Abstract P149 Figure 1 Annual prevalence (%) (A) and annual incidence rate per 100 person-years (B) of left ventricular heart failure (HF) in patients with IPF between 2010–2019. Vertical bars for each estimate represent 95% confidence intervals.

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SUITABILITY OF NON-IPF ILD PATIENTS FOR ANTI-FIBROTIC THERAPY – A RETROSPECTIVE COHORT STUDY

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Introduction This retrospective cohort study was conducted within a district general hospital in Scotland by a 4th year medical student and a supervising consultant respiratory physician.

Aim The primary aim of the study was to determine the number of patients with chronic fibrosing non-IPF ILDs, who could benefit from anti-fibrotic therapy by making comparisons with INBUILD and SENSICIS trials.

Background Currently, NICE recommends the use of anti-fibrotic agents (Pirfenidone & Nintedanib) only in IPF. However, the recent INBUILD and SENSICIS trials showed benefits

of using Nintedanib in non-IPF ILDs, a separate study showed similar results with Pirfenidone.

Method An anonymised database of ILD patients was analysed and IPF patients were excluded. The following criteria for disease progression was used, based on the screening model for INBUILD trial:

1. A relative decline of 10% or more in% predicted FVC
2. A relative decline of 5–10% in% predicted FVC $\pm$ worsening of symptoms or fibrotic changes
3. Worsening of symptoms and fibrotic changes

Results 92 patients included in the study, 36 (39%) met the criteria for disease progression as outlined above. NSIP and HSP were the most common diagnosis (27 & 19 respectively).

Discussion The mean FVC decline was lower than the 187.8ml in the INBUILD trial, possibly because UIP (an aggressive phenotype) was prevalent in INBUILD patients. The highest decline noted was 15%–25% in patients <65 years old, which is linked with a higher risk of death according to a follow up study, with implications on quality of life and financial burden on the NHS.

Conclusion 39% of the studied non-IPF ILD patients could potentially benefit from anti-fibrotic therapy, with slower disease progression and improved quality of life.

Recommendations Consider the use of anti-fibrotic drugs in non-IPF ILDs, specially where the relative FVC decline is rapid and above 10%.

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ASSESSMENT OF ALVEOLAR-CAPILLARY MEMBRANE PERMEABILITY USING AEROSOL SCINTIGRAPHY IN DIFFUSE CUTANEOUS SYSTEMIC SCLEROSIS – A CROSS SECTIONAL STUDY

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Background To date, the major diagnostic modalities for ILD in patients with diffuse systemic sclerosis (dcSSc) are limited

Abstract P150 Table 1

Total Patients	123
Patients included	92
Gender	
Male (n)	59
Mean age (years)	69.7
Females (n)	33
Mean age (years)	66.9
Deaths	22
Patients with disease progression	36
Relative FVC decline $\geq$ 10%	10
Mean FVC decline (ml)	57.16