Take Home Messages from the 2018 Chest Annual Meeting

Steven Nathan: At every ILD session, every IPF session, has been extremely well-attended. The CME symposiums that bookend the meeting, the early morning meetings, the late evening meetings, very well-attended and I think that there's a lot of interest, a lot of thirst for knowledge about IPF and ILD and it's gratifying to see this, especially now that we have antifibrotic therapies available, especially now that there are many more clinical trials looking at effective therapies.

So, I think from my standpoint and I believe most folks in the field who do this would have the same thing, we need to focus on early diagnosis and early consideration of implementation of therapy, and I would say those are the two major messages that will come out of this CHEST meeting.

Lisa Lancaster: The new things that I've heard at CHEST generally end up being with new products or new medications or inhalers. I usually end up hearing about the possibilities of new clinical trials, in my particular area of idiopathic pulmonary fibrosis. But, even though I don't do a lot of obstructive lung disease, CHEST gives me the opportunity to update my fund of knowledge and see the latest in therapies for patients with obstructive lung disease as well. I think the newest lines of thinking in idiopathic pulmonary fibrosis are in the evolution of understanding that IPF is a progressive disease even though we may not see progression in pulmonary function testing and feeling more of a sense of urgency and need for treatment even when patients may not be very symptomatic.

I think the most interesting controversy, or controversial topic, has been the lumping together or considering fibrotic interstitial lung diseases as a group instead of separate entities. When patients present to us in clinic, they present with a fibrotic interstitial lung disease process and we have to be detectives and tease out clues, history, and physical imaging, plus or minus biopsy to categorize patients in these different diseases.

But, our biggest question ultimately is, what is the commonality in the pathobiology of the fibrotic process in these diseases and can we ultimately use antifibrotics across the board? Granted, there's a lot of information and clinical trials and studies that need to be done, but it's an interesting angle of looking at the fibrotic lung diseases.