There is more to ILD than IPF

S82 HOW DO SPECIALISTS TREAT HYPERSENSITIVITY PNEUMONITIS IN BRITAIN?

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Background Although immunosuppression is commonly used in HP, there are no studies that compare treatment regimes.
Aims and objectives The aim of this study was to survey specialist ILD consultants to determine how HP is treated in Britain.
Methods British ILD consultants were provided with clinical scenarios, and asked how they would treat patients with HP. They were also asked to rate their level of agreement with a series of statements. A priori 'consensus agreement' and 'majority agreement' were defined as at least 70% and 50% respectively of participants replying that they 'Strongly agree' or 'Tend to agree'.
Results 54 consultants took part in the survey from 27 centres. The choice of first line immunosuppression in progressive HP was relatively evenly split between dual therapy with corticosteroids plus a 'steroid-sparing' immunosuppressant (46%) and monotherapy with oral corticosteroids (39%). On average, the initial starting dose of oral prednisolone (for an 80 kg patient) was 40 mg continued for 6 weeks prior to weaning, aiming for a maintenance of 10 mg. 75% of participants reported that mycophenolate mofetil was their first choice 'non-corticosteroid immunosuppressant' for the long-term management of HP. A number of statements relating to the treatment of HP reached consensus or majority agreement (table 1).
Conclusions This survey has demonstrated a degree of variation in the treatment of patients with suspected HP in Britain, but has found consensus and majority agreement for some key areas.

S83 PIGEON FANCIERS WITH NORMAL SPIROMETRY AND NO KNOWN ILD, DISPLAY FORCED OSCILLOMETRY FINDINGS SUGGESTIVE OF SUB-CLINICAL INTERSTITIAL LUNG DISEASE

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Introduction Pigeon fanciers are recognised to suffer from acute through to chronic hypersensitivity pneumonitis (HP), and given their HP is driven by a known antigen, provide a potentially useful group to identify novel causative mechanisms for HP.

The forced oscillation technique (FOT) employs sound waves to examine the relationships between pressure and flow during tidal respiration, and has been advocated as an approach to assess the small airways and lung parenchyma. It is also simple to perform, as it requires tidal breathing only. Given this we examined FOT in a group of pigeon fanciers at a recent national meeting.
Methods Volunteers were recruited from among the attendees at the National Royal Pigeon Fancier's Meeting Blackpool, 2019. Participants completed a questionnaire with experienced clinicians, which focused on; presence of a diagnosis of interstitial lung or connective tissue disease, current medication, symptoms post pigeon exposure, number of pigeons kept and occupational dust exposure. All subjects provided blood for genetic and immunological assessment, and performed spirometry. An unselected subgroup performed FOT using the Resmon Pro (Intermedical UK Ltd).
Results 178 subjects participated over two days. Of these 94 performed FOT.

51 participant's FOT results were analyzed, after exclusion of those with known interstitial lung disease, abnormal spirometry or no result due to inadequate spirometry technique.

23 subjects (45%) demonstrated abnormal FOT results, with the consistent finding being high expiratory reactance at 5Hz (exp Xrs5). Median exp Xrs5 was -3.5 cmH_2O (-6.3 to

Abstract S82 Table 1 Consensus (**C**) and majority (M) statements with level of agreement

Statement	% agree
HP patients with an acute onset of severe symptoms (often with hypoxia) should be treated with short courses of oral corticosteroids, to speed up the rate of clinical improvement (**C**).	91%
In some cases of biopsy confirmed HP, fibrosis progresses despite cessation of exposure and treatment with immunosuppression (**C**).	96%
I have had patients with progressive fibrotic HP unresponsive to immunosuppression, whom I would have treated with antifibrotic agents, had they been routinely available as standard NHS care (**C**).	81%
In HP that progresses (despite cessation of exposure) immunosuppression should be considered (where not contraindicated):	19%
- only if there is evidence of active inflammation	50%
- in all cases irrespective of the radiological diagnosis or histological pattern (M)	13%
- in all cases unless there is a definite UIP pattern of fibrosis	4%
- other (please specify)	
In HP with a predominantly fibrotic picture, immunosuppression should be stopped after a three-month trial unless there is a clear improvement or stabilisation of lung function (M).	67%
In HP with a predominantly fibrotic picture, I have concerns that treating patients long-term with immunosuppression may increase mortality as in IPF (M).	61%