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Title: Lung cancer as a comorbidity in idiopathic pulmonary fibrosis (IPF)

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Body: Introduction: IPF is associated with an increased risk for lung cancer. This might be explained by a contribution of IPF to lung cancer (LC) development or a role of LC in IPF development and/or by shared pathomechanisms causing both IPF and LC. However, data on incidence and reports on treatment related complications are limited. Methods: In a retrospective monocenter analysis, patients (pts) who were diagnosed between 1/2004-12/2011 with IPF according to the current ATS/ERS guideline were reviewed for the diagnosis of LC. Results: Of 229 IPF pts, 28 had IPF with LC (12%): 92% male, median age 67 years, median 39.5 pack years, median VC 82% pred., TLC 81% pred, TLCO-SB 35% pred. 75% had NSCLC with stages IA (5%), IB (10%), IIIA (29%), IIIB (10%), IV (29%), not further specified (17%). 25% had SCLC with 43% limited and 57% extensive disease. Diagnosis was simultaneous in 41%, IPF diagnosis prior to LC in 44% (median delay 36 months) and after LC diagnosis in 15% (median delay 5 months). 7 pts received surgery, 4 chemotherapy, 4 chemo-radiotherapy, 7 radiotherapy and 6 best supportive care for treatment of LC. Complications were common with myocardial infarction in 3 pts after surgery and 1 during chemo-radiotherapy, pneumonia in 6 pts (4 after surgery, 2 during chemotherapy) and radiation pneumonitis in 4 pts. 30 days mortality after surgery was 29%. Conclusions: LC is a frequent comorbidity in IPF where an interdisciplinary evaluation of therapeutic options is mandatory. However, treatment related complications, especially after surgery are high. Prognosis of operable patients with IPF and LC might be decreased compared to patients either suffering from IPF or with LC alone.