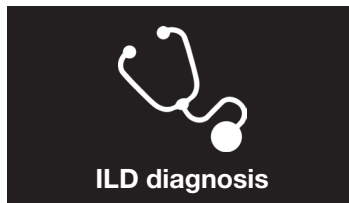


ILD highlights from the ATS 2017 congress

May 19th – May 24th / Washington, DC

ILD clinical year in review

Insights in diagnosis of ILDs



To evaluate the relationship between the progression of interstitial lung abnormalities (ILA) and clinical outcomes, ILA were assessed in 1,867 subjects who had serial chest computed tomography (CT) scans approximately 6 years apart. Results suggest that ILA progression is associated with an increased rate of pulmonary function decline and increased risk of death.¹

In a study to identify biomarkers that differentiate IPF from non-IPF ILDs it was found that a biomarker index of surfactant protein D (SP-D), metalloproteinase 7 (MMP-7), and osteopontin enhances diagnostic accuracy in patients with IPF compared with those with non-IPF ILD.²

Update on ILD management



A post-hoc analysis of three trials of pirfenidone revealed that patients with advanced IPF receiving antacid therapy had a significantly higher incidence of overall and pulmonary infections than those not receiving antacid therapy.³ Since the ATS/ERS 2015 guidelines give a weak recommendation in favour of antacid therapy in IPF⁴, further research on the topic is needed.

The results of a randomised, double-blind, parallel group trial suggest mycophenolate mofetil as a possible alternative to cyclophosphamide in the treatment of scleroderma-related interstitial lung disease. While treatment with either of the two drugs resulted in improvement of lung function, mycophenolate mofetil was better tolerated and associated with less toxicity.⁵

Updated definition of IPF acute exacerbations



To better reflect the current state of knowledge, the definition of IPF acute exacerbations was updated to “An acute, clinically significant respiratory deterioration characterized by evidence of new widespread alveolar abnormality”,⁶ by the international working group. As more cases will fit this new definition the frequency of AE-IPF is expected to increase in the future.⁷

References

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