Clues to Distinguishing Route and Mechanism of Injury in Pulmonary Fibrosis

OR

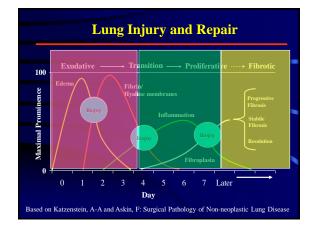
The Mechanism Matters

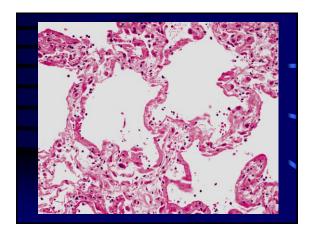
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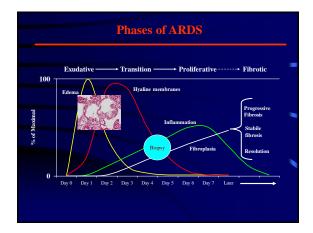
Faculty Disclosure

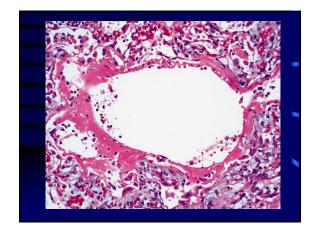
- The ACCME requires faculty to disclose to program participants any real or perceived conflict of interest related to the content of their presentations.
- -Paid consultant for clinical trial biopsy reviews, Parexel,
- •In addition, all faculty must disclose any discussion of unapproved uses of pharmaceuticals and devices.
 - Nothing to disclose.

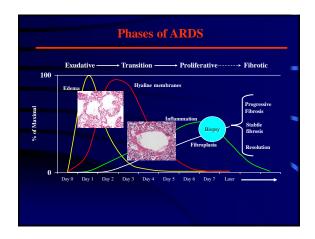
- 1. Fibrosis is an intended <u>endpoint</u> following a wide variety of injuries. (Physical, chemical, immunologic)
- 2. Some injuries are more "fibrogenic" than others—a complicated formula involving:
 - a. Mechanism of tissue injury
 - b. Anatomic <u>location-extent</u>
 - b. Severity
 - c. <u>Duration</u>
- d. <u>Host factors</u>
- 3. Most forms of established fibrosis are irreversible, i.e. Targeting ongoing injury is the goal of therapy.

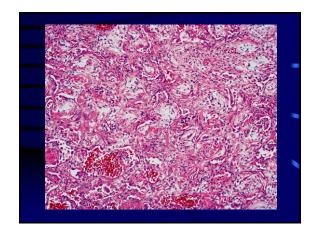


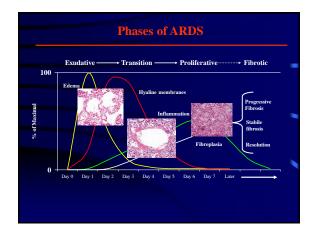


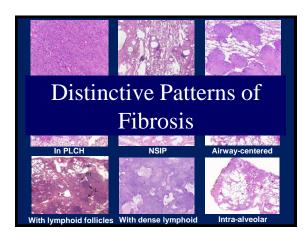


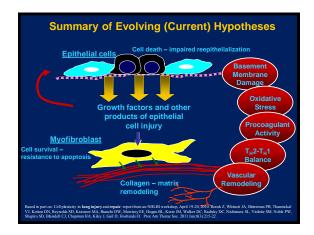


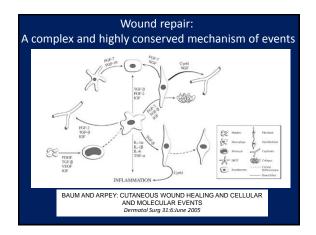


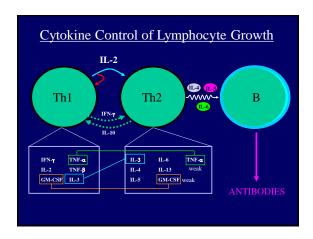


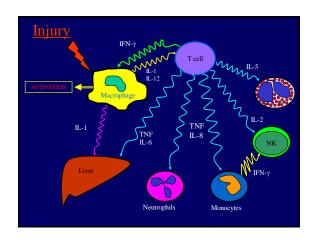


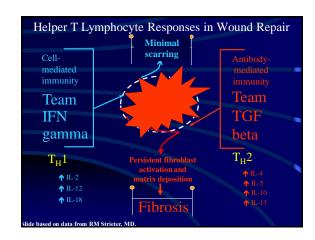












1. Clinicians need guidance for use of the limited therapeutic interventions available currently for patients with diffuse lung diseases with fibrosis. 2. We should collect the data from the lung biopsy and provide a narrow differential diagnosis for the pattern(s) observed, imply a mechanism when we can, and help guide the clinician's hand in the approach to the patient.

