REFERENCE

1. Robinson *et al*. Systematic assessment of difficult-to-treat asthma. *ERJ* 2003, September;22(3):478–83.

M23 INTEGRATED RESPIRATORY CARE TRAINING FROM THE TRAINEE'S PERSPECTIVE: MIND THE GAP

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Introduction Postgraduate education needs to incorporate more training in community based settings for the '5 Year Forward View' to become a reality. A BTS members survey in 2013 found 62% of respondents agreed integrated respiratory physicians added value, and a subsequent report identified that embedding integrated care into training would be key.[1,2] We surveyed the views of respiratory registrars to understand the current national training opportunities available in integrated respiratory care.

Methods The BTS Models of Care committee designed and distributed a questionnaire to trainee members in May 2017.

Results 81 trainees responded (43% male; 87% working full time). The sample was representative with responses from all but one region. 80% of trainees participating were ≥ST5. 60% had not received any integrated respiratory care training and of those that had (figure 1); 29% described a single training episode (talk or clinic), 21% attended a one day session, 42% described regular training episodes, e.g., MDT and 2% had organised a placement themselves in an integrated care team for ≥1 week. 90% of trainees felt it would be beneficial to have more integrated care experience. Key themes identified included a lack of clear definition of integrated care and an appreciation of the increasing relevance of this training. Challenges identified include lack of training opportunities and incorporation into an already full curriculum.

Conclusions Despite 90% of respondents wanting more experience and 77% considering, in part, some integrated respiratory work in their consultant job plan, only 40% had received any formal training of which 50% had only 1 day. This may be due in part to the 'poor definition' of integrated care which appears to be a persistent common theme. One of the future tasks of the BTS Models of Care Committee will be to provide guidance in developing and delivering programmes of training in Integrated care for Respiratory trainees.

REFERENCES

1. Roberts NJ *et al*. P34. what is integrated care and what is the value of an integrated respiratory specialist? *BTS Abstracts* 2013, Winter Meeting.
2. BTS Report. *Role of the respiratory specialist in integrated care teams* 2014. http://www.brit-thoracic.org.uk

Idiopathic pulmonary fibrosis treatment update

M24 DO ANTIFIBROTICS IMPACT ON LUNG TRANSPLANTATION OUTCOMES IN IDIOPATHIC PULMONARY FIBROSIS?

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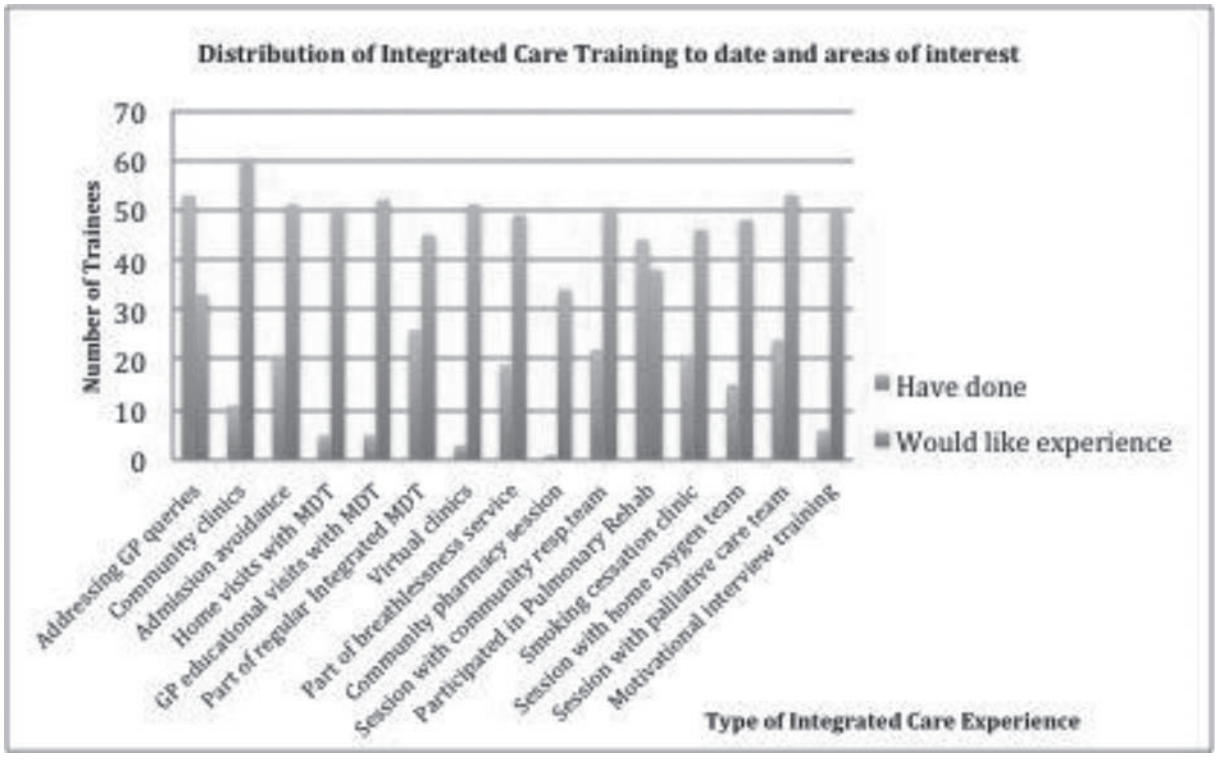
Introduction Antifibrotics slow progression of forced vital capacity (FVC) in patients with moderate Idiopathic Pulmonary Fibrosis (IPF) (FVC 50%–80%).[1,2] Lung transplantation (LTx) is also a management option in a small cohort of patients who meet stringent eligibility criteria. With increased



Abstract M23 Figure 1

use of antifibrotics, questions remain about their safety in IPF patients undergoing LTx.

Methods All patients with multidisciplinary team (MDT) diagnosis of IPF that underwent lung transplantation from April 2013 to April 2017 were recruited from a single tertiary centre for ILD and lung transplantation. Retrospective data was obtained from medical notes. Statistical analysis was performed using chi squared test for categorical values and unpaired t-test.

Results 22 IPF patients (male 81.8%, female 18.2%) with mean age of 61.9 (+/-4.9) underwent single (n=16) and double (n=6) LTx. 15 (68%) received antifibrotics during the pre-transplantation period (pirfenidone n=14, nintedanib n=1) and 7 did not. Two patients actually had rheumatoid arthritis associated lung disease and were on immunosuppressant. Average waiting time for LTx was 7.0 months (+/-4.7 months). All patients on antifibrotics were on full dose, although 3 of them had a transient dose interruption at the start of their treatment with antifibrotics. Eight (36%) patients had complications post LTx, of which 4 died (antifibrotics, n=2) after the LTx due to multiple complications. 14 patients (64%) did not have complications at 3 months (antifibrotics n=10). There was no statistical significance between post-operative complication and age (p=0.6), gender (p=0.53) or antifibrotics use (p=0.67).

Conclusion Our data showed similar findings to a recent Belgian[3] study that antifibrotics use prior to LTx does not impact on LTx outcomes or complications.

REFERENCES

1. Richeldi L, du Bois RM, Raghu G, *et al*. Efficacy and safety of nintedanib in idiopathic pulmonary fibrosis. *N Engl J Med* 2014;370(22):2071–82.
2. King Jr TE, Bradford WZ, Castro-Bernardini S, *et al*. A phase 3 trial of pirfenidone in patients with idiopathic pulmonary fibrosis. *N Engl J Med* 2014;370(22):2083–92.
3. Delanote I, Wuyts WA, Yserbyt J, *et al*. Safety and efficacy of bridging to lung transplantation with antifibrotic drugs in idiopathic pulmonary fibrosis: a case series. *BMC Pulmonary Medicine* 2016;16:156.

M25 WEIGHT LOSS HAS A SIGNIFICANT IMPACT ON ANTI-FIBROTIC DRUG TOLERANCE IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS

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Introduction and Objectives Nintedanib and pirfenidone are licensed anti-fibrotic therapies (AFT) for the treatment of Idiopathic Pulmonary Fibrosis (IPF).[1] Drug discontinuation rates in clinical trials were significant due to many side effects including weight loss. We aimed to establish average weight loss at 12 months in a group of patients commenced on AFT.

Methods This was a retrospective cohort study from a single tertiary ILD centre. All patients commenced on AFT for IPF between 1 st October 2014 and 31 st December 2015 were identified. Patients were assessed at 12 months for adherence to treatment and weight loss. Statistical analysis was conducted using GraphPad software.

Results 137 patients commenced anti-fibrotic medication during the study period (87 Nintedanib, 50 Pirfenidone). At 12 months 84/137 patients (61%) remained on therapy or died tolerating therapy [tolerant cohort]. 53/137 patients (39%) either died off therapy or failed to complete 12 months therapy [intolerant cohort], citing side effect burden or disease progression as a reason for treatment discontinuation. 14 patients within this intolerant cohort (25%) reported weight loss as a principal reason for treatment discontinuation [intolerant weight loss cohort]. At initiation of therapy, mean weight and BMI did not differ significantly between the tolerant and intolerant cohorts (tolerant vs intolerant; weight 81.8 kg vs 77.3 kg, p=0.13; BMI 29.1 vs 28.2, p=0.33). At 12 months, mean weight and BMI differed significantly between groups (weight 79.5 kg vs 68.7 kg, p=0.02; BMI: 28.2 vs 25.2, p=0.03). Within the intolerant weight loss cohort mean weight change at 12 months compared to the tolerant cohort was 8.9 kg vs 4.0 kg (p=0.004). The intolerant cohort was significantly older than the tolerant cohort (p=0.0003).

Conclusions Our data shows that patients intolerant of anti-fibrotic therapy are more likely to be older and to lose more weight during the course of treatment. BMI at the start of treatment was not predictive of drug discontinuation. Identification of progressive weight loss is important in order to implement strategies to improve overall drug tolerance.

REFERENCE

1. NICE guidelines. Idiopathic pulmonary fibrosis in adults: Diagnosis and management. *CG163* May, 2017.

M26 GEOGRAPHIC VARIATION IN ANTI-FIBROTIC PRESCRIPTIONS FOR IDIOPATHIC PULMONARY FIBROSIS PERSISTS AND IS NOT FULLY-EXPLAINED BY INDICES OF MULTIPLE DEPRIVATION

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Introduction Idiopathic Pulmonary Fibrosis (IPF) is a progressive, fatal disease. The antifibrotic drugs (AFDs) pirfenidone

Abstract M25 Table 1 Demographics of patient cohorts commencing anti-fibrotic therapy

	Whole Group	Tolerant cohort	Intolerant cohort	P-value	Intolerant weight loss cohort	P-value
No. of patients (n)	137	84	53		14	
Mean age (SD), years	72.3 (7.64)	70.3 (7.63)	75.2 (6.62)	0.0003*	77.9 (5.34)	0.001*
Mean starting FVC % Predicted (SD)	73.7 (15.3)	73.1 (15.0)	74.5 (15.5)	0.61	70 (11.5)	0.31
Gender F:M%	27 : 72	25 : 73	30 : 70	0.55	29 : 71	0.75
Mortality at 12 months (no. of patients)	25	12	13	0.17	1 (from intolerant cohort)	0.69