MEDICAL HISTORY:
- 63-year-old Caucasian woman
- Rheumatoid arthritis (RA) diagnosed 3 years ago
- Current medication: anti-TNF therapy

CLINICAL EVALUATION:
- Complaints of dyspnea and fatigue over past 6 months. Dismissed symptoms as a common cold, but symptoms have not resolved
- PFTs reveal restrictive pattern with reduced FVC and DLCO

REFERRAL TO PULMONOLOGIST FOR RA-ILD EVALUATION:
- Fibrotic ILD confirmed by HRCT showing features consistent with a UIP pattern:
  - Honeycombing
  - Reticulation
  - Traction bronchiectasis

Patients with RA-ILD and a UIP pattern have worse outcomes compared with those who have an NSIP pattern

As many as 3 in 10 patients with RA develop ILD

Clinically significant RA-ILD is confirmed.

WHAT IS THE NEXT STEP IN JULIE’S DISEASE MANAGEMENT PLAN?
~1 IN 4 PATIENTS WITH ILD MAY DEVELOP A PROGRESSIVE PHENOTYPE

THE INSIDIOUS THREAT OF PULMONARY FIBROSIS CROSSES DIVERSE ILDs

- Idiopathic pulmonary fibrosis (IPF)
- 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 ILD
- Sarcoidosis

SIMILAR TO IPF, SOME ILDs CAN DEVELOP A PROGRESSIVE FIBROSING PHENOTYPE CHARACTERIZED BY:

- Worsening respiratory symptoms
- Accelerated decline in lung function
- Worsening quality of life
- Early mortality

EARLY IDENTIFICATION OF ILD IS CRITICAL

Observe for respiratory symptoms:
- Cough
- Dyspnea

Listen for:
- Dry inspiratory crackles, typically at the lung bases

Order baseline PFTs and monitor regularly:
- Restrictive PFT
- Reduced DLco

Order HRCT if ILD is suspected:
- Presence of fibrotic ILD

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

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

References: