



Shifting Paradigms of IPF Pathogenesis

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History of "Idiopathic Pulmonary Fibrosis"

1892 – Osler: "cirrhosis of the lung"



Arnold Rich and Louis Hamman www.hopkinsmedicine.org

1935 – Hamman and Rich: "Fulminating Diffuse Interstitial Fibrosis of the Lungs"

"...this [pathological] lesion was so extraordinary and distinctive that there can be little doubt that the symptoms displayed by each case, widely different though they were, arose from the same underlying morbid process."





IPF History – Disease Classification

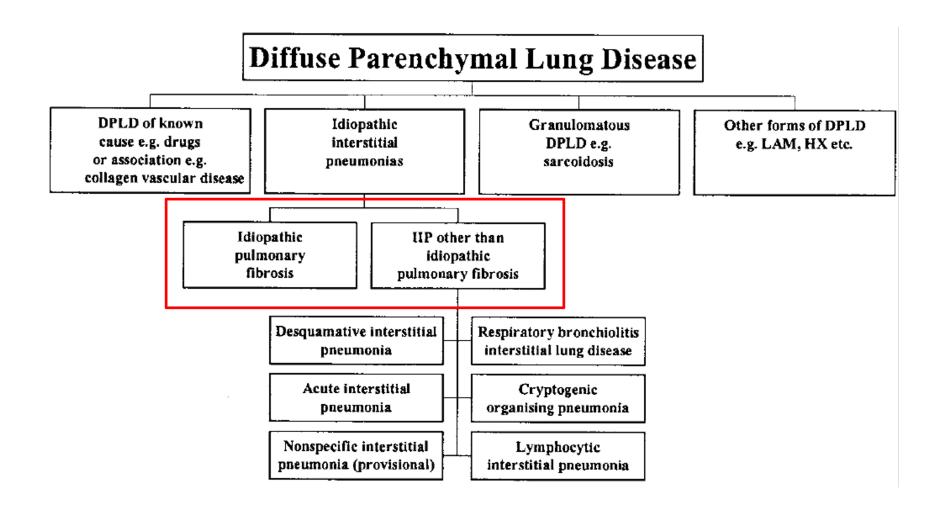
- 1969 Liebow and Carrington: described 5 histological "subtypes" of IPF:
 - Most common: "Usual" interstitial pneumonia (UIP)
 - Desquamative interstitial pneumonia (DIP)
 - Others: lymphoid interstitial pneumonia (LIP), bronchiolitis interstitial pneumonia (BIP), giant cell interstitial pneumonia (GIP)
- 1998 Katzenstein and Myers: reclassification of IPF histological subtypes
 - UIP
 - DIP
 - Acute interstitial pneumonia (AIP)
 - Nonspecific interstitial pneumonia (NSIP)

Separate clinical entities differed in clinical features, natural history, and response to Rx





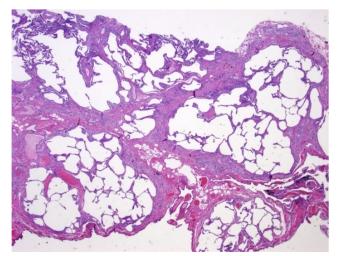
Classification of ILDs (a.k.a. DPLDs)

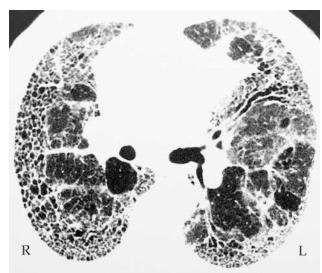






Idiopathic Pulmonary Fibrosis (IPF)





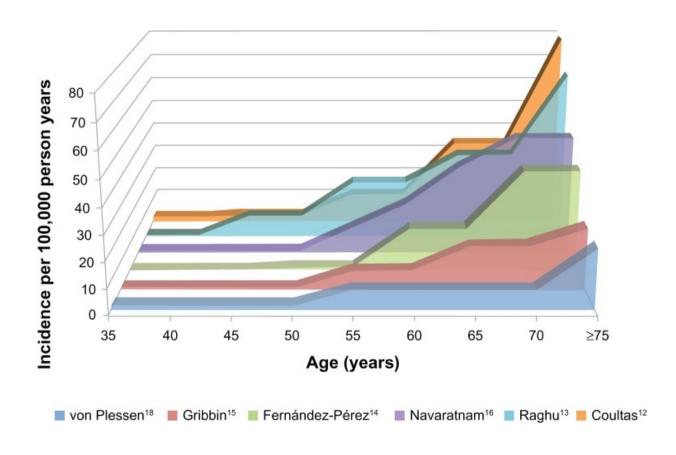
- Most common idiopathic ILD
- Progressive replacement of normal lung tissue with fibrosis (scarring)
- Histology: usual interstitial pneumonia (UIP)
- Characteristic HRCT findings
- •Diagnosis of exclusion!
 - Connective tissue disease
 - Asbestosis
 - Hypersensitivity pneumonitis





Idiopathic Pulmonary Fibrosis (IPF)

- Risk factors:
 - Age
 - Male sex (~2:1)
 - Cigarette smoking
 - Family history (~20%)
 - Genetic predispositions
 - Telomerase genes (TERT, TERC, RTEL1, PARN, DKC1)
 - Surfactant protein genes (SFTPC and SFTPA2)
 - Mucin genes (MUC5B)

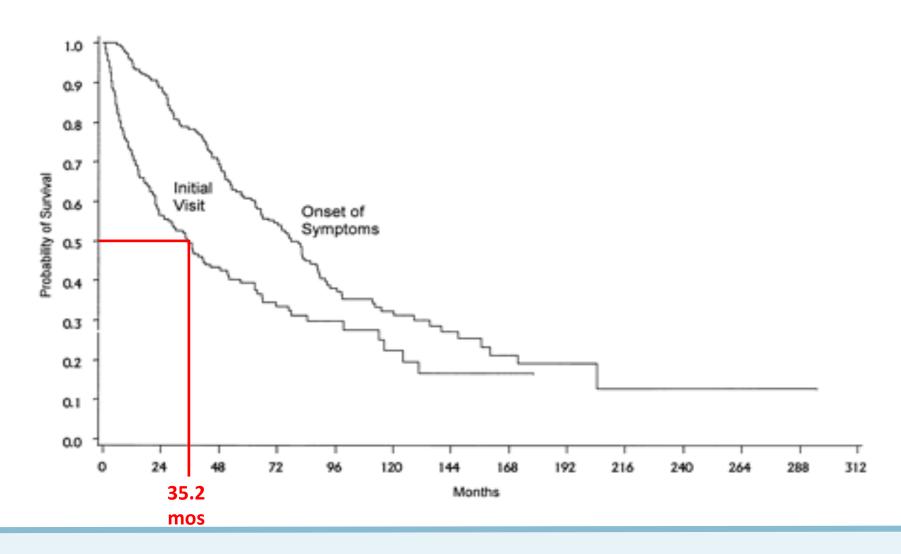


Ley and Collard. Clin Epidem. 2013;5:483-92.





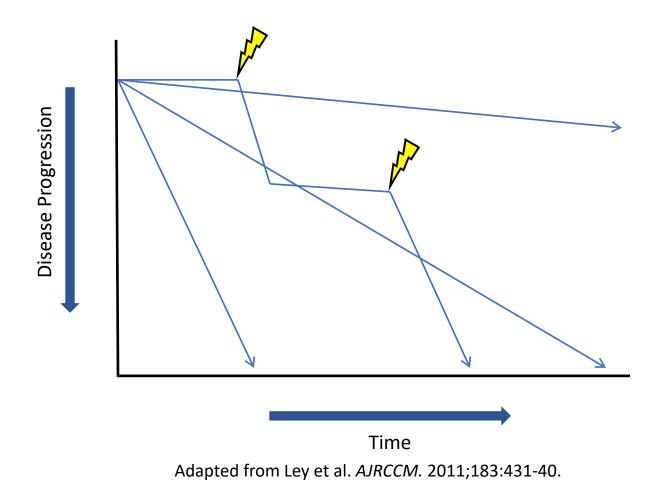
IPF has a poor prognosis







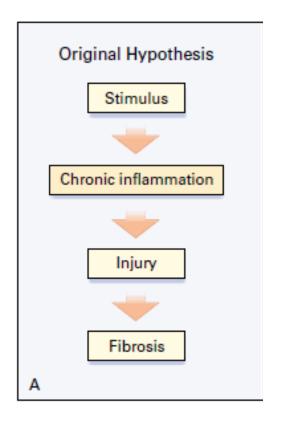
Heterogeneity of Disease Progression in IPF







IPF Pathogenesis – Inflammation Hypothesis



R. G. Crystal (1976)

 BAL and ⁶⁷Ga-scanning on IPF patients and controls

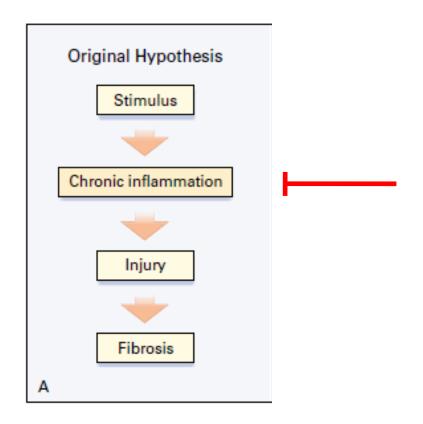
	Controls§	Idiopathic Pulmonary Fibrosis‡	
		Without Therapy	With Therapy
Cells**			
Neutrophils	0-3	I(3+) † †	I(2+)
Lymphocytes	8-18	N	N
Eosinophils Alveolar	0	I (1+)	I (1+)
macrophages	80-89	D(3+)	D(1+)

"The fibrotic process is probably irreversible, but the inflammatory and immune processes that cause it may be amenable to therapy if diagnosed early."





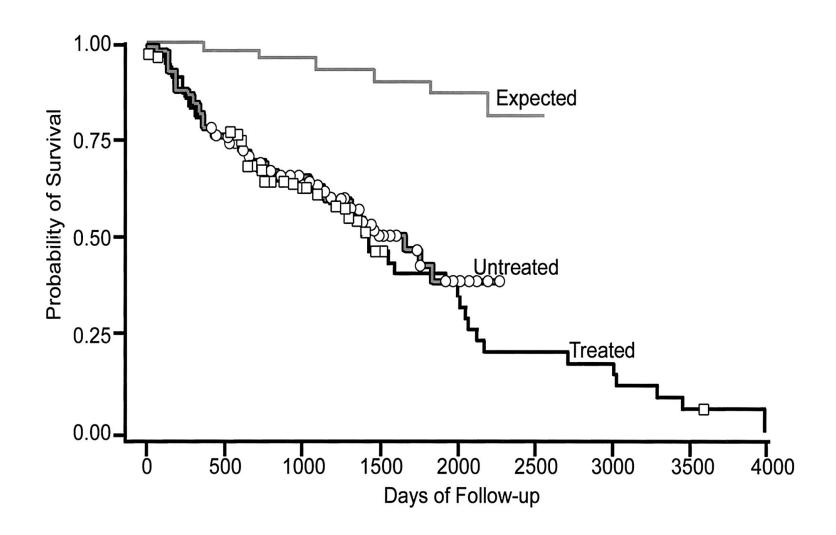
IPF Pathogenesis – Inflammation Hypothesis







Anti-inflammatory Therapy is Ineffective in IPF



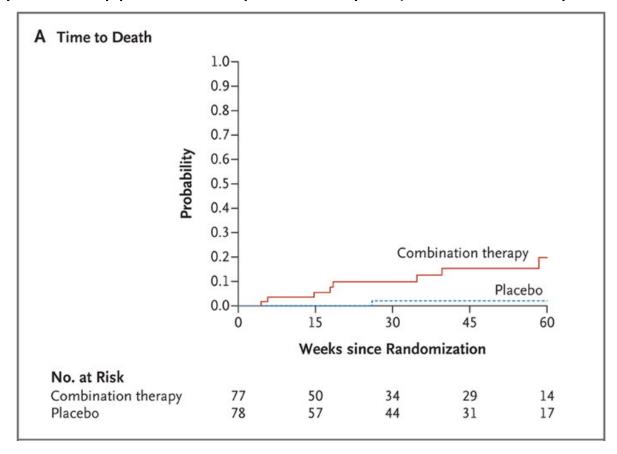




Anti-inflammatory therapy may be harmful in IPF

PANTHER Study – Pred/Aza/NAC vs. NAC vs. Placebo

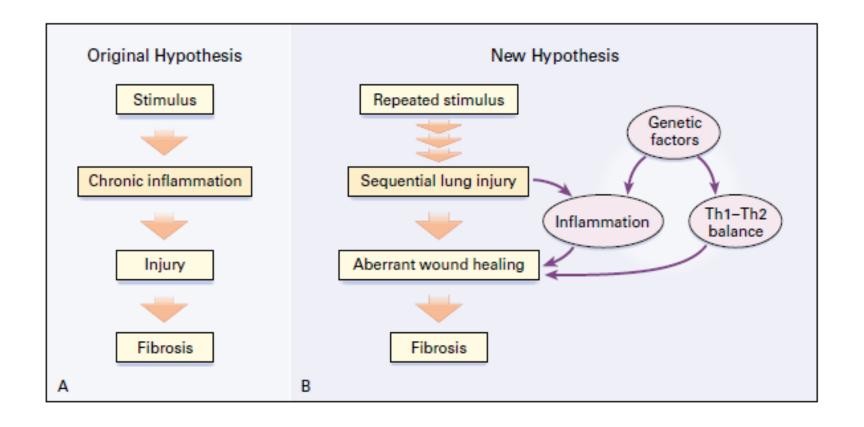
Triple therapy arm stopped at mid-point analysis (mean follow-up 32 weeks)







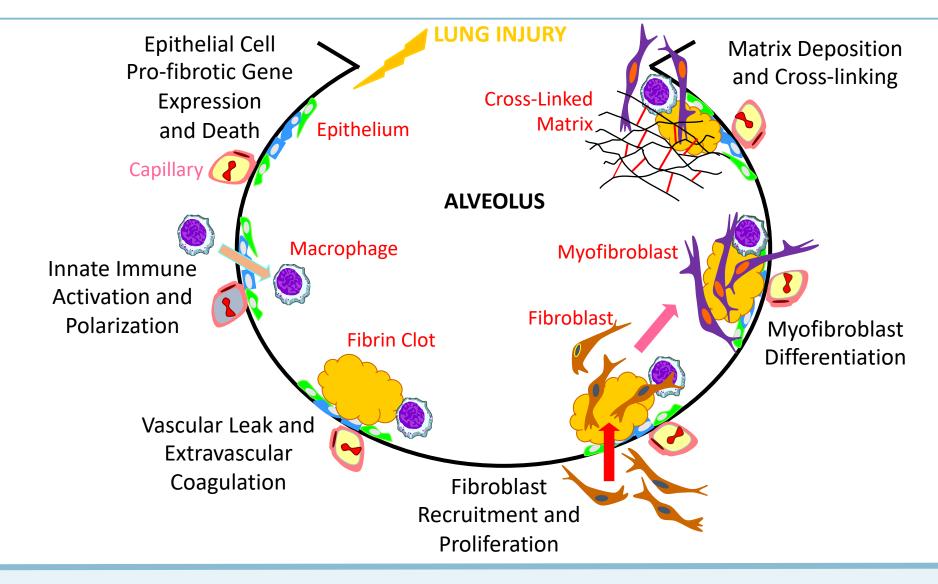
IPF Pathogenesis – A Shifting Paradigm







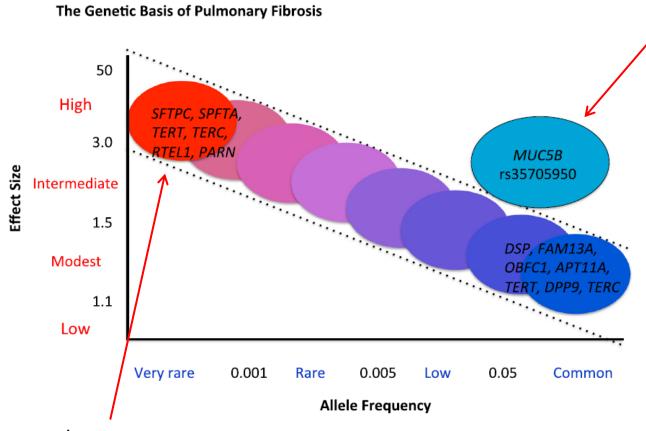
Aberrant Wound-Healing Paradigm of IPF







IS IPF A GENETIC DISEASE?



MUC5B POLYMORPHISM

- MAF ~10%
- >5x and >18x risk of IPF
 with 1 or 2 copies

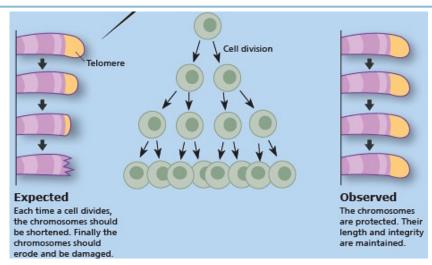
RARE VARIANTS/MEDELIAN INHERITANCE

• IDENTIFIED IN ~1/3 OF FAMILIAL PF





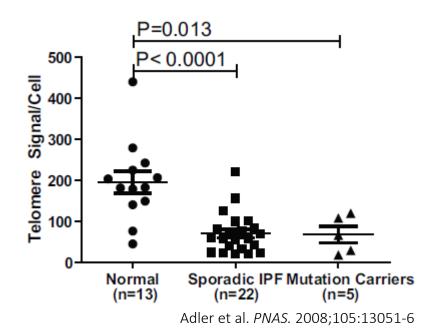
Shortened Telomeres in IPF – a Link to Aging?



www.nobelprize.org; 2009

- Pulmonary fibrosis a common feature of dyskeratosis congenita
- TERT and TERC mutations identified in familial IPF (Tsakiri et al. PNAS. 2007;104:7552-7)
- Shortened telomeres in IPF alveolar epithelial cells

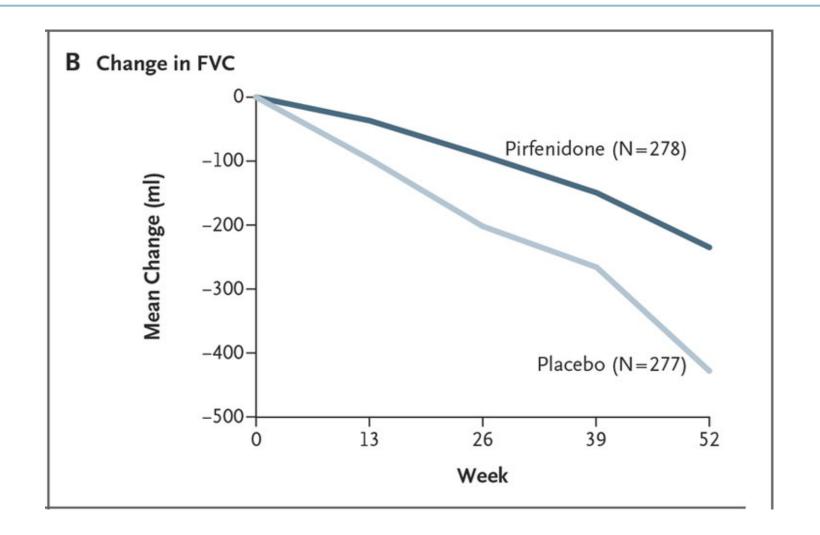
- Telomerase complex maintains telomeres after cell division
- Loss of telomere length associated with aging/cellular senescence







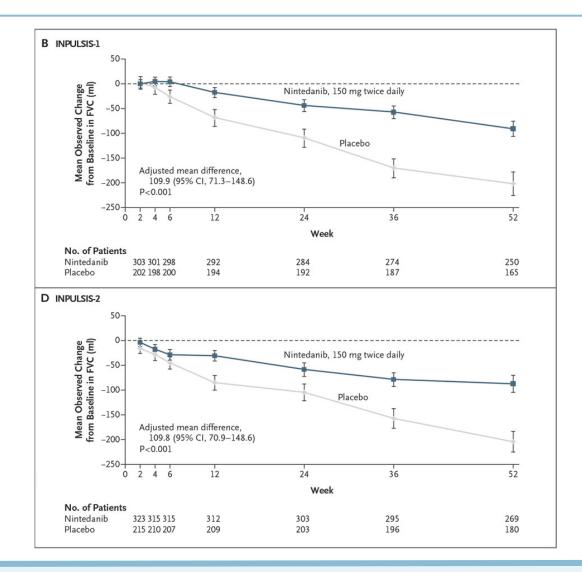
New Therapies for IPF - Pirfenidone







New Therapies for IPF – Nintedanib









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FDA approves Esbriet to treat idiopathic pulmonary fibrosis

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For Immediate Release

October 15, 2014

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FDA approves Ofev to treat idiopathic pulmonary fibrosis

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Potential PF therapies on the horizon?

