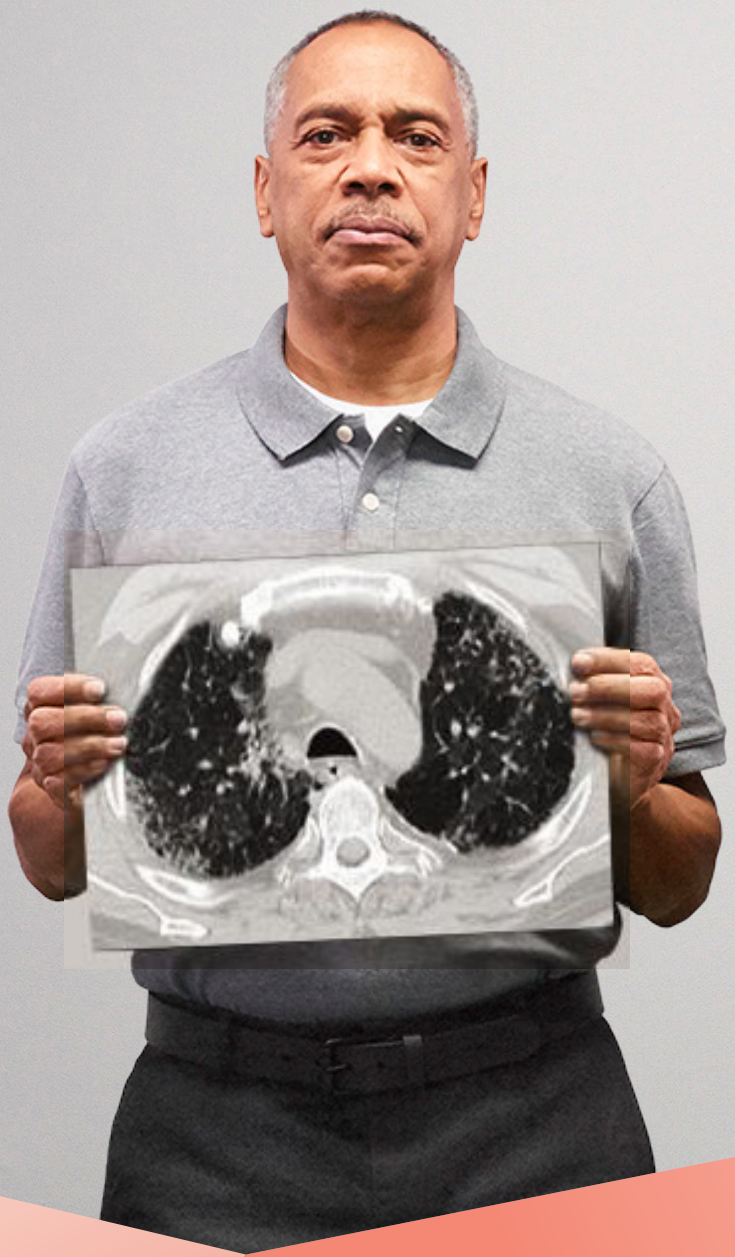
WHEN PULMONARY FIBROSIS IS SUSPECTED,

WHAT'S NEXT FOR ROBERT?



CLINICAL EVALUATION:

- 68-year-old male presenting with worsening dyspnea and unexplained weight loss[1]
- Inspiratory crackles on lung auscultation[1]
- Restrictive pattern on PFTs[2,3]
- Positive HP panels with precipitating antibodies against mold[4]
- Broncho-alveolar lavage lymphocytes >50%[4]

RADIOLOGIC FINDINGS:

- Fibrotic ILD confirmed by HRCT[1]:
  - —Areas of mosaic lung attenuation on inspiratory image are confirmed to be air trapping on expiratory images
  - —Peripheral reticulation; no honeycombing
  - —Ground glass opacity present
  - —Upper and lower lobe involvement

Treated for chronic hypersensitivity pneumonitis (cHP) with removal of exposure (mold) and corticosteroid[4]

3-MONTH FOLLOW-UP:

- Dyspnea continues to worsen despite removal of inciting exposure and treatment with corticosteroid for 3 months[2]

- PFTs have declined[2]:
  - **5**% decrease in FVC % predicted
  - **3**% decrease in DL_{CO} % predicted

Lung function decline and worsening respiratory symptoms are indicators of progressive disease[5]

cHP, chronic hypersensitivity pneumonitis; DL_{CO}, diffusing capacity of the lungs for carbon monoxide; FVC, forced vital capacity; HP, hypersensitivity pneumonitis; HRCT, high-resolution computed tomography; ILD, interstitial lung disease; PFTs, pulmonary function tests.

Despite removal of the inciting exposure and immunosuppressive therapy, lung function has declined and fibrotic ILD is detected.[2]

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

Not an actual patient.

HRCT scan courtesy of and used with permission from Dr. Robert Suh.

~1 IN 4 PATIENTS WITH ILD MAY DEVELOP A PROGRESSIVE PHENOTYPE[6]*

THE INSIDIOUS THREAT OF PULMONARY FIBROSIS CROSSES DIVERSE ILDs[5,7,8]

- 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[5,8]:

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

EARLY IDENTIFICATION OF ILD IS CRITICAL

Observe for respiratory symptoms[9]:

- Cough
- Dyspnea

Listen for[9]:

- Velcro®-like crackles on lung auscultation

Order baseline PFTs and monitor regularly[9]:

- Restrictive PFT
- Reduced DL_{CO}

Order HRCT if ILD is suspected[9,10]:

- Presence of fibrotic ILD

EARLY IDENTIFICATION OF PROGRESSIVE PULMONARY FIBROSIS CAN HELP ENSURE PATIENTS RECEIVE APPROPRIATE INTERVENTION TO SLOW PROGRESSION[5]

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

IPF, idiopathic pulmonary fibrosis.

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