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Title: Predicting survival in interstitial lung disease (ILD): Multidisciplinary team (MDT) diagnosis versus technetium-99m diethylene triamine pentacetic acid (DTPA) clearance scans

Dr. Akshay 2742 Dwarakanath akshaydwarakanath@hotmail.co.uk MD ¹, Dr. Su Su 2743 Win susuwinyang@yahoo.co.uk MD ¹, Dr. Mark 2744 Elliott mark.elliott@leedsth.nhs.uk MD ¹, Dr. Michael 2745 Darby michael.darby@leedsth.nhs.uk MD ² and Dr. Paul 2746 Beirne paul.beirne@leedsth.nhs.uk MD ¹. ¹ Respiratory Medicine, St. James University Hospital, Leeds, West Yorkshire, United Kingdom, LS97TF and ² Radiology, St. James University Hospital, Leeds, West Yorkshire, United Kingdom, LS97TF .

Body: Introduction Between 2003 - 2007 in St James' DTPA scans were used to predict prognosis in ILD (Wells et al. ERJ 1993; 6:797). Now MDT diagnosis predicts prognosis. We investigated whether DTPA scans might augment MDT diagnosis in predicting prognosis. Method 47 cases underwent retrospective MDT discussion of clinical data and radiology contemporaneous with the DTPA. The MDT was blinded to the DTPA result and the subsequent clinical course. Results 31/47 DTPAs were abnormal and associated with reduced survival ($p=0.04$). The MDT diagnosed 20/47 as Idiopathic Pulmonary Fibrosis (IPF) and 27/47 as non-IPF. 18/20 IPF had an abnormal DTPA (2 with a normal DTPA both died). 0/13 non-IPF with a normal DTPA died; 6/14 with an abnormal DTPA died. An abnormal DTPA scan was more likely in IPF ($P=0.0028$). In non-IPF, an abnormal scan predicted mortality in 2/8 with non-specific interstitial pneumonia, 2/7 with connective tissue disease, 2/3 with unclassified fibrosis. Conclusion In MDT-diagnosed IPF a DTPA provides no additional prognostic data. In non-IPF, a normal DTPA predicts survival but an abnormal predicts mortality in some patients. DTPA scans may augment MDT discussion in non-IPF ILD. Median survival (Kaplan-Meier): Non-IPF normal DTPA x months, non-IPF abnormal DTPA 108 months, IPF normal DTPA 27 months, IPF abnormal DTPA 30 months (Mantel-Cox $p<0.0001$).