## INTRODUCTION

Hello, this is Harold Collard, associate professor of medicine, Division of Pulmonary and Critical Care Medicine, and director of the Interstitial Lung Disease Program at the University of California, San Francisco. I would like to welcome you to “Peer Perspectives, Idiopathic Pulmonary Fibrosis, Real World Application of Diagnostic and Therapeutic Advances.”

IPF is a chronic, progressive, ultimately fatal form of interstitial lung disease. Although recent years have witnessed the introduction of new IPF-specific therapies, the recognition and diagnosis of IPF remain clinical challenges.

Diagnosis requires an extensive process, excluding possible causes of these non-specific, relatively non-specific respiratory symptoms. Imaging and histology are common components of the evaluation. Importantly, an interdisciplinary team of clinicians, pathologists, and radiologists experienced with interstitial lung disease is a critical part of the evaluation. There are many questions about how and when to best use these therapies that are newly introduced.

Today, using a case study of suspected IPF, we will look at the challenges inherent in the diagnosis and management of this disease, from the perspective of two community-based pulmonologists. First, you will have an opportunity to review the case presentation with the community physicians, listen to their methodology and approach to assessing and diagnosing a patient, presenting as the case does. After, I will comment on the case study, discuss evidence-based practices and guideline recommendations for IPF diagnosis and treatment and review some of the challenges that community physicians face in dealing with this disease.