

### Transcript Details

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## Initiating the Right Interstitial Lung Disease Treatment Approach

Announcer:

You're listening to *Deep Breaths: Updates from CHEST* on ReachMD. This series is produced in partnership with the American College of CHEST physicians. The following episode was recorded live at the 2019 annual CHEST conference in New Orleans.

In this episode, we welcome Dr. Joshua Mooney, who is a Clinical Assistant Professor at Stanford University and the Director of the Pulmonary Fibrosis Foundation Care Center at Stanford.

And, here is your host Dr. Anoop Nambiar.

Dr. Nambiar:

I'm Dr. Anoop Nambiar. I'm a pulmonologist in San Antonio and founding director of the University of Texas Health San Antonio Interstitial Lung Disease Program coming to you from the 2019 Annual CHEST Conference in New Orleans, and joining me in the studio to discuss interstitial lung disease, or ILD, is Dr. Joshua Mooney.

Dr. Mooney, thanks for being on the program.

Dr. Mooney:

Thank you for the invitation. It's an honor to be here.

Dr. Nambiar:

So, Dr. Mooney, each year at CHEST we hear about the latest diagnostic and treatment advances. So, what are some of those updates in regards to ILD?

Dr. Mooney:

So I think this has been an exciting year for ILD. I think leading into CHEST there was a number of important developments in the field of interstitial lung disease, and I think at the CHEST conference here we've had a number of sessions that have been able to highlight those developments. Just today we had a session, an interactive session, case-based, where we discussed the latest developments in therapeutics, and I think it provided a great clinical application to emerging therapies and how we envision them working for our patients. I think we also recognize that there is a number of delays in the diagnosis and treatment of ILD, and so I think the number of sessions here brought awareness to the importance of early diagnosis, the modalities that could help provide earlier diagnosis to our patients. I think it's very important, as we're having therapeutic advances in ILD beyond just IPF, that we're very thoughtful about how we implement and utilize those therapies, and I think that's been a focus of some of the sessions here at CHEST.

Dr. Nambiar:

I second all of that. I think, in addition, I would probably add that it's just exciting to see the interest and the enthusiasm amongst the CHEST attendees, different ILD sessions, and I think emphasizing the importance of an earlier accurate diagnosis and initiation of appropriate and not harmful therapies, I think, are also some themes that I've also been hearing.

And if we just focus on diagnosing ILD for another moment, Dr. Mooney, what modalities are emerging to help us complete that initial step earlier?

Dr. Mooney:

So there was a session on Sunday titled Emerging Diagnostic Modalities in Idiopathic Pulmonary Fibrosis, and I think these highlighted currently available tests, such as the newly developed genomic UIP classifier. Also, there were sessions highlighting the role of

cryobiopsy in the diagnosis of interstitial lung disease. And then there were a couple kind of newer-emerging therapies, such as endobronchial optical coherence tomography, quantitative CT analyses. And so I think these were some of the diagnostic tools that are becoming available, and these sessions highlighted them and how they could potentially be implemented in clinical practice.

Dr. Nambiar:

So it sounds like these are some pretty exciting, new diagnostic tools that we could be using in our clinical practice, but I think it's very likely that more data and studies are going to be necessary to really have a good sense of the role that they are going to play, but again, very exciting indeed.

For those joining us, this is ReachMD, and coming to you from the 2019 Annual CHEST meeting, I'm Dr. Anoop Nambiar. In our studios is Dr. Joshua Mooney. We are discussing interstitial lung disease.

So, Dr. Mooney, we spoke a bit earlier about diagnosing ILD, but now let's shift over to its management. What new techniques do you see emerging in lung transplant technology?

Dr. Mooney:

Yes, I think, first of all, it's important to remember and acknowledge that for patients with advanced interstitial lung disease, lung transplants still remains really the only curative therapy for these patients, and so the overall problem facing these patients and lung transplant as a field is that these patients have unpredictable and progressive courses, and this is often problematic in the current landscape of donor lungs and their availability. So, one of the things that I think has been an emerging technology is the use of extracorporeal membrane oxygenation therapy as a bridge to lung transplantation. I think we've recognized within the lung transplant field that the use of ECMO as a bridging strategy can allow for ambulation and is becoming really the preferred way to manage our patients with advanced disease at the endstage while awaiting lung transplantation. I think it also can help patients with rapidly progressive diseases as a bridge to even decision for lung transplant and certainly as a bridge to actual lung transplantation. ECMO was a topic of discussions on Sunday and Monday, and I think this has increasingly been utilized to help patients with interstitial lung disease make it to lung transplant successfully.

I think other emerging lung transplant technologies include... Other important emerging lung transplant technologies include the use of ex vivo lung perfusion, or EVLP, which is the modality to help assess and potentially utilize donor lungs that were previously not utilized, as well as, I think, increasing emphasis on donors who we historically have not used for lung transplantation. And hopefully, due to evolving technologies as well as increasing data about these other potential lung donors, this will increase the opportunity for lung transplant to help patients with ILD in the future.

Dr. Nambiar:

That's fantastic. It sounds like the importance of getting patients referred to a lung transplant center and also incorporating these various new techniques is a very hopeful and promising approach in the future that I think we can really help a lot of these patients with ILD improve their survival and quality of life.

Dr. Mooney:

So, in addition to the evolving technology and use of ECMO as a bridge therapy for our patients with ILD needing lung transplant, I think there are other emerging technologies as well, and these include the use of ex vivo lung perfusion, which is a technology where we can assess and better utilize donor lungs that were previously not acceptable for lung transplant. Additionally, there is increasing data about the usability of donor lungs that were previously not acceptable for lung transplant, such as those with hepatitis C, which can help increase the availability of donor lungs for patients with ILD who need lung transplantation.

Dr. Nambiar:

It sounds like all of these emerging technologies and the excitement around these sessions are really highlighting the importance of getting patients with ILD referred on to a lung transplant center with the hope of improving their quality of life and survival, so I think it's fantastic to hear.

And for those living with ILD, are there any self-care strategies that we can share with them to help with symptom management?

Dr. Mooney:

Yes. So there was a great session here at CHEST at the beginning of CHEST by Kathy Lindell and Amy Case that was entitled: A Discussion on Goals of Care across the IPF Disease Continuum. This session took place on Sunday. One of the takeaways, I think, from that session to the audience was that patients want hopeful realism, that they want to know the seriousness of their IPF disease including that there is not a cure for this disease, that it's unfortunately a progressive disease, but they also want to hear the treatment options, and so I think one of the takeaways is that patients want hopeful realism.

So I think along with self-care strategies and symptom management, I think one of the focuses that was discussed here at CHEST is that patients really need active management about other comorbidities and assessment of other comorbidities, and I think recognizing

comorbidities such as mental health disorders, anxiety and depression that are very common in patients with ILD particularly as their disease progresses is very important. I think other assessments that are often overlooked in terms of oxygen need, assessment and treatment for comorbidities such as sleep apnea and also, very importantly, the patient's support system and the caregiver support and the burnout and mental health issues that come for caregivers are extremely important to consider.

Dr. Nambiar:

It's great to hear at these sessions that we are talking about patients suffering from interstitial lung disease but also, not only disease-specific strategies of management, but also considering pretty important other factors and comorbidities and issues that also surround the patients that can pretty significantly affect their quality of life and especially their symptoms, so I think the focus also on symptom management, I think, is very, very important, and I think it's only going to be something that we're going to be talking more and more about because of the fact that with many of these ILDs, the disease is still progressive, and if the patient is not a candidate for lung transplant, in addition to trying to slow down the disease progression, we still want to make sure that we are paying attention to how to make them feel better.

Dr. Mooney:

Yeah, and I think the other important realization is that the therapies that we have currently to treat IPF that slow disease progression don't impact quality of life, and so I think this is an important area that we need to explore about what are their strategies that we can do to affect day-to-day living for these patients.

Dr. Nambiar:

Lastly, Dr. Mooney, for all your colleagues listening out there who diagnose and treat patients with ILD, what would your one call-to-action be for them?

Dr. Mooney:

Yeah, so I think the first thing is that there is more work to be done. I think there is a lot of enthusiasm about the developments of the last year in terms of treatment options for patients with non-IPF lung disease, but I think we're still dealing with treatments that are limited and that slow disease, and I think our aim should be to develop treatments that halt and ultimately cure pulmonary fibrosis. And I think the second is that we are still struggling, I think, as a field with timely diagnosis and treatment. I think prevention of the disease is really where we need to move towards, and I think it's important to recognize that scarred lung is not recoverable or reversible lung, and so the focus should be on prevention of scarring, and I think that's where we need to increasingly move towards.

Dr. Nambiar:

As you said, Dr. Mooney, in addition, the number of different sessions here looking at making a more accurate, timely diagnosis I think is critical so that we can try to get the patients on initial, appropriate therapy, avoid harmful therapies, try to help slow down their disease from progressing for as long as possible, but I think also paying attention to, as we mentioned, other coexisting factors that can significantly impair someone's quality of life and ultimately, perhaps, their survival too. I think the sessions here at CHEST on ILD have been extremely exciting, and I think for our colleagues out there, I think there is definitely more to look forward to, but I think as we talked about, there has been some really important, clinically relevant sessions and suggestions that I think we can start to use even tomorrow when we go back to the clinic and see our patients with ILD.

Dr. Nambiar:

Those are great calls of action for us to keep in mind as we come to the end of today's program. And I want to thank my guest, Dr. Joshua Mooney, for joining me to discuss the latest updates in ILD diagnosis, treatment and management. Dr. Mooney, thanks for taking the time to speak with me today.

Dr. Mooney:

Thank you. It was a pleasure.

Announcer:

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