Effects of nintedanib on dyspnea, cough, and quality of life in patients with progressive fibrosing interstitial lung diseases (ILDs): findings from the INBUILD® trial

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INTRODUCTION

Dyspnea, cough, and fatigue can affect the emotional and physical well-being of patients with fibrosing ILDs.

In the INBUILD® trial in patients with chronic fibrosing ILDs and a progressive phenotype other than idiopathic pulmonary fibrosis (IPF), nintedanib slowed the rate of decline in FVC compared with placebo, with adverse events that were manageable for most patients.1

AIM

To assess the effects of nintedanib on symptoms and health-related quality of life (HRQL) measured using the King’s Brief Interstitial Lung Disease (K-BILD) questionnaire and the Pulmonary Fibrosis Impact on Quality of Life Scale (PF-IQOLS).

METHODS

Trial design

Subjects were enrolled who had an ILD other than IPF, diagnosed by the investigator according to their usual clinical practice, with a univariate difference between treatment groups. Other no-treatment subgroups were also used to assess changes in symptoms and HRQL during the trial.

RESULTS

Subjects

A total of 465 subjects were treated in the INBUILD® trial.

Baseline characteristics

Mean (SD) age 54% male 74% white

65.8 (9.8) years

Changes in health-related quality of life (HRQL) measured using the King’s Brief Interstitial Lung Disease (K-BILD) questionnaire were small, with no meaningful difference between treatment groups. Other no-treatment subgroups were also used to assess changes in symptoms and HRQL during the trial.

Pulmonary Fibrosis Impact on Quality of Life Scale (PF-IQOLS)

Subjects were randomized 1:1:1:1 to receive nintedanib 150 mg bid or placebo, stratified by K-BILD pattern (usual interstitial pneumonia (UIP)-like fibrotic pattern or other fibrotic patterns).

CONCLUSIONS

In the INBUILD® trial in patients with chronic fibrosing ILDs and a progressive phenotype:

– Changes in scores on the L-PF questionnaire suggested that nintedanib may prevent worsening of cough and reduce worsening of dyspnea over 52 weeks.

– Change in the PF-IQOLS summary score suggested that nintedanib may reduce worsening of HRQL over 52 weeks.

– Further data are needed on the validation of these patient-reported outcomes and on minimising clinically important differences in this patient population.

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