

WHEN PULMONARY FIBROSIS IS SUSPECTED, WHAT'S NEXT FOR DAVID?



MEDICAL HISTORY:

- 52-year-old Caucasian male¹⁻³
- Former smoker, 30 pack-years^{1,3}
- Presented with dyspnea and fatigue in hospital; consolidation found on chest X-ray³
- Treated for pneumonia with broad spectrum antibiotics³
 - Cultures consistently negative

INITIAL CLINICAL EVALUATION:

- Exertional dyspnea, mild fatigue³
- Velcro[®]-like crackles on auscultation³
- Reduced PFTs with restriction¹
- Rheumatologic exam was negative³
- Rheumatoid factor and anticitrullinated C-peptide positive, slightly increased creatinine kinase and CRP levels³

69% FVC % predicted

48% DL_{co} % predicted

Treated with steroids and alkylating agent and showed some symptomatic improvement³

1 YEAR FOLLOW-UP:

- Respiratory symptoms have worsened³
- Underlying etiology unclear³
- Stable PFTs⁴
- Extensive fibrosis on HRCT³
 - Ground glass opacities, traction bronchiectasis, mosaic attenuation, and reticulation

After review of clinical, radiographic, and histologic findings by an MDT did not produce a conclusive diagnosis, ILD was considered unclassifiable³

CRP, C-reactive protein; DL_{co}, diffusing capacity of the lungs for carbon monoxide; FVC, forced vital capacity; HRCT, high-resolution computed tomography; ILD, interstitial lung disease; MDT, multidisciplinary team; PFT, pulmonary function test; UIIP, unclassifiable idiopathic interstitial pneumonia.

FVC is not declining, but symptoms and fibrosis are worsening, which are indicators of progressive disease.⁴

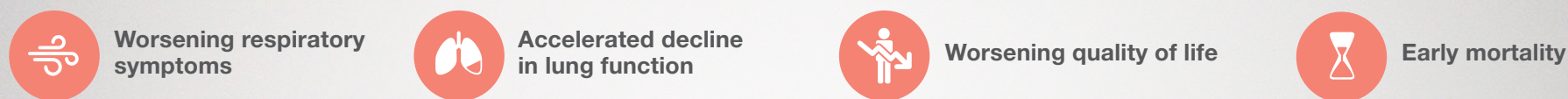
WHAT IS THE NEXT STEP IN DAVID'S DISEASE MANAGEMENT PLAN?

~1 IN 4 PATIENTS WITH ILD MAY DEVELOP A PROGRESSIVE PHENOTYPE^{5*}

THE INSIDIOUS THREAT OF PULMONARY FIBROSIS CROSSES DIVERSE ILDs⁶⁻⁸

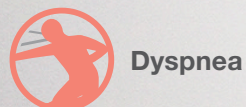
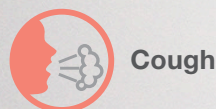
- Idiopathic pulmonary fibrosis
- Systemic sclerosis-associated ILD
- Rheumatoid arthritis-associated ILD
- Other connective tissue disease-associated ILDs
- Hypersensitivity pneumonitis
- Occupational exposure-related ILDs
- Idiopathic nonspecific interstitial pneumonia
- Unclassifiable interstitial pneumonia
- Sarcoidosis

SIMILAR TO IPF, SOME ILDs CAN DEVELOP A PROGRESSIVE FIBROSING PHENOTYPE CHARACTERIZED BY^{7,8}:

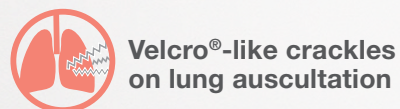


EARLY IDENTIFICATION OF ILD IS CRITICAL

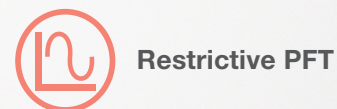
Observe for respiratory symptoms⁹:



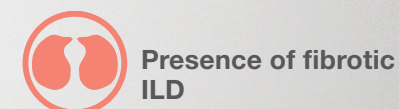
Listen for⁹:



Order baseline PFTs and monitor regularly⁹:



Order HRCT if ILD is suspected^{9,10}:



EARLY IDENTIFICATION OF PROGRESSIVE PULMONARY FIBROSIS CAN HELP ENSURE PATIENTS RECEIVE APPROPRIATE INTERVENTION TO SLOW PROGRESSION⁷

*Data from a global, online survey of physicians (n=486).⁵

IPF, idiopathic pulmonary fibrosis.

References: 1. Ryerson CJ et al. *Eur Respir J.* 2013;42(3):750-757. 2. Hyltdgaard C et al. *Respirology.* 2017;22(3):494-500. 3. Leung SC et al. *Respirol Case Rep.* 2015;3(3):85-88. 4. Skolnik K, Ryerson CJ. *Respirology.* 2016;21(1):51-56. 5. Wijsenbeek M et al. *Curr Med Res Opin.* 2019;35(11):2015-2024. 6. Demedts M et al. *Eur Respir J.* 2001;18(suppl 32):2s-16s. 7. Cottin V et al. *Eur Respir Rev.* 2018;27(150). doi:10.1183/16000617.0076-2018. 8. Wells AU et al. *Eur Respir J.* 2018;51(5). doi:10.1183/13993003.00692-2018. 9. Ryu JH et al. *Mayo Clin Proc.* 2007;82(8):976-986. 10. Walsh SLF et al. *Eur Respir Rev.* 2018;27(150):976-986.