2.01 Nintedanib for progressive pulmonary fibrosis: 12-month outcome data from a multicentre observational study

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Introduction: Nintedanib attenuates non-IPF progressive pulmonary fibrosis (PPF) in clinical trials but real-world safety and efficacy are lacking. We assessed the impact of nintedanib on the clinical course of patients with PPF.**Methods:** Eight UK centres collected standardised data retrospectively and prospectively from patients in whom nintedanib was initiated for PPF between 2019-2020 through an early access programme. Primary analysis included ung function change in the 12 months pre- and post-nintedanib initiation. Secondary analyses included symptoms, drug safety and tolerability.

Results: 126 patients were included of which 67(53%) females with mean age 60(±13) years. At initiation of nintedanib, mean FVC was 58% and DL_{CO} was 33%. 63% of patients were prescribed oxygen, 68% were prescribed prednisolone (median dose 10mg) and 69% were prescribed steroid sparing agents. In the twelve months after nintedanib initiation, lung function decline was significantly lower than in the preceding twelve months; FVC -113mL vs -235ml, (p=0.013) and absolute DL_{CO} -2.87% vs -5.79%; (p=0.02). Response to nintedanib was not influenced by ILD diagnosis, age, CT pattern, or MRC dyspnoea grade. 71% of patients reported side effects. 80% of patients were still taking nintedanib at 12 months. There were no serious adverse events.**Conclusion**: In PPF, real-world efficacy of nintedanib mirrors that of clinical trials reducing lung function decline by approximately 50%. Nintedanib was safe and tolerable. ***Conflict of Interest: None to declare***