

Connective Tissue Disease-Related ILD is Now in the Limelight

## Joshua Solomon, MD

It's an exciting time for physicians caring for patients with connective tissue-related interstitial lung disease. For a long time, most of the research was focused on idiopathic pulmonary fibrosis being the most common interstitial lung disease we have. But now a lot of this effort is focused on patients with connective tissue-related ILD. But in the last year, we've seen that rheumatoid arthritis has a phase 2 randomized treatment trial ongoing looking at effective therapies for patients with rheumatoidassociated interstitial lung disease and even in scleroderma. We have exciting new trials looking at nintedanib in scleroderma-related interstitial lung disease and SLS 3. So I think we now are going to see some effective therapies in these patients to help improve their longevity and quality of life. Patients with rheumatoid arthritis-associated interstitial lung disease have never had a proven effective therapy and this is a very prevalent disease. So 10% of patients with rheumatoid arthritis die of their lung disease and we see interstitial lung disease in maybe 20 to 30%. And all the therapies we've been using thus far have been based on K series and anecdotal evidence. So we now have arranged the first prospective randomized controlled trial in these patients, the TRAIL trial, and we'll be looking at pirfenidone versus placebo in patients with RA-associated interstitial lung disease. This trial is in over 30 sites in the U.K., Canada, Australia and the U.S. And in addition to looking at an effective therapy for rheumatoid arthritis-associated interstitial lung disease, we will be collecting biospecimens. So we'll have biospecimens for future research and most importantly, with developing a research network, a network of expert sites that are interested in rheumatoid arthritis-associated interstitial lung disease for future trials. So in general, we are seeing a lot of these treatment trials and patients with connective tissue related ILD and these are utilizing some of the antifibrotics we've seen effective in idiopathic pulmonary fibrosis but also some novel therapies in these patients. And again, this is crucially important because we don't have good treatment options for patients with rheumatoid arthritis ILD. Myositisassociated ILD, scleroderma. We're seeing some new trials with scleroderma and the most impressive things the scleroderma trial looking at nintedanib. They enrolled over 500 patients and it's a multinational trial. And we are now able to conduct these large trials in multiple countries effectively, when in the past, these were really difficult to do and this is based on a lot of collaboration that we see where physician researchers are getting together conferences and discussing this exciting research and coming together to find a cure for these diseases.