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Title: Validation of GAP score in Danish patients diagnosed with idiopathic pulmonary fibrosis

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Body: Background A simple clinical prediction model for mortality in idiopathic pulmonary fibrosis (the GAP model) has recently been published (Ley et al, Ann Int Med 2012). The aim of this study was to test the validity of the GAP model in a Danish IPF cohort. Methods Included were consecutive patients diagnosed with idiopathic pulmonary fibrosis and a first visit to our department between 2003 and 2009. All diagnoses were re-evaluated according to the 2011 ATS/ERS/JRS/ALAT guidelines. Gender, age and physiology (diffusion capacity of carbon monoxide and forced vital capacity) were used as predictor variables according to the GAP model. Male gender, age>65 years, FVC<50% and DLCO<36% or patient unable to perform the pulmonary function test were assigned the highest scores. Results A total of 115 patients were included. Mean age was 67 years and 80% were smokers. The GAP model separated the cohort into three subgroups of patients, GAP stage I: n=37, stage II: n=55, stage III: n=23. The one-year mortality was 5.5% in stage I, 24% in stage II and 54% in stage III. Three-year mortality was 20% in stage I, 50% in stage II and 91 % in stage III. The survival difference between groups was highly statistically significant (p<0.0001). Conclusion In this Danish IPF cohort, the GAP model could be used as a simple and valid predictor of survival. Mortality was comparable to that of the derivation cohort, although slightly higher in stages II and III.