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| **Antifibrotic assessment and treatment outcomes in a tertiary hospital in Western Australia** |
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| **Introduction/Aim:**  Interstitial lung disease (ILD) is a group of heterogenous parenchymal lung disorders with significant morbidity and mortality. Antifibrotic therapy has proven benefit in disease deceleration in both idiopathic pulmonary fibrosis (IPF) and clinically progressive fibrotic phenotypes (PF-ILD). Reported side effects are common and can lead to discontinuation in some cases. We aim to evaluate choice of medication and adverse incidents in ILD patients prescribed anti-fibrotics in our hospital.  **Methods:**  A retrospective audit of patients registered on our ILD multi-disciplinary meeting (MDM) database between 21st July 2022 and 27th July 2023 inclusive was performed. Additional information was collated from follow up clinic letters. Data was collected on basic demographics, ILD diagnosis, baseline functional assessments, liver function testing and reported anti-fibrotic related adverse incidents.  **Results:**  A total of 51 patients (from 120 discussions, 42.5%) were considered for antifibrotic therapy with mean age 73±9 years (compared to 68±13 for all registered patients), male sex n=30 (58.8%), mean body mass index (BMI) 30.2±7.9 kg/m2, never smokers 11 (22%). IPF was diagnosed in 35 (68.6%, baseline FVC % predicted 85.7±20.8%) and PF-ILD in 16 (31.4%, baseline FVC % predicted (SD) 71.1±20.2%). The most common PF-ILD diagnoses were connective tissue disease ILD (CTD-ILD), asbestosis and unclassifiable ILD (18.8% each of PF-ILD total). Of those initially assessed for antifibrotics, 1 died prior to commencement (1.96%), 7 patients had yet to attend follow-up post MDM (13.7%), 1 patient had pending approval (1.96%), 14 patients (27.5%) had contraindications (namely coexistent obstruction or disease severity) and 7 (13.7%) declined therapy. Of the 21 patients that commenced therapy, 14 (66.6%) commenced Nintedanib and 7 (33.3%) Pirfenidone. Serious adverse incidents were reported in 11 patients (52.4%) namely gastrointestinal upset (Nintedanib n=3, pirfenidone n=3) and liver derangement (Nintedanib n=2, pirfenidone n=1), with 6 (28.6%) ceasing treatment altogether. Mean changes in baseline liver function tests (bilirubin and alanine transaminase, ALT) at 1 month and 3 months did not meet statistical significance (p=0.363 and p=0.466 respectively).  **Conclusion:**  Anti-fibrotic use in this cohort was associated with a high proportion of adverse incidents and treatment discontinuation. Older age and elevated BMI may have some role but numbers were too small to draw conclusions in this study and further research is needed.  **Grant Support:**  Not applicable |