemophagocytic Lymphohistiocytosis Induced by Pembrolizumab in Lung Squamous Cell Carcinoma: Effective Treatment with Tocilizumab ..... 192~199
Hua-Tung Fan , Chia-Hsin Liu

Review Articles

Respiratory Syncytial Virus Vaccination for Adults with Pulmonary Disease: A Clinical Practice Consensus from Taiwanese Pulmonologists ..... 200~226
Po-Jui Chang, Po-Chun Lo, Shih-Wei Lee, Kang-Yun Lee, Kun-Ta Chou, Chau-Chyun Sheu, Ping-Hung Kuo, Jia-Yih Feng, Kuang-Yao Yang, Yung-Hung Luo, Yuh-Min Chen

Successful Weaning Predictive Model for Respiratory Care Center Patients

Tse-Yu Chen[1], Tsu-Hsuan Weng[2], Mei-Fen Lu[3], Chia-Hsin Liu[4], Chih-Hao Shen[4], Chen-Liang Tsai[4], Chung-Kan Peng[4], Ming-Tsung Chen[4]

Introduction: Mechanical ventilation (MV) is a critical support technique in intensive care medicine, and an appropriate weaning strategy is essential for patient outcomes. This study investigated key factors influencing successful weaning, using statistical analyses of demographic variables, clinical indicators, and nutritional status. Additionally, we developed a predictive model using logistic regression to support clinical decision-making.

Methods: This study employed a retrospective data analysis approach, using statistical tests to compare differences between weaning success and failure groups and applying multiple logistic regression to evaluate the impact of various factors. We analyzed data from patients who underwent MV for ≥14 days and were transferred to the respiratory care center (RCC) with endotracheal tube between January 1, 2023 and December 31, 2023. Data were collected from RCC-admitted patients and included variables such as age, sex, BMI, comorbidities, and other clinical parameters.

Results: A total of 100 patients on MV with an endotracheal tube were included in the study. Sixty-four successfully weaned patients had a lower APACHE II score, and higher albumin levels at RCC admission. In addition, unsuccessfully weaned patients had a longer duration of RCC stay and ventilator use. Factors associated with successful weaning included BMI, albumin levels, comorbidities, and the rapid shallow breathing index.

Conclusion: Patients admitted to the RCC remained critically ill and required comprehensive care. We found that BMI, albumin levels, comorbidities, and the rapid shallow breathing index at the RCC were important factors influencing ventilator weaning. Based on these predictors, we developed a predictive model to assist in extubation decisions. ***(Thorac Med 2026; 41: 143-152)***

Key words: Respiratory care center, mechanical ventilation, weaning

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Lung Function Outcomes and Predictive Factors in Severe Asthma Patients Treated With Anti-IL-5 Therapy: A Real-world Cohort Study

Wei-Syun Hung[1], Bing Chen Wu[1], Meng-Heng Hsieh[1, 2], Shih Wei Huang[1], Chun-Yu Lin[1, 2], Po-Jui Chang[1, 2], Ting-Yu Lin[1,2], Shu-Min Lin[1, 2, 3, 4], Horng-Chyuan Lin[1,2]

Introduction: Anti–interleukin-5 (anti–IL-5) therapies have emerged as effective treatments for severe eosinophilic asthma, with demonstrated benefits in reducing exacerbations and oral corticosteroid use. However, real-world evidence of their effects on pulmonary function and predictors of treatment response remains limited. This study aimed to evaluate the real-world effectiveness of anti–IL-5 therapy on pulmonary function and identify clinical predictors of significant FEV_1 improvement.

Methods: A retrospective cohort study was conducted from July 2015 to May 2024 with patients with severe asthma receiving anti–IL-5 therapy. Lung function parameters were assessed at baseline and after 12 months of treatment. Patients achieving an FEV_1 increase of >100 mL were identified, and univariate and multivariate logistic regression analyses were performed to explore potential predictors.

Results: A total 86 patients with severe asthma receiving anti–IL-5 therapy were enrolled, including 42 on mepolizumab and 44 on benralizumab. Anti–IL-5 therapy significantly improved the FEV_1 percentage predicted and PEFR, with the greatest improvement observed in the benralizumab group. In this group, FEV_1 volume (1.46 ± 0.57 L vs. 1.58 ± 0.66 L, p = 0.050), FEV_1 percentage (61.48% ± 19.88 vs. 67.00% ± 22.53, p = 0.024), and PEFR (214.72 ± 86.67 vs. 237.50 ± 113.10, p = 0.042) significantly increased after 12 months. Multivariate analysis confirmed body weight as a significant predictor (OR = 1.16, 95% CI: 1.02–1.31, p = 0.02).

Conclusion: Anti–IL-5 therapy improves lung function in patients with severe asthma, particularly with benralizumab. Body weight was found to be a significant predictor of meaningful FEV_1 improvement. Further studies are needed to explore the relationship between body weight and lung function response, as well as the potential mechanisms. ***(Thorac Med 2026; 41: 153-161)***

Key words: severe asthma, anti-IL-5 therapy, lung function outcome, predictive factor

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Predicting Post-COVID Symptoms Based on Initial Presentation

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Introduction: Post-Coronavirus disease 2019 (COVID-19) can have a substantial, multisystem effect. Post-COVID symptoms involve the neuropsychiatric, cardiopulmonary, gastrointestinal, and dermatological systems. We analyzed the initial and post-COVID symptoms to determine how initial clinical presentation relate to the risk of post-COVID symptoms.

Methods: This study was conducted using an online questionnaire administered between July 1 and July 29, 2022, to patients diagnosed with COVID-19. The questionnaire assessed both initial and post-COVID symptoms.

Results: Of the 717 patients included in this analysis, 98.6% had a mild illness and 1.4% had a critical illness. Of 412 patients (57%) with acute infection symptoms, the most common were sore throat (35%), cough (35%), fever (30%), and fatigue (30%). Of 623 patients (87%) with post-COVID-19 symptoms, the most common were fatigue (66%), cough (53%), and difficulty thinking (25%). Critical illness was associated with a higher risk of post-COVID general symptoms, such as fever or general soreness. Initial neuropsychiatric symptoms, dyspnea, and critical illness were associated with higher post-COVID neuropsychiatric symptoms. Initial chest pain, dyspnea, and insomnia were associated with higher post-COVID cardiopulmonary symptoms, while initial gastrointestinal symptoms and critical illness were associated with higher post-COVID gastrointestinal symptoms. An initial rash was associated with a higher incidence of post-COVID rash.

Conclusion: COVID-19 survivors frequently experienced post-COVID symptoms affecting multiple organ systems. Certain initial symptoms and critical illnesses were associated with a higher risk of post-COVID symptoms. ***(Thorac Med 2026; 41: 162-177)***

Key words: COVID-19; post-COVID; questionnaire; SARS-CoV-2; system assessment

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Late Severe Immune-Mediated Colitis in an Advanced Lung Squamous Cell Carcinoma Patient Treated with Checkpoint Inhibitors

Je-Wei Shen[1], Gee-Chen Chang[1, 2, 3, 4]

Pembrolizumab has significantly improved survival outcomes for patients with metastatic non-small cell lung cancer exhibiting high PD-L1 expression (≥50%). Despite these advantages, immune checkpoint inhibitors (ICIs) are associated with immune-related adverse events, notably immune-mediated colitis, usually within 4–8 weeks of treatment initiation, complicating patient management. We present the case of a 70-year-old advanced lung squamous cell carcinoma patient with late and severe pembrolizumab-induced colitis. The patient had a good response to pembrolizumab only treatment, but after 11 cycles (8 months) of treatment, the patient developed severe colitis, characterized by refractory symptoms including profuse watery and bloody diarrhea. Colonoscopy revealed diffuse mucosal ulceration, erythema, friability, and pseudopolyps, particularly in the sigmoid colon. Biopsies showed mucosal hyperemia, hemorrhage, plasma cell and lymphocyte infiltration. Special stains (periodic-acid Schiff stain, Grocott's methenamine silver stain, acid-fast stain) and cytomegalovirus immunohistochemistry were negative for infectious causes or malignancy. Pembrolizumab was discontinued, and high-dose oral prednisone was initiated, followed by intravenous methylprednisolone. Due to a poor response, vedolizumab was administered 1 week after steroid use, but colitis persisted. Infliximab was started 2 weeks after steroid initiation, leading to gradual symptom improvement. However, infliximab was held after the third cycle due to a severe lung infection. ***(Thorac Med 2026; 41: 178-184)***

Key words: non-small cell lung cancer, immune checkpoint inhibitors, immune-related adverse events, programmed cell death-1, programmed death-ligand 1

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Improvement in Clinical Symptoms and Reduction of IgG4 Levels Following Mepolizumab Therapy in a Patient with Eosinophilic Granulomatosis with Polyangiitis: A Case Report

Mei-Ru Lu[1], Ping-Hung Kuo[1]

Although the exact role of immunoglobulin G4 (IgG4) in eosinophilic granulomatosis with polyangiitis (EGPA) remains unclear, elevated serum IgG4 levels have been frequently observed in previous studies. We reported the case of a 27-year-old man with EGPA presenting with asthma, hypereosinophilia, and elevated IgG4 without positive anti-neutrophil cytoplasmic antibody (ANCA). His condition progressed with pulmonary infiltrates and systemic symptoms, responding initially to corticosteroids. Mepolizumab was introduced as maintenance therapy, resulting in sustained symptom control, tapering of corticosteroids, a significant reduction in the blood eosinophil count and normalization of IgG4 levels. While previous studies have linked IgG4 reduction to EGPA remission, this is, to our knowledge, the first report demonstrating IgG4 improvement following mepolizumab therapy. Further research is needed to clarify the utility of IgG4 as a biomarker in EGPA. ***(Thorac Med 2026; 41: 185-191)***

Key words: eosinophilic granulomatosis with polyangiitis, mepolizumab, IgG4, hypereosinophilia

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Hemophagocytic Lymphohistiocytosis Induced by Pembrolizumab in Lung Squamous Cell Carcinoma: Effective Treatment with Tocilizumab

Hua-Tung Fan[1, 2], Chia-Hsin Liu[2]

Background: Haemophagocytic lymphohistiocytosis (HLH) is a rare but life-threatening immune-related adverse event (irAE) associated with the use of immune checkpoint inhibitors (ICIs). Non-specific manifestations often mimic infections, leading to delayed diagnosis and treatment.

Case Presentation: A 44-year-old man with advanced squamous cell carcinoma of the right upper lung (cT3N2M1b, stage IV, PD-L1 TPS 55%) received first-line cisplatin, paclitaxel, and pembrolizumab. After the third pembrolizumab cycle, the patient developed HLH, fulfilling the HLH-2004 diagnostic criteria, with fever, cytopenia, splenomegaly, hyperferritinemia, and hypofibrinogenemia. High-dose corticosteroid therapy failed to induce remission; however, tocilizumab led to rapid clinical and laboratory improvements. Chemotherapy was resumed without pembrolizumab, and subsequent surgical resection confirmed a complete pathological response. No lung cancer or HLH recurrence was observed during 3 years of follow-up.

Conclusion: Early recognition of HLH in patients receiving ICIs is critical to prevent life-threatening complications. Tocilizumab may serve as an effective option for steroid-refractory HLH, and durable tumor remission remains achievable despite this severe immune-related event. ***(Thorac Med 2026; 41: 192-199)***

Key words: hemophagocytic lymphohistiocytosis; immune checkpoint inhibitor; pembrolizumab; tocilizumab; immune-related adverse event; lung squamous cell carcinoma

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Respiratory Syncytial Virus Vaccination for Adults with Pulmonary Disease: A Clinical Practice Consensus from Taiwanese Pulmonologists

Po-Jui Chang[1,*], Po-Chun Lo[2,*], Shih-Wei Lee[3], Kang-Yun Lee[4], Kun-Ta Chou[5], Chau-Chyun Sheu[6], Ping-Hung Kuo[7], Jia-Yih Feng[8], Kuang-Yao Yang[9], Yung-Hung Luo[10], Yuh-Min Chen[11]

Background: Respiratory syncytial virus (RSV) causes severe lower respiratory tract disease in adults, disproportionately affecting those with chronic pulmonary disease, lung cancer, or lung transplantation. Three adult RSV vaccines are licensed in Taiwan, but questions specific to thoracic practice remain incompletely addressed.

Methods: In May 2026, the Taiwan Society of Pulmonary and Critical Care Medicine convened 11 specialists, who defined 14 clinical questions. Literature up to September 2026 was reviewed. Recommendations were agreed through structured discussion without formal Delphi or GRADE methodology, and the evidence basis of each is stated.

Results: Severe disease risk should be assessed using age, pulmonary disease severity, comorbidities, frailty, and immune status. Adults aged ≥75 years should receive a single dose; adults aged 50–74 years with these conditions should be routinely evaluated; vaccination may be considered for high-risk adults aged 18–49 years. Vaccination should occur when pulmonary disease is stable, ideally before transplantation or antineoplastic therapy. Because RSV circulates year-round in Taiwan, vaccination need not await a particular season. Current evidence cannot rank the three vaccines by clinical protection; immunogenicity data may inform selection when immune responsiveness is a concern. Coadministration with other

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adult vaccines is acceptable. Pregnant women should receive the approved vaccine at 28–36 weeks of gestation. Eligible immunocompromised adults should be vaccinated within regulatory indications. Evidence is currently insufficient to recommend boosters, and prior RSV infection does not preclude vaccination.

Conclusion: These 14 statements provide pulmonary-specific guidance complementing existing national and international recommendations. ***(Thorac Med 2026; 41: 200-226)***

Key words: Respiratory syncytial virus (RSV), vaccination, pulmonary disease, expert consensus, immunocompromised host