



Survival Long-term Benefit Optimise Treat Maintain

Industry Evening Symposium

Addressing the challenges of IPF treatment

Sunday 10th September, 17:15–19:15, Brown 1&2 (South Wing, level +2)

Chair: Sergio Harari (Milan, Italy)

17:15	Welcome and opening	<i>Sergio Harari (Milan, Italy)</i>
17:25	Initiating treatment: 'Watch and wait' or start now?	<i>Toby Maher (London, UK)</i>
17:50	Informing treatment choice: Which treatment should I use and why?	<i>Wim Wuyts (Leuven, Belgium)</i>
18:15	Optimising treatment persistency: How do I maintain patients on treatment?	<i>Marlies Wijsenbeek (Rotterdam, The Netherlands)</i>
18:35	Disease progression: What should I do now/next?	<i>Steven Nathan (Falls Church, VA, USA)</i>
18:55	Q&A	<i>All</i>
19:10	Closing remarks	<i>Sergio Harari (Milan, Italy)</i>



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Dear Colleagues

On behalf of the faculty I am delighted to welcome you to this evening's symposium entitled '**Addressing the challenges of IPF treatment**'.

Idiopathic pulmonary fibrosis (IPF) is the most prevalent form of idiopathic interstitial pneumonia; it is a debilitating, progressive, irreversible, fibrosing lung disease associated with declining lung function, which eventually culminates in respiratory failure and death.^{1,2} Historically, survival rates for individuals diagnosed with IPF have typically been extremely poor, with the estimated 5-year survival rate being worse than that for several leading types of cancer, including breast, colorectal and bladder cancer.^{3,4}

In 2011, we entered a new era in the treatment of IPF, with the approval of the first of two new IPF-specific therapies shown to significantly delay disease progression; pirfenidone was granted marketing authorisation in the European Union (EU) in 2011, followed in 2015 by the EU approval of nintedanib. 2015 also saw an update to the joint ATS/ERS/JRS/ALAT guidelines that provided recommendations for the use of these two antifibrotic therapies for the treatment of IPF.¹ Despite advances in care, however, challenges regarding the treatment of IPF remain.

This evening's symposium will bring together a panel of international leaders in the management of IPF who will discuss questions raised regarding IPF treatment, from when to initiate treatment through to what should be done following disease progression. **Dr Sergio Harari** will open the programme by introducing the challenges faced in the management of IPF. **Dr Toby Maher** will then discuss the considerations around initiating treatment, and whether to 'watch and wait' or start treatment immediately. His presentation will be followed by **Prof. Wim Wuyts**, who will evaluate long-term clinical and real-world data for IPF therapies, discussing the considerations regarding treatment choice. **Dr Marlies Wijsenbeek** will then consider strategies for optimising treatment persistency and how to maintain patients on long-term therapy. Lastly, **Prof. Steven Nathan** will present data from recent clinical trials and analyses with pirfenidone, focussing on measures of disease progression, and will discuss the benefits of continued treatment following progression.

Throughout the programme, there will be opportunity for you to put questions to the panel in this interactive symposium. We hope that you enjoy the presentations and actively participate in what promises to be an interesting and lively programme.

Dr Sergio Harari

Key references

1. Raghu G, et al. *Am J Respir Crit Care Med.* 2015;192:e3–e19.
2. Raghu G, et al. *Am J Respir Crit Care Med.* 2011;175:788–824.
3. Nathan SD, et al. *Chest.* 2011;140:221–229.
4. American Cancer Society. *Cancer Facts & Figures* 2017.