**DIFFERENCES IN PATIENT AND PHYSICIAN VIEWPOINTS OF THE MANAGEMENT OF IDIOPATHIC PULMONARY FIBROSIS**

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**BACKGROUND**

- The antibiotic drugs preferred and noted were approved for the treatment of idiopathic pulmonary fibrosis (IPF) and are recommended in international guidelines.
- Although post hoc evidence supports early initiation of antifibrotic therapy to reduce loss of lung function, many patients with a confirmed diagnosis of IPF do not receive treatment.

**METHODS**

- **BACKGROUND**
  - Patients and physicians received a cash incentive for participation in the research.
  - Physicians were split into the following two groups: those who monitored patients from Canada, France, Germany, Italy, Spain and the United Kingdom (UK) and those who did not.

- **OBJECTIVE**
  - To present the results of a quantitative survey of physicians and patients with IPF who explored views on the diagnosis and treatment of IPF.

- **METHODS**
  - Quantitative online questionnaires were completed by patients and physicians from Canada, France, Germany, Italy, Spain, and the United Kingdom.
  - Participants completed the 20-minute questionnaire between September 23 and October 12, 2016; different questionnaires were used for patients and physicians.
  - Physicians who monitored patients from Canada, France, Germany, Italy, Spain, and the United Kingdom were divided into Group A and Group B.
  - Physicians who initiated an antifibrotic within 4 months post-diagnosis in the majority of patients (Group A) were compared with physicians who initiated an antifibrotic within 4 months post-diagnosis in the majority of patients (Group B).

- **RESULTS**

  **Patient Characteristics**
  - Overall, 120 patients (80% Group A, 40% Group B) completed the online questionnaire (mean age, 64.6 ± 9.0 years; male, 72%).
  - A total of 44 patients (37%) had received prednisone only, 71 (59%) had received prednisone and other treatments sequentially (gender-dependent).

  **Physician Survey: Diagnosis**
  - Overall, 120 physicians (80% Group A, 40% Group B) were randomized into Group A and Group B.
  - There were 81 physicians (68%) who “agreed” or “strongly agreed” that they were comfortable discussing the typical prognosis and life expectancy is unpredictable and can vary between patients.
  - Most patients (n = 52 [87%]) felt that the ability of antifibrotic therapies to slow IPF progression was more important than possible side effects.

- **CONCLUSIONS AND IMPLICATIONS**

  - This analysis identified a disconnect between the information patients want and the diagnosis and the information they receive from physicians.
  - Furthermore, these results suggest that patient information is most important within 4 months of diagnosis (Group A) may be more confident with the benefit-risk profiles of antifibrotics than those who treat most patients > 4 months after diagnosis (Group B).

- **REFERENCES**

  5. Hall & Partners. 2017. Inova Fairfax Hospital, Falls Church, VA.