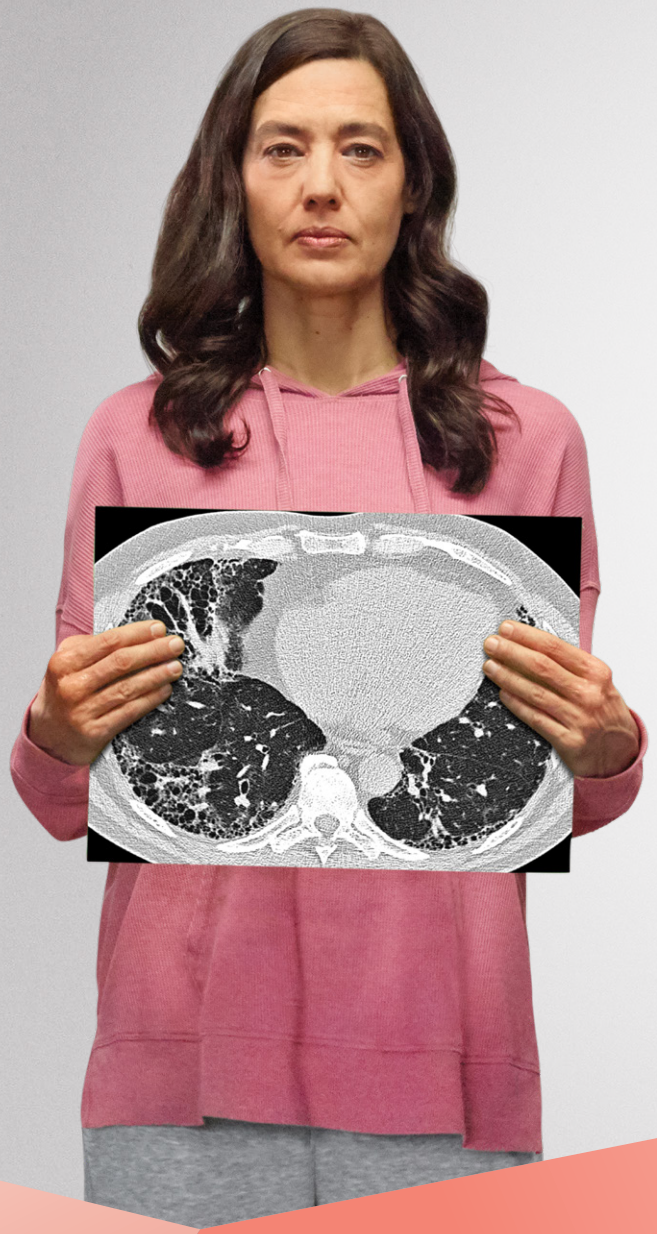
WHEN PULMONARY FIBROSIS IS SUSPECTED,

WHAT'S NEXT FOR JULIE?



MEDICAL HISTORY:

- 63-year-old Caucasian woman[1]
- Rheumatoid arthritis (RA) diagnosed 3 years ago[1]
- Current medication: anti-TNF therapy[2]

CLINICAL EVALUATION:

- Complaints of dyspnea and fatigue over past 6 months. Dismissed symptoms as a common cold, but symptoms have not resolved[3,4]
- PFTs reveal restrictive pattern with reduced FVC and DL_{CO}[1]

61% FVC % predicted[1]
59% DL_{CO} % predicted[1]

As many as 3 in 10 patients with RA develop ILD[5,6]

REFERRAL TO PULMONOLOGIST FOR RA-ILD EVALUATION:

- Fibrotic ILD confirmed by HRCT showing features consistent with a UIP pattern[1]:
  - —Honeycombing
  - —Reticulation
  - —Traction bronchiectasis

Patients with RA-ILD and a UIP pattern have worse outcomes compared with those who have an NSIP pattern[1]

DL_{CO}, diffusing capacity of the lungs for carbon monoxide; FVC, forced vital capacity; HRCT, high-resolution computed tomography; ILD, interstitial lung disease; NSIP, nonspecific interstitial pneumonia; PFT, pulmonary function test; RA-ILD, rheumatoid arthritis-associated interstitial lung disease; TNF, tumor necrosis factor; UIP, usual interstitial pneumonia.

Clinically significant RA-ILD is confirmed.

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

Not an actual patient.

~1 IN 4 PATIENTS WITH ILD MAY DEVELOP A PROGRESSIVE PHENOTYPE[7]*

THE INSIDIOUS THREAT OF PULMONARY FIBROSIS CROSSES DIVERSE ILDs[8-10]

- 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[8,10]:


Worsening respiratory symptoms


Accelerated decline in lung function


Worsening quality of life


Early mortality

EARLY IDENTIFICATION OF ILD IS CRITICAL

Observe for respiratory symptoms[11]:


Cough


Dyspnea

Listen for[12,13]:


Dry inspiratory crackles, typically at the lung bases

Order baseline PFTs and monitor regularly[11]:


Restrictive PFT


Reduced DL_{CO}

Order HRCT if ILD is suspected[11,14]:


Presence of fibrotic ILD

EARLY IDENTIFICATION OF PROGRESSIVE PULMONARY FIBROSIS CAN HELP ENSURE PATIENTS RECEIVE APPROPRIATE INTERVENTION[8]

*Data from a global, online survey of physicians (N=486).[6]

IPF, idiopathic pulmonary fibrosis.

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