

22. **Baughman RP**, Shipley R, Desai S, *et al*. Changes in chest roentgenogram of sarcoidosis patients during a clinical trial of infliximab therapy: comparison of different methods of evaluation. *Chest* 2009;**136**:526–35.
23. **Niimi H**, Kang EY, Kwong JS, *et al*. CT of chronic infiltrative lung disease: prevalence of mediastinal lymphadenopathy. *J Comput Assist Tomogr* 1996;**20**:305–8.
24. **Lower EE**, Weiss KL. Neurosarcoidosis. *Clin Chest Med* 2008;**29**:475–92.
25. **de Groot K**, Schmidt DK, Arlt AC, *et al*. Standardized neurologic evaluations of 128 patients with Wegener's granulomatosis. *Arch Neurol* 2001;**58**:1215–21.
26. **Daum TE**, Specks U, Colby TV, *et al*. Tracheobronchial involvement in Wegener's granulomatosis. *Am J Respir Crit Care Med* 1995;**151**:522–6.
27. **Finkelstein JD**, Lee AS, Hummel AM, *et al*. ANCA are detectable in nearly all patients with active severe Wegener's granulomatosis. *Am J Med* 2007;**120**:643–14.
28. **Baughman RP**, Costabel U, du Bois RM. Treatment of sarcoidosis. *Clin Chest Med* 2008;**29**:533–48.
29. **Krespi YP**, Kuriloff DB, Aner M. Sarcoidosis of the sinonasal tract: a new staging system. *Otolaryngol Head Neck Surg* 1995;**112**:221–7.
30. **Fergie N**, Jones NS, Havlat MF. The nasal manifestations of sarcoidosis: a review and report of eight cases. *J Laryngol Otol* 1999;**113**:893–8.
31. **Spiteri MA**, Matthey F, Gordon T, *et al*. Lupus pernio: a clinico-radiological study of thirty-five cases. *Br J Dermatol* 1985;**112**:315–22.
32. **Stagaki E**, Mountford WK, Lackland DT, *et al*. The treatment of lupus pernio: results of 116 treatment courses in 54 patients. *Chest* 2009;**135**:468–76.
33. **Kay DJ**, Har-El G. The role of endoscopic sinus surgery in chronic sinonasal sarcoidosis. *Am J Rhinol* 2001;**15**:249–54.
34. **Fouty BW**, Pomeranz M, Thigpen TP, *et al*. Dilatation of bronchial stenoses due to sarcoidosis using a flexible fiberoptic bronchoscope. *Chest* 1994;**106**:677–80.
35. **Iles PB**. Multiple bronchial stenoses: treatment by mechanical dilatation. *Thorax* 1981;**36**:784–6.

Lung alert

Interferon gamma-1b does not improve survival for patients with idiopathic pulmonary fibrosis

Idiopathic pulmonary fibrosis (IPF) is characterised by an insidious decline in pulmonary function, progressive worsening symptoms and death, with a median survival of 2–5 years from diagnosis. A methodologically limited meta-analysis has suggested that interferon γ -1b (IFN γ -1b) might improve survival.

To test this hypothesis, the INSPIRE study group conducted a double-blind trial, randomising 826 patients with IPF to receive IFN γ -1b or placebo. Patients had mild to moderately severe disease, with a forced vital capacity of 55–90% of the predictive value, a haemoglobin-corrected carbon monoxide transfer factor (TlCO) of 35–90% of the predictive value, and a 6-min walk distance (6MWD) of at least 150 m. The primary end point was overall survival time from randomisation.

The study was stopped early because, at the second interim analysis, the hazard ratio for mortality in patients receiving IFN γ -1b showed an absence of minimum benefit compared with placebo. After a median duration of 64 weeks on treatment, 15% of patients on IFN γ -1b had died compared with 13% on placebo. Furthermore, IFN γ -1b did not significantly improve survival without lung transplantation, days without respiratory-related hospital admission, quality of life, 6MWD, forced vital capacity or TlCO. Patients receiving IFN γ -1b reported more adverse events, but treatment adherence remained good.

This comprehensive study indicates that IFN γ -1b does not improve survival or confer any other significant benefit in patients with mild to moderate IPF, hence the strong recommendation by the joint ATS/ERS/JRS taskforce announced at the ERS meeting in September 2009 that IFN γ -1b should not be given to patients with IPF.

- **King TE Jr**, Albera C, Bradford WZ, *et al*. Effect of interferon gamma-1b on survival in patients with idiopathic pulmonary fibrosis (INSPIRE): a multicentre, randomised, placebo-controlled trial. *Lancet* 2009;**374**:222–8.

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Competing interests None.

Provenance and peer review Not commissioned; not externally peer reviewed.

Thorax 2010;**65**:186. doi:10.1136/thx.2009.132886