

“The future of IPF treatment”

Three new phase-III trials presented at the International Conference of the American Thoracic Society and simultaneously published in the New England Journal of Medicine are set to revolutionize the way patients with idiopathic pulmonary fibrosis (IPF) are treated.

New data strengthens the case for Esbriet (pirfenidone) in IPF

In the 52-week ASCEND study, pirfenidone was found to significantly reduce the decline in lung function, as measured by predicted forced vital capacity (FVC), as compared to the placebo-treated group. Positive effects of pirfenidone were also noted in six-minute walk distance and survival without disease progression. Finally, when the IPF patients in the ASCEND trial were combined with those participating in two prior pirfenidone studies (CAPACITY 1 and 2), treatment was found to reduce the risk of death by 48%.

“The ASCEND trial confirms the efficacy [of pirfenidone] to patients and the physicians taking care of those patients,” summarized by Giacomo di Nepi, the Executive Vice President and Managing Director of InterMune Europe.

A new treatment on the horizon

Positive results were also presented for the kinase inhibitor nintedanib. In a set of two phase III studies (INPULSIS 1 and 2), which included a total of 1,061 IPF patients, nintedanib was found to reduce the decline in FVC by approximately half the rate, as compared to untreated patients.

Dr. Shane Shapera, respirologist at the Toronto General Hospital, predicts that nintedanib will secure Health Canada approval by early 2015. “We’ll have two drugs available where we only had one,” he added.

When this happens, physicians will be faced with the question of which agent to give their IPF patients. “Everyone’s question is ‘which is better?’”, says Dr. Shapera, who believes it is still too early to provide specific guidance.

Still a long way to go

While encouraged by the new study findings, others were quick to point out the field is still in its infancy.

“We don’t have a cure yet,” warned Dr. Charlene Fell, a respirologist at the University of Calgary. “We have some drugs that can help slow the disease.” Indeed, while both treatments were associated with slower deterioration of lung function, neither trial showed improved function over time. The hope by those on the frontline of IPF research is to eventually reverse the lung scarring and loss of function.

Since the two agents, pirfenidone and nintedanib, are believed to help IPF via potentially different mechanisms, experts attending the meeting expressed an interest in studying the safety and efficacy of combination therapy for IPF; however no such trial is currently underway.

The overwhelming mood among participants at the conference following the presentation of these two critical trials was one of optimism about the dawn of a new age for IPF management. “It’s almost like when the first puffer came out for asthma, or when the first antiretroviral came out for HIV,” says Dr. Shapera.