



Monocyte Count as a Prognostic Biomarker in Patients With Idiopathic Pulmonary Fibrosis

Highlight an ATS abstract entitled Monocyte Count as a Prognostic Biomarker in Patients with Idiopathic Pulmonary Fibrosis by Kreuter and colleagues. It's a retrospective pooled analysis from the Ascend, Capacity, and Inspire trials of idiopathic pulmonary fibrosis patients. And they pulled together over 2,000 patients from these studies and looked at their data and assessed whether or not monocyte count was important as a prognostic biomarker. What the authors recognized was that prognosis is very difficult for clinicians to understand or predict at the time of diagnosis for patients with IPF, and their goal was to understand whether or not that baseline monocyte count was a predictor of prognosis in patients with IPF.

And what they found when they looked at baseline and sequential monocyte counts during the course of these trials, is that elevated monocyte count at baseline was associated with increased progression of IPF over the course of the year with all cause hospitalization and all cause mortality, but change from baseline monocyte count was not associated with study outcomes.

The end points in this study included IPF progression. Now that was defined as a four spot of capacity decline of greater than, or equal to 10% over the course of a year. A decline in six minute walk distance, and that was defined as more than, or equal to 50 meters of decline over the course of the year. Death, all cause hospitalization and all cause mortality.

So when we ask ourselves, how might these new findings potentially benefit our patients with IPF, we want to think about how it helps perhaps at the point of diagnosis and throughout their course in clinical management. So things that come to mind is helping us, once establishing the diagnosis, understand the urgency for treatment, which we want to do as early as possible so that we don't lose any time or lose any lung function while waiting. But we also want to learn urgency for listing for lung transplant for these patients as well, too. How quickly do we need to get them through the system and evaluated for transplant? At this point, usually oxygen is the main driver for that, but it could be in some patients who are at higher risk, they need to be evaluated at the point of diagnosis, even earlier, prior to oxygen.