## P203 LUNG TRANSPLANTATION AND SURVIVAL IN IDIOPATHIC PULMONARY FIBROSIS - AN IRISH PERSPECTIVE

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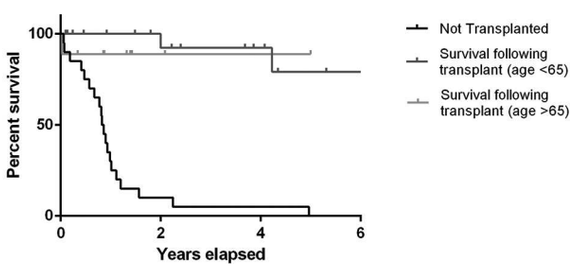
**Introduction and Objectives** Idiopathic pulmonary fibrosis (IPF) is a chronic, fibrosing interstitial pneumonia of unknown aetiology. Its clinical course is unpredictable but invariably leads to progressive respiratory failure and death. Median survival from time of diagnosis, without transplant, is 2–3 years.

IPF patients referred for transplantation often suffer from poor outcomes, due to organ shortage and rapid disease progression. In America, the introduction of the lung allocation score has greatly benefited the IPF cohort. Furthermore, an increasing proportion of these transplants have occurred in patients over the age of 65 - an age group that had previously been associated with high post-transplant mortality. Recent data has however contradicted this, showing that surgical outcomes and survival are satisfactory in this age group.

In a condition with no disease modifying medical therapy, we reviewed the survival benefit of lung transplantation in age-stratified groups to see if our data matched those seen internationally and to encourage further transplantation in this older population.

**Methods** All patients with IPF who received lung transplantation in Ireland, since the beginning of the transplant service in 2005, were included (n = 30). Data collected included patient demographics, lung function, transplant details and survival data. Survival data was compared with IPF patients who had died while awaiting a transplant over the past 3 years (n = 20).

**Results** For those patients on the lung transplant waiting list, who did not receive a transplant, survival was unfortunately poor (75% at 6 months, 30% at 12 months, and 15% at 18 months). However, following transplantation, all-age survival was 96.6% at 1 year, 90.1% at 2 years and 78.9% at 5 years. The 5 year survival for those transplanted over the age of 65 was 88.9% (n = 9).




**Abstract P203 Figure 1.**

**Conclusion** As patients who suffer from IPF commonly present in their 7th decade, the consideration of patient age is pertinent when referring for transplantation. Although, many centres view age greater than 65 as a relative contraindication to lung transplantation, we feel that this data reinforces the alternative viewpoint - that age should not be a limiting factor, in carefully selected candidates.

## P204 REDUCING ANTIGEN EXPOSURE IN PIGEON BREEDERS. WEARING A MASK IS A SIGN OF DISEASE

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Advice to pigeon breeders from the British Pigeon Fanciers Medical Research website includes methods to reduce dust exposure: as well as increasing loft ventilation, it recommends that a respirator is worn while in the loft. A field survey of the use of masks for this purpose found up to 40% usage amongst breeders (n = 258). Studies in small numbers of HP patients demonstrated reducing symptom response following inhalation provocation tests as well as reducing serum antibody levels (1). Despite the potential benefit of wearing masks, and the apparent willingness of pigeon fanciers to do this, little is known about their protective value in HP.

The aim of this study is to compare survey results since 1991, and to examine the relationship between diagnosis of pigeon breeder's disease (PBD), serology, spirometry and mask wearing. Our 1997 survey (n = 252) showed that 51% would use a mask. In our 2013 survey (n = 188), we had a response of 54%. Those wearing a mask have higher IgG (mcg/ml) antibody levels (interquartile range 0.92–16.33 median 4.96 –v- 3.02–17.04 median 8.55, p = 0.047). Questionnaire symptom responses, spirometry, as well as useful radiology (CT scanning) or biopsy were used to grade the likelihood of PBD as unlikely (n = 99), maybe (57) or likely (32). Mask wearing was associated with likelihood of PBD (p = 0.068). Those with symptoms (n = 46) or minimal symptoms (n = 38) performed spirometry. Analysis showed an apparent trend amongst subjects with a restrictive defect to be more marked amongst mask wearers–70% (n = 16) being moderate/severely restricted–compared to 43% non mask wearers (Chi-sq = 2.62, p = 0.105).

We interpret these findings as evidence that mask wearing is much more likely after symptoms have appeared in pigeon breeders: not the pattern we expected of mask wearing (or dust avoidance) to prevent the development of the disease. Paradoxically, mask wearing in pigeon breeders may also be an unreported sign of PBD.

### REFERENCES

1. Hendrick, D J (1981) Protective value of dust respirator in extrinsic alveolitis: clinical assessment using inhaltion provocation tests. *Thorax.* 36: 917–921

## P205 21 YEARS OF SHIELD: DECREASING INCIDENCE OF OCCUPATIONAL ASTHMA IN THE WEST MIDLANDS, UK?

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**Introduction** Notifications of occupational asthma (OA) to the West Midlands SHIELD reporting scheme have declined between 1991 and 2011. This may be due in part to reporter fatigue or restrictions on reporting, under-recognition, or true reduction in incidence of OA due to workplace control measures. We aimed to describe trends in reports of OA to the SHIELD database over a 21-year period and investigate reasons for any changes.

**Methods** Descriptive statistics were performed on demographic and annual notification count data (for total notifications and individual causative agents). Count data were scaled to give a count per million workers using West Midlands' mid-year