Effect of Nintedanib in Patients With PF-ILDs: Further Analyses of the INBUILD Trial

This is a sub-analysis done by Patel and colleagues, on the effect of Nintedanib in patients with progressive fibrosing ILD and preserve lung function as a sub analysis from data from the inbuilt study. It looked at patients with worsening forced vital capacity of greater than 10%, or worsening forced vital capacity, less than 10% but increasing fibrosis on imaging, or worsening respiratory symptoms and increased fibrosis. It compared these groups, and Nintedanib versus placebo, so any of the people that met these criteria would be randomized, and they randomized them to patients with UIP like patterns of fibrosis or other fibrotic patterns on imaging. And in this group of people, there were no major differences in patients with a UIP like pattern of fibrosis versus non UIP like pattern of fibrosis, which could include many other diseases that are not considered IPF. And Nintedanib had a positive effect on reducing loss of lung function in both of these groups in very similar ways.

It reduced outcomes of rate of decline of forced vital capacity. It reduced outcomes or improved time to death by prolonging this in patients, and it reduced the time, or delayed the time to the first exacerbation of ILD in these patients. So, it replicated and reproduced similar results to [inaudible 00:01:56] in patients with non UIP patterns of fibrosis. Really some of the most salient points of this are that Nintedanib seems to have a very broad effect on fibrosing ILD diseases in general. That if it is given early to patients with fairly preserved lung function, it can have a substantial impact on time to death, or time to exacerbations of ILD, and also can reduce rates of decline in forced vital capacity, even if started earlier in their disease process.