Abstract S9 Table 1

Case Number	Diagnosis	Immunosuppression Regimen	Age	Onset of symptoms to ECMO initiation (days)	CT (%)	DADCT Total Abnormality (%)	SOFA Score	CRP
	Eosinophilic pneumonia;							
1	Hypereosinophilic syndrome	IVMP	30	21	100	82.5	7	344
3	Eosinophilic pneumonia	IVMP	26	12	0	80.0	9	285
10	Organising pneumonia	IVMP + CYC	52	30	10	66.8	12	226
11	Acute interstitial pneumonitis	IVMP + RTX	44	17	100	88.8	11	497
	Anti-Jo 1 associated acute interstitial							
12	pneumonitis	IVMP + CYC + RTX	42	25	10	82.1	11	350
	DD: AIP, eosinophilic pneumonia,							
13	Organising pneumonia	IVMP	35	19	90	91.7	13	266
Mean			**38.2**	**20.7**	**51.7**	**82.0**	**10.5**	**328**
	NON-RESPONDERS							
2	Acute interstitial pneumonitis	IVMP + CYC	54	129	88.4	68.4	6	70
4	Idiopathic pleuropulmonary fibroelastosis	None	45	140	81.3	81.2	7	117
	Acute Interstitial pneumonitis;	IVMP + CYC + RTX plus heart lung						
5	Organising pneumonia	transplant	46	26	50	85.9	9	153
6	Unclassifiable	IVMP + CYC + RTX	20	46	100	96.7	7	66
7	Bleomycin-induced fibrosis	IVMP	46	29	82.5	85.8	9	111
	Clinically amyopathic							
	Dermatomyositis with acute interstitial							
8	pneumonitis	IVMP + RTX	29	172	100	95.6	4	71
Mean			**40**	**90.3**	**83.7**	**85.6**	**7.0**	**98**
P-values			**0.79**	**0.04**	**0.19**	**0.53**	**0.01**	**0.046**

Key: IVMP: Intravenous Methylprednisolone, RTX: Rituximab, CYC: Cyclophosphamide

score (p = 0.01) and a lower preponderance of diffuse alveolar damage (DAD) on CT (p = 0.19) although there was no difference in overall extent of CT abnormality. (Table 1).

Conclusions The use of ECMO and early immunosuppression led to a 58.3% survival in a group of ILD associated SRF who would otherwise have been highly likely to die. The responders were characterised by a more acute and more inflammatory presentation. We suggest that ECMO and immunosuppression should be considered in patients with ILD and SRF who are failing mechanical ventilation.

S10 COST BURDEN OF N-ACETYLCYSTEINE (NAC) IN ADULT PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS

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Introduction and objectives New data from the US IPFNET PANTHER Study[1] has failed to demonstrate efficacy of NAC in adult IPF patients with mild to moderate disease. However, use of NAC in adults with Idiopathic Pulmonary Fibrosis (IPF) is commonplace in the UK[2] despite weak clinical evidence and limited support from clinical guidelines. NICE recently estimated that between 30 and 45% of patients with moderate IPF are treated with NAC monotherapy at an annual cost of £158 per patient[3]. We wanted to estimate the cost burden of NAC prescribing in England based on the actual acquisition cost to the NHS.

Methods We obtained the actual prices of NAC at a dose of 600 mg TDS from 11 different sources in England including IPF specialist centres, UK Medicines Information and guidance from Area Prescribing Teams and applied the average price into the NICE IPF costing template assuming 45% of moderate IPF (just over 3000 patients) patients receive NAC and 90% are still taking treatment at 52 weeks.

Results The average annual cost of NAC from 11 different sources was £675.63 (425% greater than NICE cost assumptions) with costs ranging from £144–£1078 per annum. This equates to an estimated annual cost of NAC in England of £2,070,266.

Conclusion NAC is unlicensed with a recent trial demonstrating limited benefit in treating IPF. The estimated annual cost burden of NAC to the NHS in England is very high. In light of the current financial position of the NHS more should be done to reduce the use of ineffective treatments that offer poor value for money. Physicians should re-evaluate the use of NAC in the management of IPF.

REFERENCES

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(http://www.nice.org.uk/guidance/ta282/resources/ta282-idiopathic-pulmonary-fibrosis-pirfenidone-costing-template)

S11 PIRFENIDONE POST-AUTHORISATION SAFETY REGISTRY (PASSPORT)–INTERIM ANALYSIS OF IPF TREATMENT

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Introduction Pirfenidone (Esbriet®) is approved for mild/moderate idiopathic pulmonary fibrosis (IPF). PASSPORT is a post-authorisation safety registry required by the European Medicine Agency.

Objective To present interim data from PASSPORT.