

The banner features a blue and red abstract background with a globe and the text 'NEWS NEWS'.

SPRING 2019 PULMONARY UPDATES

Spring 2019 — What are the Most Exciting Things Happening in Pulmonary Disease?

Christopher King, MD

I think the most exciting development was the results of the SENSICIS Trial. It appears that nintedanib is going to be an effective therapy that can be used in addition to current therapies for scleroderma associated interstitial lung disease. I think in addition to that there are new antibiotic medications that can be added to the FDA available FDA approved antibiotics for the treatment of idiopathic pulmonary fibrosis on the horizon. However, further phase three clinical trials are needed to confirm the results of these earlier studies. Finally, there's some provocative data from a negative trial on a medication looking at therapy for cough in IPF. I think it looked like patients with a more severe frequency of cough may get benefit from this medication. So with improved clinical trial design, we may find an effective therapy for cough in IPF as well. I think clinicians can feel hopeful with all this new information that we have available about the development of treatments, there's a number of therapies, some ready to be used right away and a number that are showing the potential for benefit down the line. And so there's a lot of activity, a lot of research going on. And I think major innovation that we're going to benefit future generations of patients with pulmonary fibrosis.

Mary Beth Scholand, MD

I think the take home messages for clinicians managing patients with interstitial lung disease is the same as it's been for a while, but we're getting more tools to be able to think about them. And that is that really that good history taking to figure out environmental exposures, the use of auto antibodies, and now the possibility of genomic classifiers are all tools that we can use to be better at diagnosing patients with interstitial lung diseases.

Meena Kalluri, MD

I think one of the most important things for clinicians to do is to recognize palliative care is important, it needs to be an integral part of therapy. So the easiest things that they can start with is to try and make sure that there is a systematic needs assessment in their practice, figure out ways of assessing dyspnea better, and then hopefully using a multi-disciplinary team to start treating symptoms earlier on. Recognizing that the patient needs are not being met. Referring to palliative care early; thinking about palliative care, I think the more you think about it, the more likely you're going to do something about it. The other aspect to remember is to engage in advanced care planning, even if it's just to ask a patient if they have an advanced care directive, simple steps. So just start asking and talking about these issues. And you can do this in an in a stepwise fashion and different clinic visits. Step three, try to connect with patients to community resources. First, find out what community resources exist and then try and connect them appropriately. And if you can find a partner who can deliver better care, so your palliative care nurses or nurse practitioners in the community, establish a relationship with them and refer patients early.