IPF/ILD WORKING GROUP MEETING
ERS 2018

Minutes

Meeting location	Mercure Parc des Expositions, 36 38 rue du moulin 92170 VANVES FRANCE, Paris	
Meeting date	15th September 2018	
Meeting time	10.00 CET	
Chair	Luca Richeldi	
Attendees	Arata Azuma Francesco Bianchi Guus Asijee Antonio Anzueto Jerry Krishnan Simon Walsh Fabrizo Luppi Alan Kaplan Naomi Launders Michael Walker	David Bennett Francasco Varone Giacoma Scalla Bruno Iovene Athina Trachalaki Dermot Ryan George Christoff Paola Rottoli Kathryn Brown
Objective	• Discuss progress of the ILD-MDT and missed opportunities/natural history of IPF studies	

AGENDA:

1	**ILD-MDT study**
	• Phase I
	  ○ Luca Richeldi presented the results for the phase I study to the group. There were no substantive comments on this phase of the project.
	• Phase II
	  ○ Luca reviewed the proposed methodology.
	  ○ Pathology slides: The use of pathology images were discussed and the group felt these would be of benefit to the study. Without these the study could really only address the ability to diagnose ILD in the absence of these path data.
	  ○ Simon Walsh suggested the REG team contact Leica Biosystems. They provide a digitization service and will then host the images for free. In the past they have donated this service/provided it at low cost.
	  ○ Digital path slides could then be hosted separately to the CT scas, other images, data and questionnaire platform. The MDT would then flick between the two platforms.

	Action: Naomi to provide Simon's contact details to Michael. Michael to follow up with Simon re Leica contacts. ○ Individual MDTs: ○ It was raised that not all members of all the >400 MDTs could be authors. Collaborator status was discussed, though this may be the "lead" in an MDT rather than the whole MDT. Authorship expectations will need to be clear from the outset. ○ The motivation of individual MDTs was discussed and it was felt that the centres are often keen to improve practice and be involved in creation of guidelines, and payment for participation is probably not necessary. The centres are already engaged. **Action**: Naomi to send out another email to all centres to inform that the phase I manuscript is submitted and that phase II is in development. ○ **Future research** ○ The study will create a network of experts and this could be capitalized on in terms of future research or sub-studies. The initial mailing could ask participants if they want to participate just in the main study, or the main study plus any combination of sub-studies. ○ Sub study ideas: ○ Survey clinical decision making in early disease – how do they diagnose these early disease cases but also how do they manage them? ○ Functional component – what do centres do with indeterminant group of cases? ○ Prospective study – does the management strategy make a difference to outcomes? ○ Difference between IPF and chronic hypersensitivity pneumonitis and IPF. **Action**: Study team to discuss feasibility of sub-studies and work up proposals. ○ **Further actions:** ○ Face to face study meeting for finalization of protocol and making critical decisions.
2	**Future projects**: The results of phase II of the ILD-MDT centre could be used to identify centres which REG could "accredit" as being able to reliably diagnose ILD and therefore be included in clinical trials.
3	**Additional actions** REG to prepare budget for Phase II Follow up contact with sponsors Email Bonnie to update and request project documentation.