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Title: Does emphysema influence the application of du Bois score in idiopathic pulmonary fibrosis?

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Body: Idiopathic pulmonary fibrosis (IPF) is the most frequent interstitial pulmonary fibrosis. Development in CT scan technology improved accuracy in lung study. Emphysema can be associated to IPF, the most common form is the «Combined pulmonary fibrosis and emphysema» syndrome (CPFE). The aim of this retrospective cohort study was to assess the impact of emphysema associated to IPF on functional parameters (Forced Vital Capacity FVC and Total Lung Capacity TLC) at baseline (t0) and on the loss of FVC after 6 months (t6) which is used in the du Bois prognostic score. Data from 73 patients suffering from IPF were collected between 1982 and 2011 in an University Hospital with access to pharmacological studies and lung transplantation. Fifty six patients (M/F: 44/12; age: 65.5±10.8) were considered for analysis. Diagnosis of emphysema was based on CT scan criteria used by Schmidt et al [1].

IPF	With emphysema	Without emphysema	p
N	21	35	
Age t0 (years)	65.9±9.3	65.3±11.8	
Tobacco use	15 (71%)	24 (69%)	
History of respiratory hospitalization	5 (24%)	9 (26%)	
FVC t0 (% pv)	86.75±18.4	72.62±20.6	0.02
TLC t0 (% pv)	86.6±17.2	72.0±15.0	0.004
FVC t6 - t0 (%)	-1.24±20.1	-0.04±11.4	NS
Du Bois score	14.6±14.0	18.0±13.9	NS

Emphysema seemed to influence significantly TLC and FVC at t0. Du Bois score was not statistically different between the two groups although they corresponded to different subclasses of 1-year mortality risk.

According to the du Bois score, patients with emphysema were at lower risk of mortality than the others. [1]
Schmidt SL, Nambiar AM, Tayob N, et al. Pulmonary function measures predict mortality differently in IPF versus combined pulmonary fibrosis and emphysema. *Eur Respir J* 2011; 38: 176–183.