



New Developments in the Diagnosis and Management of IPF

Sapana Panday: Hello, we're here in Toronto on the final day of the CHEST Annual Conference. I'm here with Dr. Anoop Nambiar. I understand there's been a lot of information on IPF presented here. Can you tell us some key information that might be relevant to folks who missed this year's meeting?

Dr. Anoop Nambiar: Absolutely. Thanks so much, Sapana, for inviting me. It's really been an exciting meeting so far, and I think a lot of people are sad that it's ending today, but I think we did hear a lot about ILD and IPF especially. I think one of the things that I would take home is really the fact that there's just been a tremendous amount of excitement that's been revolving around the ILD and IPF world.

I think there's word that there will be a update to the guidelines in terms of diagnosing IPF patients using high-resolution CT, I think that will help in terms of differentiating possible UIP patterns on CT, into probable patients with UIP pattern who may not need surgical lung biopsy. Which as we know is invasive, and can be associated with worsening outcomes.

Another exciting area, I think, is in treatment of IPF, and really using the two treatments that we have available, the two antifibrotics, pirfenidone and nintedanib, and in combination with each other, which I think is something that we're taking some evidence from other diseases, especially COPD and asthma and cancer. So far, it shows that the combination treatments are safe and well-tolerated, for the most part, and right now, we need more data on the efficacy of those in a longer prospective way.

So, a lot of excitement going on here, and I think it's only going to continue to grow even more in the future.