**“Getting a handle on the unpredictable nature of IPF”**

The clinical course of IPF varies tremendously: patients may experience a slow but consistent deterioration in lung function, a rapid worsening of symptoms, or prolonged periods of relative stability in lung function. In the recent ASCEND trial, approximately 10% of placebo-treated patients showed no measurable deterioration in pulmonary capacity over the one-year period. Similarly, approximately 40% of placebo-treated patients in the INPULSIS trials experienced an FVC decline of <5%.

Predicting which patient will experience a rapid progression, and which ones will enjoy periods of prolonged disease stability, remains an ongoing area of research investigation. However, several factors have been identified that seem to be associated with more gradual disease progression and with survival duration significantly in excess of the often-quoted median of 3 years. Younger age, female sex, no history of smoking, normal body weight, and good pulmonary function at diagnosis have all been found to correlate with a better disease prognosis among IPF patients.

New research presented at the 2014 ATS meeting suggests that certain blood markers, such as the matrix metalloproteinases (MMPs), as well as several specific gene variants, are associated with IPF progression, even after accounting for the previously established factors. However, more work will be needed to validate these blood and genetic markers as useful tools to help doctors predict what the course of disease may be for an individual patient.