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| **Idiopathic pulmonary fibrosis update: AILDR in comparison with AIPFR** |
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| **Introduction/Aim:**  Idiopathic pulmonary fibrosis (IPF) constitutes the largest component of the fibrotic interstitial lung diseases (ILD). Further research is warranted to improve our understanding of the disease and standardise the treatment. We describe the clinical characteristics and treatment profile of patients with IPF from the AILDR compared with AIPFR.  **Methods:**  Consecutive patients with IPF enrolled between May 2016 and August 2023 from the AILDR, as well as the historical data of patients enrolled between 2012 and 2016 from the AIPFR were included. Baseline demographics and treatment profiles of the two IPF cohorts were compared using descriptive analysis.  **Results:**  A total of854 and 647 IPF patients were included from the AILDR and the AIPFR, respectively, with 145 common to both registries. Both cohorts were male predominant (AILDR: n=621 (72.7%); AIPFR: n=647 (67.7%) of similar mean BMI (AILDR: 29.34.7 kg/m2; AIPFR: 28.74.8kg/m2). The AILDR cohort were older (mean age 73.48.6years) with less ever-smokers (59.6%), compared to the AIPFR cohort (mean age 70.98.5 years; 71.7% ever-smokers). At baseline, both cohorts had similar mean FVC (AILDR: 81.717.8%; AIPFR: 81.021.7%), while mean DLCO was higher in the AILDR cohort (60.618.5%) compared to the AIPFR cohort (48.416.7%).  With regards to disease-targeted treatment, 447 (52.3%) and 96 (11.2%) participants of the AILDR cohort were on antifibrotic drugs and immunomodulators respectively. Of newly registered patients in 2016 (n=28), 2020 (n=74) and 2023 (n=79), 50%, 12.2% and 15.2% respectively were on immunomodulator treatment. Only 146 (23%) of the AIPFR cohort were on antifibrotics, with over 40% receiving immunomodulators.  **Conclusion:**  The baseline demographics from AILDR and AIPFR are largely comparable with antifibrotic treatment increasing since 2016. Immunomodulator treatment in IPF has reduced over the years, but remains considerably high despite guideline recommendations. Further research is required to explore this.  **Grant Support:**  This project was supported by the Centre of Research Excellence in Pulmonary Fibrosis which is funded by the NHMRC (GNT1116371 and GNT2015613), Lung Foundation Australia, Boehringer Ingelheim, and anonymous philanthropy.  **Key words:** IPF, baseline characteristics, treatment profile, AILDR, AIPFR  **Declaration of interest:** Nil |