

Stability or improvement in forced vital capacity with nintedanib in patients with IPF

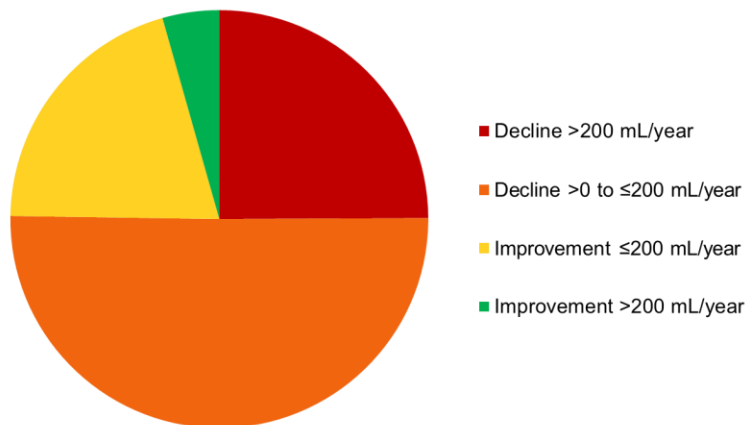
Kevin R Flaherty,¹ Martin Kolb,² Carlo Vancheri,³ Wenbo Tang,⁴ Craig S Conoscenti,⁴ Luca Richeldi⁵

¹University of Michigan Health System, Ann Arbor, Michigan, USA; ²McMaster University, Hamilton, Ontario, Canada; ³Department of Clinical and Experimental Medicine, University of Catania, Catania, Italy; ⁴Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, Connecticut, USA; ⁵Università Cattolica del Sacro Cuore, Fondazione Policlinico A. Gemelli, Rome, Italy.

Supplementary material

Figure S1. Proportions of patients with degrees of decline and improvement in FVC in the INPULSIS[®] trials based on annual rate of change (mL/year)

Nintedanib



Placebo

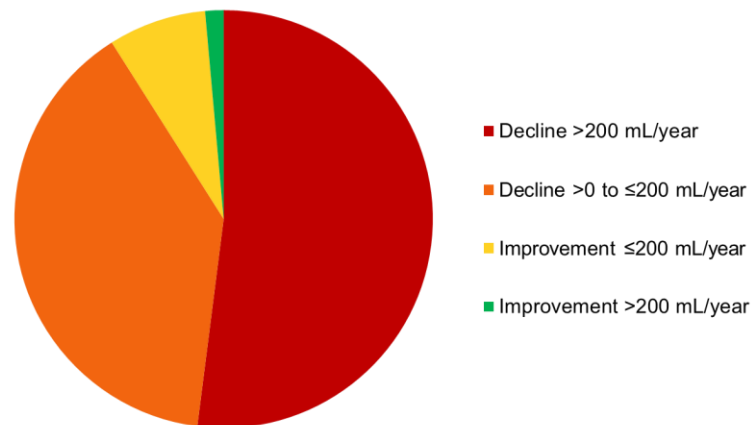


Figure S2. Baseline FVC (mL) in subgroups by annual rate of change in FVC in the INPULSIS® trials

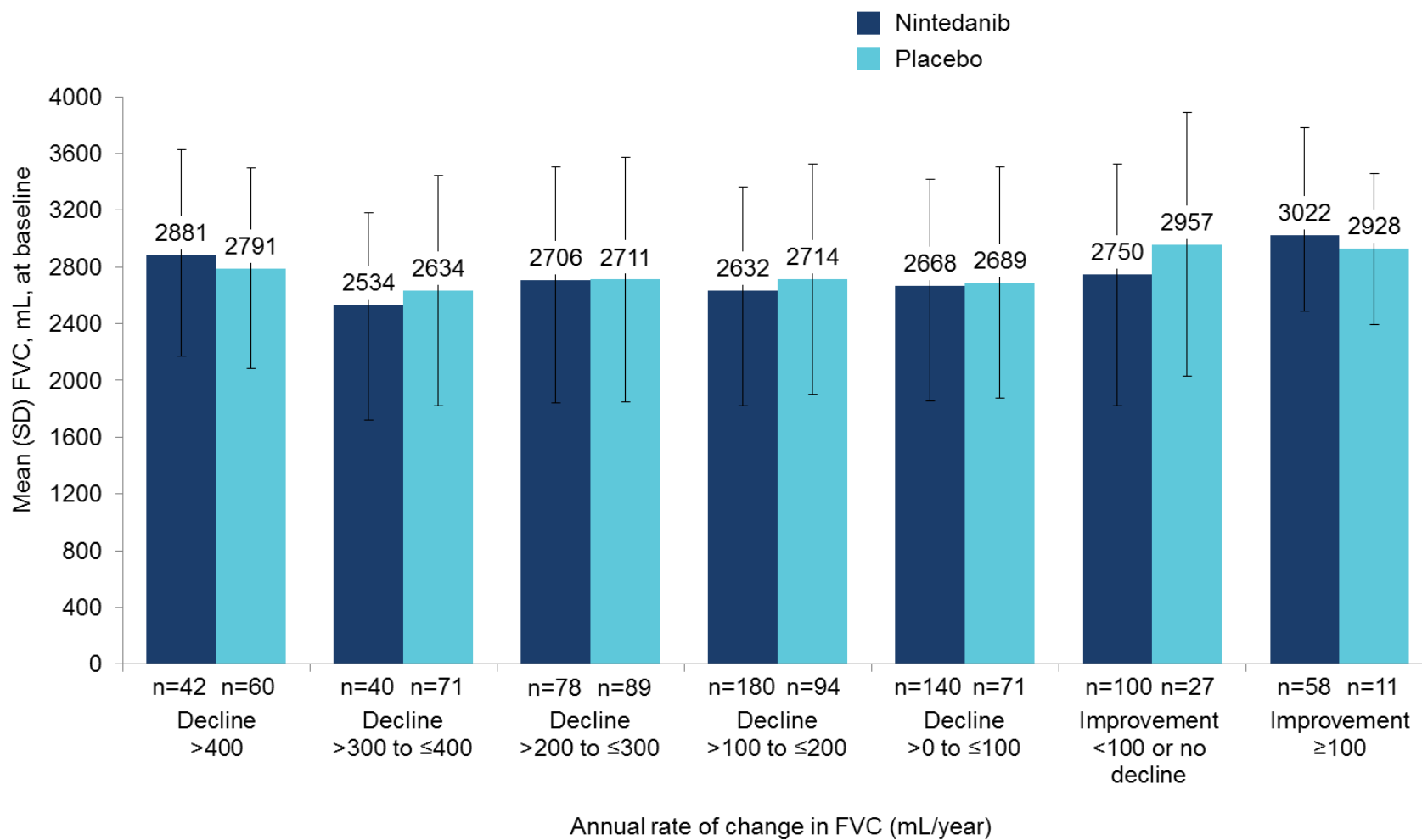


Figure S3. Baseline FVC (% predicted) in subgroups by annual rate of change in FVC in the INPULSIS® trials

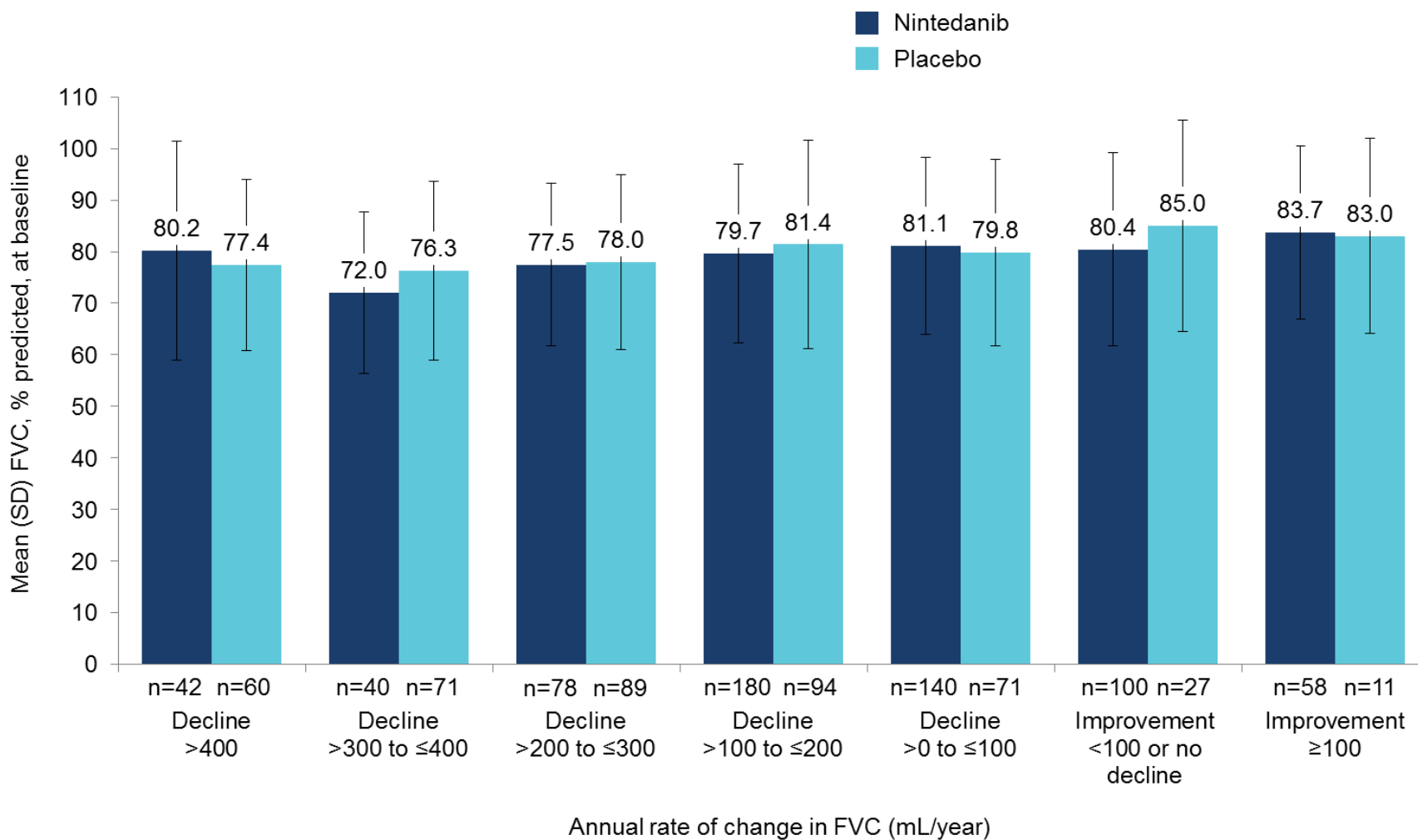


Figure S4. Baseline DLco % predicted in subgroups by annual rate of change in FVC in the INPULSIS® trials

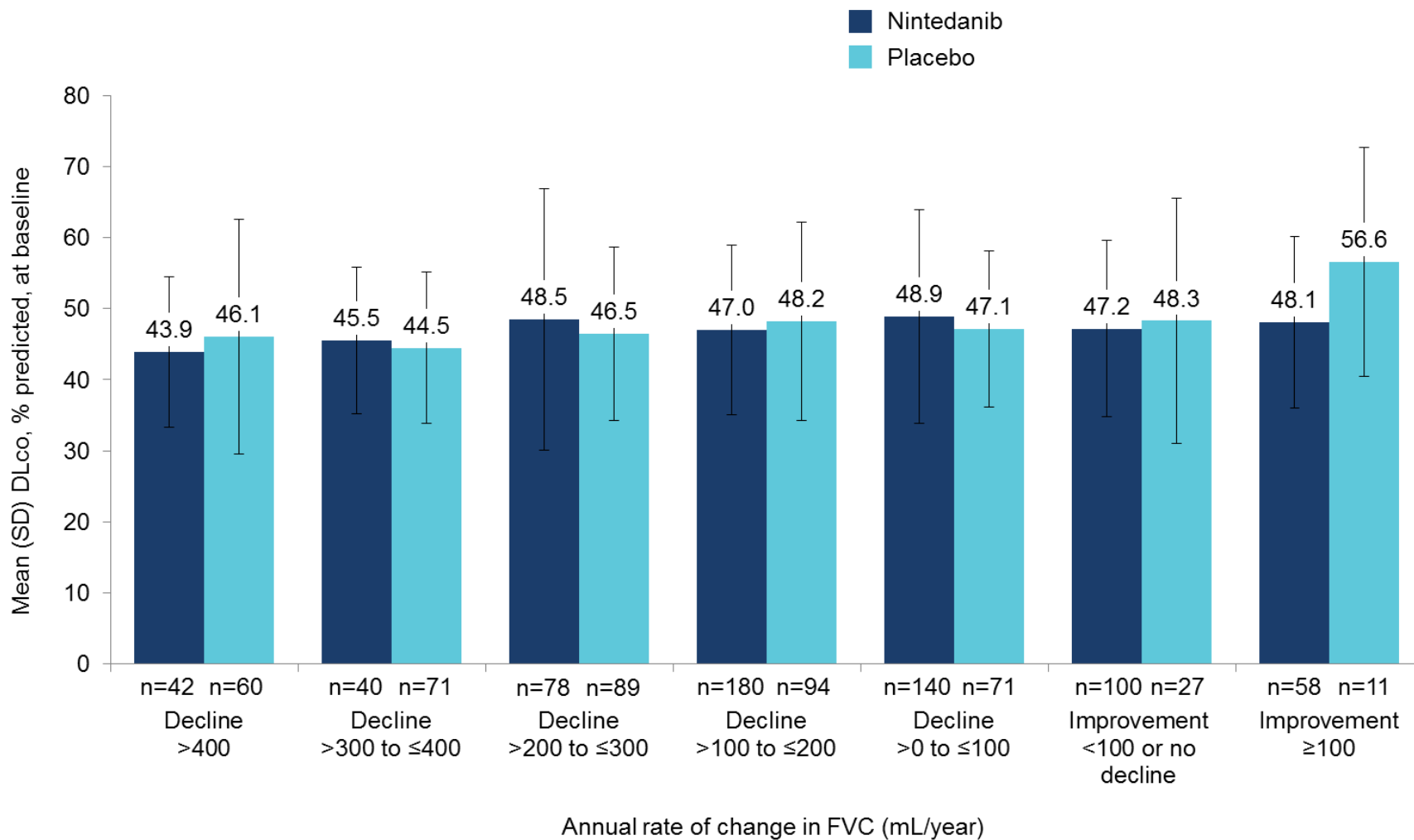


Figure S5. Proportion of patients with honeycombing on HRCT at baseline in subgroups by annual rate of change in FVC in the INPULSIS® trials

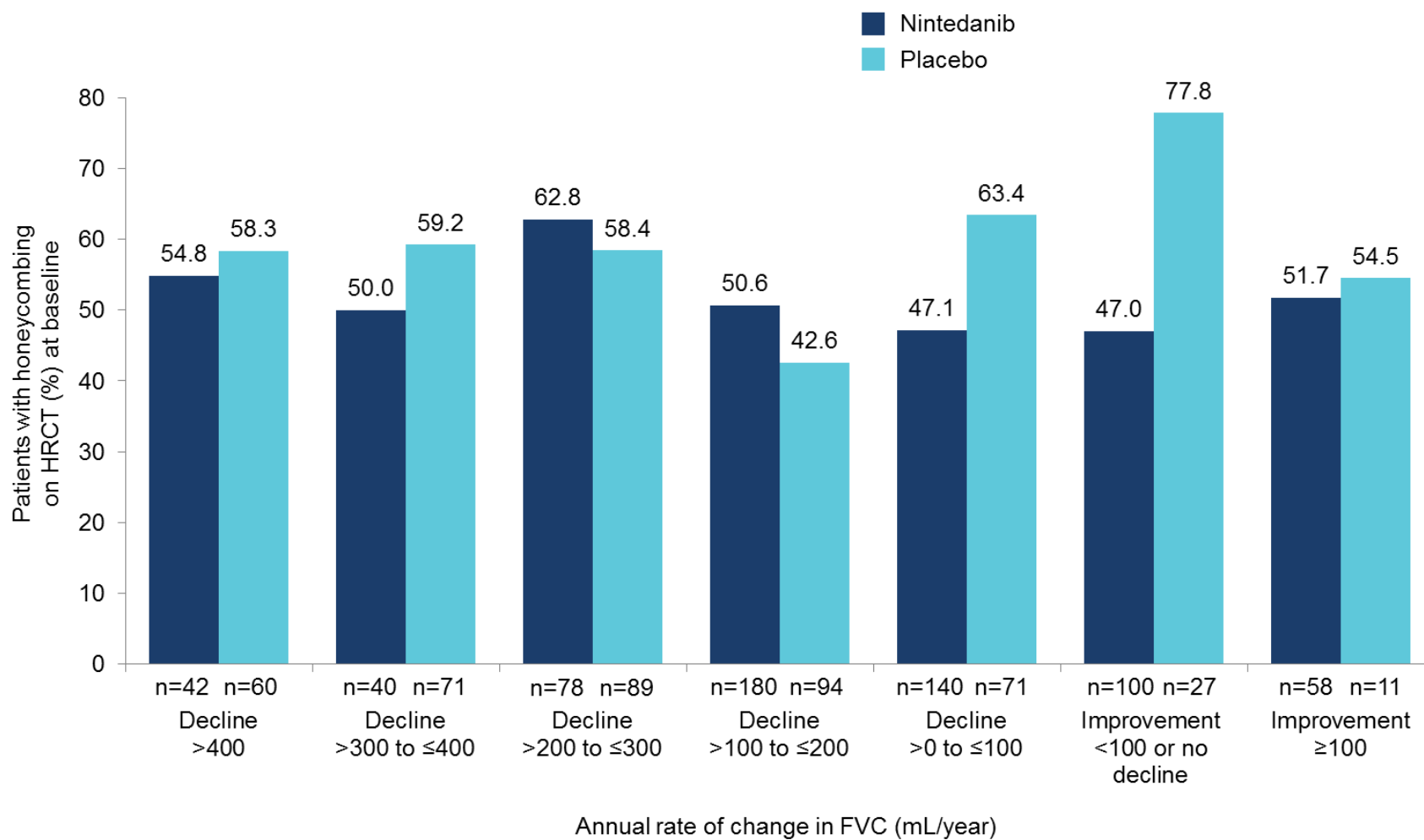


Figure S6. Change from baseline in FVC (mL) at week 52 in the INPULSIS® trials

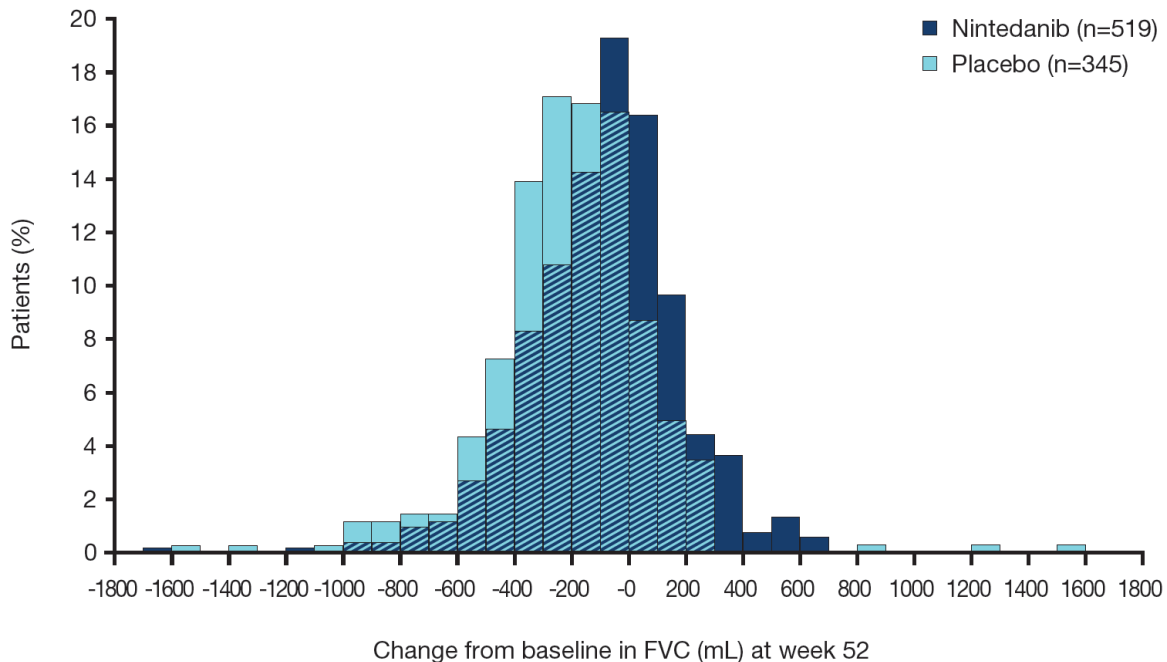


Figure S7. Change from baseline in FVC % predicted at week 52 in the INPULSIS® trials

