SHAREABLE PDF

Mortality benefit with antifibrotics in idiopathic pulmonary fibrosis: real world evidence or bias?

Samy Suissa[1,2,3] and Deborah Assayag[1,3,4]

Affiliations: [1]Dept of Epidemiology, Biostatistics, and Occupational Health, McGill University, Montreal, QC, Canada. [2]Centre for Clinical Epidemiology, Lady Davis Institute, Jewish General Hospital, Montreal, QC, Canada. [3]Dept of Medicine, McGill University, Montreal, QC, Canada. [4]Division of Respiratory Medicine, McGill University Health Center, Montreal, QC, Canada.

Correspondence: Samy Suissa, Centre for Clinical Epidemiology, Jewish General Hospital, 3755 Cote Ste-Catherine, Montreal, QC, Canada H3T 1E2. E-mail: samy.suissa@mcgill.ca

Cite this article as: Suissa S, Assayag D. Mortality benefit with antifibrotics in idiopathic pulmonary fibrosis: real world evidence or bias?. *Eur Respir J* 2021; 57: 2004562 [https://doi.org/10.1183/13993003.04562-2020].

To the Editor:

We read with interest the analysis conducted by Behr *et al.* [1] of the INSIGHTS-IPF registry of patients with idiopathic pulmonary fibrosis (IPF), particularly of the effectiveness of antifibrotic treatment on mortality. It showed that users of antifibrotics, namely pirfenidone and nintedanib, have a significantly lower risk of death (hazard ratio 0.63, 95% CI 0.45–0.87; p=0.005) compared with non-users. This 37% reduction in all-cause mortality is quite remarkable for an observational study in the context of regular clinical practice, despite the short mean duration of follow-up of 1.2 years and the expected confounding by indication inherent in such studies. We believe that this reported reduction in mortality with antifibrotic treatment is more likely the result of immortal time bias [2].