



Surgical Lung Biopsy in the Management of Hospitalized Patients with Suspected ILD

I thought this poster was really interesting. The title was, Does Surgical Lung Biopsy Change Management In Hospitalized Patients With Suspected ILD. This was done by Dr. Stephens, who is a house officer at Georgetown and was mentored by Dr. Nathan. And what they did was they looked at a chart review of patients from 2013 to 2018 who were hospitalized at their institution who had possible ILD based on their CT scan. And they looked at those who underwent a surgical lung biopsy. They actually had 39 patients during that five-year period who underwent a surgical lung biopsy while hospitalized. Patients were about 60 years old. About a third of them were smokers.

And what they were interested in looking at was whether there were complications and what was the mortality rate at about three months. There were a significant number of complications. There were about 15% of patients had some sort of minor complication and 15% had a major complication. And they didn't really outline those directly, but they did find that mortality was about 10% at three months.

What I thought was really interesting in what they talked about was whether doing the surgical lung biopsy in these hospitalized patients who might have ILD actually changed management. And only in about 20% of patients do they find that there was a change in whatever management would have been recommended without the surgical lung biopsy. And that the changes they outlined were about 33% of those who had a change in management were treated with steroids, about 50% with mycophenolate, and about 10% with pirfenidone. Only about 15% of the patients who underwent a surgical lung biopsy while hospitalized had an advanced lung disease consult. And I'm not exactly sure what that meant at that institution, but it seems like a pretty small number for this cohort of patients who underwent a surgical lung biopsy while admitted.

So the group concluded that we should really think twice about doing a surgical lung biopsy in patients who are hospitalized with possible ILD, due to the risk of complications, both major and minor, and also because a lot of the time it doesn't change management. So they recommended having an advanced lung disease consult, which in many places would be a multidisciplinary discussion, prior to proceeding with a surgical lung biopsy in a hospitalized patient, which you could argue should be done in any patient, much more a hospitalized patient than an outpatient. And they also recommended just thinking about the patient from a radiographic perspective and a historical perspective prior to going forward with a surgical lung biopsy. Most of the time, they suggest that you don't even need a surgical lung biopsy in these patients and that you should make decisions with the other information that you have.