We identified 144 patients who met inclusion criteria. Common diagnoses were unclassifiable fibrosis (25.0%), hypersensitivity pneumonitis (21.8%), rheumatoid arthritis ILD (16.7%), and idiopathic non-specific interstitial pneumonia (14.7%).

56 (38.9%) patients permanently discontinued Nintedanib within the study period. Overall reasons for discontinuation included drug intolerability (55.4%), death (26.8%), and deranged liver function (14.3%). 28 (50%) patients stopped Nintedanib within 3 months of initiation. Mean duration of Nintedanib use was 4.83 months in the ‘Nintedanib Stopped’ group and 6.49 months in the ‘Nintedanib Continued’ group during the study period. Results of group comparisons are shown in figure 1.

There was a significant difference in BMI at treatment onset between the groups, with lower BMI associated with stopping Nintedanib. There was a borderline significant difference in the presence of UIP pattern fibrosis between the groups. No other significant differences were detected. Logistic regression analysis identified lower BMI (regression coefficient: -0.84 p = 0.020) at treatment onset to be independently associated with stopping Nintedanib, with no other independently associated variables. Sensitivity power analysis suggested our sample size was adequate to identify moderate effect sizes. Although patients in this study share a similar progressive fibrotic phenotype, they are a heterogenous group incorporating a large range of ages, lung function, and duration of Nintedanib use. They also have a high incidence of domiciliary oxygen and additional medication use. In our cohort, only lower BMI was independently associated with stopping Nintedanib.