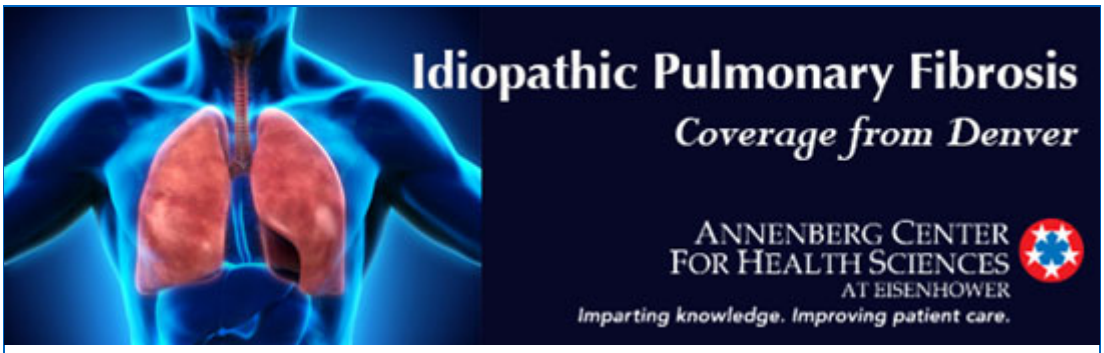



## Idiopathic Pulmonary Fibrosis Highlights From Denver

**DATELINE: May 17, 2015**

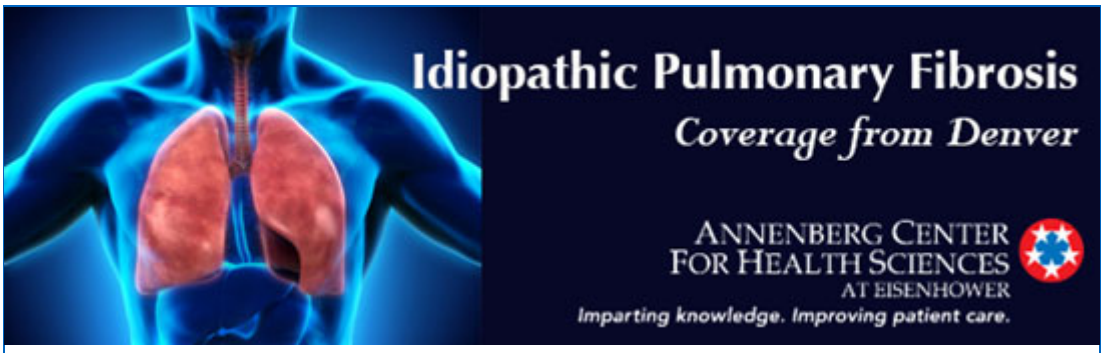
New data on idiopathic pulmonary fibrosis (IPF) have emerged in the first 2 days of this week's pulmonary conference in Denver:

- A study using pooled data from the ASCEND and CAPACITY phase 3 trials in 1247 patients with IPF found a benefit to continuing therapy with pirfenifone despite FVC progression over the first 6 months, with less FVC deterioration over the subsequent 6 months compared to those receiving placebo.
- Data from the same pirfenidone study looked at treatment impact by disease severity and showed comparable benefits to patients with early- vs. late-stage IPF.
- INPULSIS data showed that nintedanib slowed the rate of loss of lung function in patients with marginal lung impairment at a rate similar to those with more advanced disease.
- Data from the 52-week, dose-finding TOMORROW trial showed efficacy of even the lower dose of 50 mg twice daily of nintedanib to be associated with a reduced annual rate of decline in FVC.

Stay tuned for continuing coverage from Denver as well as the ***full Conference Coverage*** (including real-world implications and expert interviews) on www.annenberg.net.

Complete IPF Conference Coverage from Denver COMING SOON to Annenberg.net

Annenberg Center for Health Sciences at Eisenhower is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.




**Idiopathic Pulmonary Fibrosis – Coverage from Denver**
**May 22, 2015**

Two new drugs have achieved conditional recommendations for use in the treatment of IPF.

***The 2015 ATS/ERS/JRS/ALAT Clinical Practice Guidelines for the Treatment of Idiopathic Pulmonary Fibrosis*****includes conditional recommendations on the use of nintedanib and pirfenidone in addition to changes in the strength of recommendations for other therapies. These updated guidelines are due to publish in the August 2015 issue of the *American Journal of Respiratory and Critical Care Medicine*.**

Also:

- Genetic risks for IPF are better understood than most clinicians recognize——up to 40% of IPF cases have an identifiable genetic risk factor.
- A number of new clinical trials are underway in IPF, investigating many different molecules.
- Several presenters proposed that placebo-controlled trials comparing active drug to no therapy are no longer feasible for IPF given that there are recommended treatments. Non-traditional trial designs may help find more new therapies faster.

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