NINTEDANIB IN PROGRESSIVE PULMONARY FIBROSIS- SINGLE CENTRE EXPERIENCE

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Objective:

The latest American Thoracic Society, European Respiratory Society, Japanese Respiratory Society, and Asociacion Latinoamericana de Torax guidelines made conditional recommendations for nintedanib treatment in progressive pulmonary fibrosis (PPF) with interstitial lung diseases other than idiopathic pulmonary fibrosis.

Our aim was to evaluate the efficacy and safety of nintedanib therapy in patients with PPF.

Methods:

In this retrospective study, data were collected from patients in whom nintedanib was initiated from January 2020 to December 2022. We analyzed the rate of lung function change (FVC, DLCO), nintedanib side effects, and immunosuppressive therapy.

Result:

We included 24 patients; 17 (71%) were females with a mean age of 57. Most of the patients had systemic sclerosis (46%), then hypersensitivity pneumonitis (21%), dermatomyositis (8%), DIP (4%), NSIP (5%), pneumoconiosis (4%), bleomycin lung injury (4%), chronic COVID-19 lung infiltrates (4%), sarcoidosis (4%). At the initiation of nintedanib, the mean FVC was 51% and DLCO 37%. 92% of patients were treated with prednisolone and 79% were taking steroid-sparing agents. Annual FVC decline before starting nintedanib was 7.9 %, and 4.8 % during the first year of nintedanib treatment. DLCO decline was 10.3% before and 7% after nintedanib induction. After nintedanib induction, eight patients had an FVC improvement, of 5.6%, and six patients had a DLCO improvement, of 5.8%. Side effects were noticed in 67% of patients; most were gastrointestinal (diarrhea, nausea). One patient died (due to sepsis) and 23 patients are still taking nintedanib.

Conclusion:

In our study, there was no significant difference in the rate of lung function change before and after nintedanib induction, however, some patients did have FVC and DLCO improvement. The limitations are the small sample size and the short duration of therapy.


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