European Respiratory Society
Annual Congress 2013

Abstract Number: 3736

Publication Number: P2335

Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

Keyword 1: Idiopathic pulmonary fibrosis **Keyword 2:** Interstitial lung disease **Keyword 3:** Pharmacology

Title: Pirfenidone in idiopathic pulmonary fibrosis - Real life experience from a german tertiary referral centre for interstitial lung diseases

Dr. Ute 22925 Oltmanns ute.oltmanns@thoraxklinik-heidelberg.de MD [1], Dr. Nicolas 22926 Kahn nicolas.kahn@thoraxklinik-heidelberg.de MD [1], Dr. Heinrich 22927 Wenz heinrich.wenz@thoraxklinik-heidelberg.de MD [1], Prof. Dr Claus-Peter 22928 Heussel Claus.Peter.Heussel@thoraxklinik-heidelberg.de MD [2,4], Dr. Michael 22929 Puderbach michael.puderbach@thoraxklinik-heidelberg.de MD [2], Dr. Svenja 22930 Ehlers-Tenenbaum svenja.ehlers-tenenbaum@thoraxklinik-heidelberg.de MD [1], Dr. Arne 22935 Warth Arne.Warth@med.uni-heidelberg.de MD [3], Prof. Dr Felix 22943 Herth felix.herth@thoraxklinik-heidelberg.de MD [1,4], Prof. Dr Philip 22945 Schnabel Philipp.Schnabel@med.uni-heidelberg.de MD [3] and Dr. Michael 22954 Kreuter michael.kreuter@thoraxklinik-heidelberg.de MD [1,4]. [1] Department of Pneumology and Respiratory Critical Care Medicine Thoraxklinik, Thoraxklinik Heidelberg, Heidelberg, Germany, 69126 ; [2] Department of Diagnostic and Interventional Radiology With Nuclear Medicine Thoraxklinik, Thoraxklinik Heidelberg, Heidelberg, Germany, 69126 ; [3] Institute of Pathology, University Hospital Heidelberg, Heidelberg, Germany, 69120 and [4] Translational Lung Research Centre (TLRC) Heidelberg, Member of the German Center for Lung Research (DZL), Thoraxklinik Heidelberg, Heidelberg, Germany, 69126 .

Body: Introduction: Pirfenidone is a newly licensed antifibrotic drug that might slow down disease progression and increase progression free survival in idiopathic pulmonary fibrosis (IPF). However, side effects may offset treatment benefits and patient compliance. Recent course of disease, side effects and compliance were analysed in a tertiary ILD centre observation. Methods: 60 patients suffering from mild-moderate IPF according to ATS guidelines started pirfenidone therapy after consensual multidisciplinary ILD Board decision. Pulmonary function tests and treatment side effects were recorded at each clinic visit. Data are presented as median (interquartile range 25-75%). Disease progression was defined as a reduction of vital capacity (VC) ≥10% or diffusion capacity (DLCO) ≥15%. Results: Patient age was 70 (63-74) years, with a VC of 68 (58-80)% and a DLCO of 38 (30-52)% of predicted normal. Follow-up time on treatment was 210 (120-383) days. 7 patients (12%) showed disease progression. Overall VC and DLCO changed by 0 (-6 to +2)% and 2 (-3 to +9)%, respectively. 38 patients (66%) reported treatment-related side effects leading to drug discontinuation in 8 patients (14%). In order of frequency, reported side effects were: nausea, anorexia, fatigue, skin reactions, dizziness and myalgias. Other reasons for treatment termination were death (n=4), incompliance (n=3) and lung transplantation (n=1). Discussion: The majority of IPF patients treated with pirfenidone showed stable disease. Drug-related side effects are common but mostly manageable with supportive care, however, treatment discontinuation was required in 1

out of 7.