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| **Diagnosis And Initial Decision-Making Process In The Management Of Idiopathic Pulmonary Fibrosis: Analysis from the Australian Idiopathic Pulmonary Fibrosis Registry** |
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| **Introduction/Aim:** Idiopathic pulmonary fibrosis (IPF) is characterised by relentless disease progression and worsening quality of life (QOL). The antifibrotic agents, nintedanib and pirfenidone can improve progression-free survival and reduce FVC decline. Decisions on agent choice is variable in the absence of clear guidelines for physicians. We aimed to explore decision-making processes involved in the management of IPF in Australia.  **Methods:** Consecutive participants diagnosed with IPF across 8 sites were invited into the Australian IPF Registry (AIPFR). Inclusion criteria were a new IPF diagnosis attained through local multidisciplinary meetings (MDMs) and an age >18 years. Participants with a historical diagnosis without recent MDM discussion, were excluded. Participants and their respective physicians completed baseline questionnaires. Participants were invited to participate in semi-structured phone interviews about their diagnostic and therapeutic journey, with thematic analysis used to identify themes.  **Results:** Between July 2017 and January 2021, 185 participants were recruited with median age of 73.1 years (67.9-77.5), and mostly male (75%). Mean FVC% predicted was 87.6 (SD 20.9) and mean DLCO% predicted 53.3 (SD 15.4).  27.5% of participants reported >2 years for their diagnosis to be reached, with 84% not being fully satisfied with the time taken. 48% of participants initially received pirfenidone and 51% nintedanib. 42.5% perceived treatment choice to have been shared with their physician. Medication side effect profile was the main factor influencing treatment choice. Participants also wanted more education on the rationale of treatment and how to better manage potential side effects.  28 participants took part in phone interviews. A variety of responses were arranged into major themes including initial response to diagnosis, discussion with physician about commencing antifibrotics and perceptions of patient autonomy in decision-making process.  **Conclusion:** Patient perceptions and satisfaction on the management of IPF is variable in Australia. Medication side effect profile heavily influenced agent choice while further work is needed to improve patient experiences.  **Grant Support:** The AIPFR is an initiative of Lung Foundation Australia and is supported by foundation partners Boehringer Ingelheim and Roche Products Pty Ltd.  **Keywords:** idiopathic pulmonary fibrosis, antifibrotic, patient perception **Word count:** 304 |