

“When should IPF treatment be initiated?”

Until recently, there were no effective medical treatments for IPF. As the most recent guidelines were published before any treatment was shown to be effective, there are currently no recommendations regarding the timing of treatment initiation. Given that there were also significant potential side effects to the available therapies, some respirologists chose not to start medical treatment immediately, but waited until the disease progressed. With an effective treatment now available (pirfenidone was approved for IPF therapy in Canada in 2012), and another effective treatment potentially available to Canadians in the near future (nintedanib is currently under review at Health Canada), several discussions at ERS 2014 centred on when to start an IPF patient on medical therapy for maximum benefit.

Dr. Ulrich Costabel (Essen University Hospital, Germany), indicated that he may still wait to start treatment, based on patients' preference. “At very early disease, when [patients don't] feel effects, they don't want to risk side effects,” he said. “I follow [them] closely, and as soon as there is a sign of disease progression, then [I] treat.”

In contrast, Dr. Juergen Behr (University of Munich and Asklepios Fachkliniken, Germany), presented a rationale for immediate treatment, because even IPF patients who appear stable are at a high risk of progressing. In his talk, he showed data from a small 2011 study by Dr. Hiroyuki Taniguchi (Tosei General Hospital, Japan), which showed that of 65 IPF patients who were stable over a 3-month period, 50% progressed within one year. As short-term stability does not predict stability over a year, Dr. Behr suggested that all patients should be treated early. Moreover, Dr. Behr highlighted that when treatment is started early, there is more lung function that can potentially be preserved.

Dr. Toby Maher, of the Royal Brompton Hospital in England, suggested that a paradigm shift is needed regarding initiation of treatment. To encourage early treatment of IPF, he used the example of rheumatoid arthritis, where medical treatment is started before joints develop lasting damage. “Rheumatologists treat patients aggressively with drugs with major potential side effects when they present with early [signs of rheumatoid arthritis]... If we are going to change [IPF] outcomes in the future, treating early is what is going to make the difference

Dr. Vincent Cottin, of the University of Lyon in France, concluded, “Now that we know that treatment is improving survival, it makes more and more sense to treat early.”