



Abstract P167 Figure 1 Pirfenidone therapy and survival rates in definite UIP, and Possible UIP

Results 116 patients out of 170 were started on antifibrotic therapy. The average duration of therapy was 256 days. There was a trend towards higher treatment failure in possible ($n = 3$ of 12 25%) versus definite UIP patterns ($n = 6$ of 55 11%), this was not statistically significant. Overall mortality rates were similar between possible and definite UIP patterns at 6- and 12-months (Figure 1). 5 patients with UIP and pleural plaques were started on therapy.

Conclusions Mortality at 12 months was similar in possible UIP and UIP groups; there was a trend towards higher levels of treatment failure in patients with possible UIP. A different disease process may exist in some patients with possible UIP which is non-responsive to antifibrotic treatment. Numbers are relatively small and further observation is warranted.

REFERENCES

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SAFETY AND TOLERABILITY OF NINTEDANIB IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS (IPF): ONE-YEAR DATA FROM POST-MARKETING SURVEILLANCE IN THE UNITED STATES

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10.1136/thoraxjnl-2016-209333.311

Introduction In the two replicate, 52-week, placebo-controlled INPULSIS® trials, nintedanib 150 mg twice daily significantly reduced the annual rate of decline in forced vital capacity compared with placebo and had a side-effect profile that was manageable for most patients. After the US approval of nintedanib for the treatment of IPF in October 2014, post-marketing

surveillance was initiated to obtain additional information on the safety and tolerability of nintedanib in the real-world clinical setting.

Methods Data were collected from the drug safety database from the time of drug launch (15 October 2014) to 23 October 2015. Data on adverse events in patients treated with nintedanib were collected both via proactive patient communications, as part of a patient support programme, and by the spontaneous reporting system. Adverse events were coded according to preferred terms in the Medical Dictionary for Regulatory Activities. Serious adverse events were defined according to International Conference on Harmonisation criteria as adverse events that were fatal or life threatening, required or prolonged hospitalisation, were associated with a congenital anomaly, or resulted in a disability.

Results In the period from drug launch to 23 October 2015, 6,758 patients were treated with nintedanib, with duration of exposure 6 to 390 days (median 113 days). This analysis will present 1-year adverse event data collected both via proactive patient communications, as part of a patient support programme, and by the spontaneous reporting system. Previously reported data collected from drug launch up to 31 May 2015, from 3,838 patients, were consistent with the safety profile described in the product label. In this dataset and as observed in the Phase III trials, the most frequently reported adverse events with nintedanib were gastrointestinal in nature and non-serious in severity.

Conclusion Data from post-marketing surveillance in the US are consistent with the safety profile of nintedanib as described in the label. Treatment with nintedanib in the real-world clinical setting appears to have an acceptable safety and tolerability profile, with no new safety concerns identified.

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LONG-TERM SAFETY OF PIRFENIDONE IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS: POOLED ANALYSIS OF 4 CLINICAL TRIALS

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10.1136/thoraxjnl-2016-209333.312

Introduction Idiopathic pulmonary fibrosis (IPF) is a chronic, progressive and irreversible disease that requires long-term management. The objective of this study was to assess the long-term safety of pirfenidone from a pooled analysis of 4 clinical studies.

Methods All patients who received pirfenidone (2403 mg/d) in the Phase 3 studies (ASCEND/CAPACITY) and/or the long-term extension study (RECAP) were included in this analysis. Safety outcomes were assessed during the period from the first dose until 28 days after the last dose of pirfenidone in either study. Analyses included the final data from the Phase 3 studies and RECAP (data cut, June 30, 2015).

Results The pooled population included 1216 patients with a cumulative total exposure of 3366 patient-exposure years. Median pirfenidone exposure was 25.9 months (range, 0–105 months), with a mean dose of 2306 mg/d. 99% of patients reported ≥ 1 treatment-emergent adverse event (TEAE). 57% of patients reported a serious TEAE (0.51 per patient-exposure year [PPEY]), the most common being IPF (21.5%) and pneumonia (9.3%; Table). TEAEs led to discontinuation in 45% of patients (0.17 PPEY), the most common being IPF (15.9%), rash (1.6%) and nausea (1.6%). Median survival on treatment (or ≤ 28 days after discontinuation of pirfenidone) was 82.6 months.

Conclusions The safety findings from this pooled analysis are consistent with the known safety profile of pirfenidone and the underlying disease of IPF.

Abstract P169 Table 1 Summary of TEAEs^a

Preferred Term	No. of Patients With an Event	Patient Incidence (n = 1058)	Adjusted Rate ^{b,c}	
			No. of Events	Rate per Patient- Exposure Year
Most Frequent TEAEs (incidence in ≥20% of patients)				
Cough	477	39.2%	716	0.213
Nausea	471	38.7%	798	0.237
IPF	424	34.9%	669	0.199
Dyspnea	415	34.1%	573	0.170
Upper RTI	405	33.3%	789	0.234
Diarrhea	374	30.8%	657	0.195
Fatigue	359	29.5%	505	0.150
Rash	331	27.2%	540	0.160
Bronchitis	325	26.7%	624	0.185
Headache	281	23.1%	478	0.142
Nasopharyngitis	280	23.0%	536	0.159
Dizziness	276	22.7%	409	0.122
Dyspepsia	243	20.0%	306	0.091
Most Frequent Serious TEAEs (incidence in ≥5% of patients)				
IPF	262	21.5%	320	0.095
Pneumonia	113	9.3%	130	0.039
TEAEs With Outcome of Death (incidence in ≥1% of patients)				
Deaths	273	22.5%	273	0.081
IPF	148	12.2%	148	0.044
Respiratory failure	26	2.1%	26	0.008
Pneumonia	13	1.1%	13	0.004

IPF, idiopathic pulmonary fibrosis; RTI, respiratory tract infection; TEAE, treatment-emergent adverse event.

^a TEAEs are any events that occurred between the first dose and 28 days after the last dose.

^b 3366 total exposure years.

^c Adjusted rate = total number of events/total exposure years.

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SINGLE CENTRE EXPERIENCE ON IDIOPATHIC PULMONARY FIBROSIS PATIENT TOLERANCE OF PIRFENIDONE; IMPACT ON NURSE-LED ILD HELPLINE USAGE

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10.1136/thoraxjnl-2016-209333.313

Introduction Idiopathic pulmonary fibrosis (IPF) is a progressively scarring lung disease with a poor prognosis. The anti-fibrotic agent Pirfenidone slows FVC decline and reduces mortality. Side-effect management is critical to help patients remain on treatment.

Objectives To examine tolerance to Pirfenidone in our specialist ILD centre: to identify the prevalence, nature and management of adverse effects, and the impact on the ILD nurse-led helpline.

Methods In this retrospective study, all patients with an ILD MDT diagnosis (ATS/ERS) of IPF treated with Pirfenidone for > 3 months were included. Data was derived from the patient records and nurse-led ILD helpline logs.

Results 100 patients were treated with Pirfenidone Feb 2012–July 2016. 16 patients were excluded (< 3 months' treatment (n = 7), death < 1 month (n = 2), other (n = 7), 84 remained in the study; Definite: Probable IPF 47:37, male: female 68:16, average age 73.7 (40–88).

72 (85.7%) experienced at least one adverse effect; appetite/weight loss (n = 39, 34.5%), nausea (n = 26, 23%), diarrhoea (n = 17, 15%), fatigue (n = 11, 9.7%), photosensitivity (n = 11, 9.7%), skin rash (n = 9, 8%). No patients required side-effect-related hospital admission.

Management: treatment pause (n = 36, 50%), dose reduction alone (n = 15, 20.8%), initial reduction and subsequent pause (n = 4, 5.6%). n = 17 (23.6%) with mild side-effects were managed with advice alone (dose unchanged).

Of those with dose reductions/pause (n = 55), 21 (38%) were gradually re-escalated to full dose, 1 (2%) continued on reduced dose. Pirfenidone was discontinued and offered symptom-based management in n = 17 (31%), (unable to switch to Nintedanib due to FVC $< 50\%$ (7), not preferred (3), bleeding risk (2), other (5)), while n = 16 (29%) were able to switch to Nintedanib.

Impact on the nurse-led helpline was assessed in n = 45 (unselected subset); $> 82\%$ used the helpline, often initiated due to side-effects; patients with deteriorating symptoms or end-stage disease engaged most frequently.

Conclusions In this real-life study, we found a higher prevalence of side effects than previously described. Nurse-led helpline use was often initiated by side effect concerns, but usage broadened into more holistic support as the nurse patient relationship developed. In response, the Oxford ILD Service has initiated a side-effect management protocol with more cautious (than standard) initial escalation and re-challenging regime.

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HEALTH INEQUALITY EXISTS IN PIRFENIDONE PRESCRIPTION FOR IDIOPATHIC PULMONARY FIBROSIS IN THE ENGLISH MIDLANDS ACCORDING TO PATIENT LOCATION

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10.1136/thoraxjnl-2016-209333.314