

ILD IS A COMMON, EARLY, AND POTENTIALLY FATAL MANIFESTATION OF AUTOIMMUNE DISEASES¹


EVERY PATIENT WITH SSc IS AT RISK OF DEVELOPING ILD²

UP TO
80%
of patients with
SSc develop ILD^{3,4}

31%
of those patients may
develop progressive
pulmonary fibrosis^{5*}

RISK FACTORS FOR ILD DEVELOPMENT IN SSc


Older age⁶


Male gender⁶


Short disease
duration⁷

dcSSc
Diagnosis of
dcSSc²

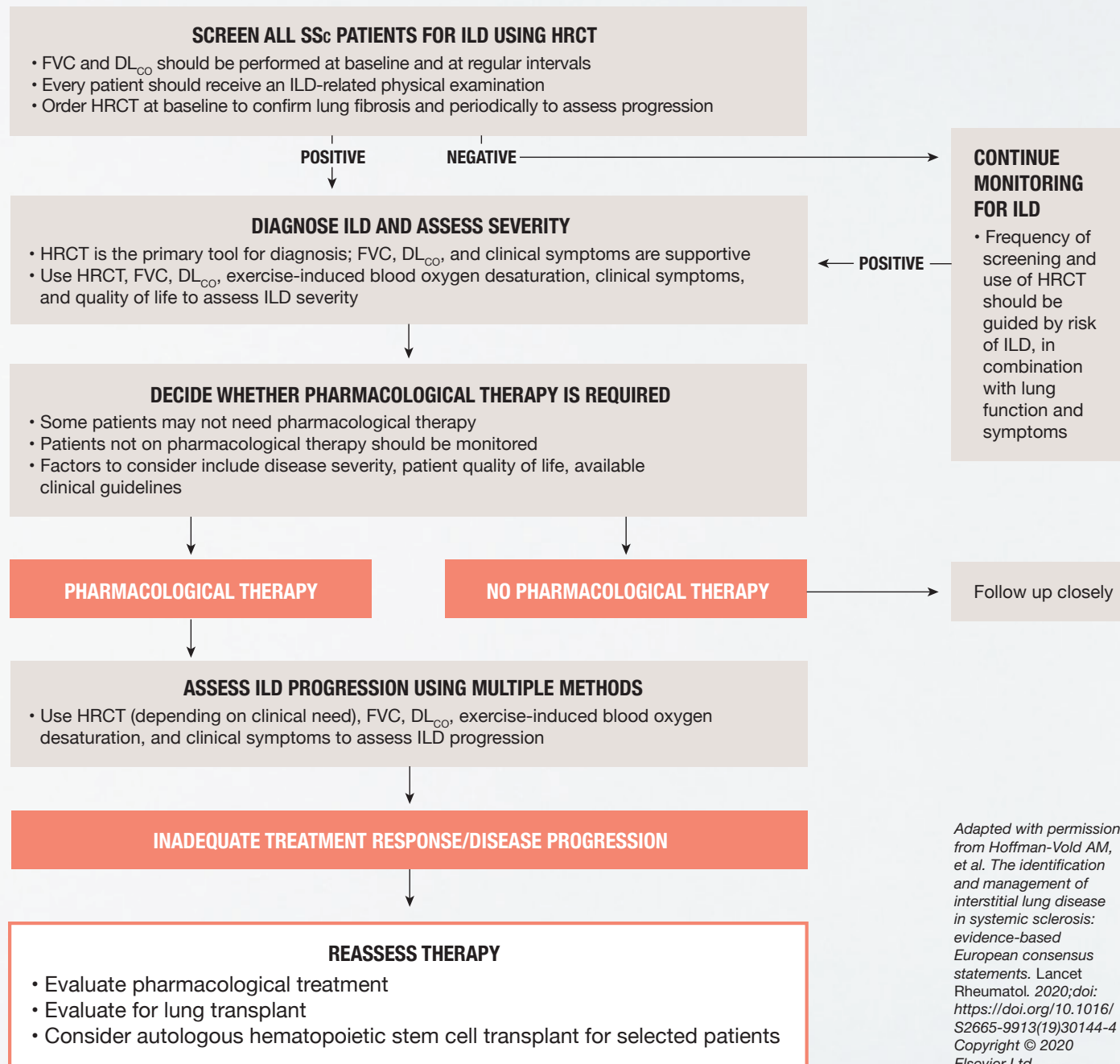
ATA +
(anti-Scl-70)
Presence of ATA
(anti-Scl-70)⁸

VIGILANT AND PROACTIVE MONITORING IS IMPORTANT TO IDENTIFY PULMONARY FIBROSIS AS EARLY AS POSSIBLE IN SSc PATIENTS⁹

ATA, anti-topoisomerase antibodies; dcSSc, diffuse cutaneous systemic sclerosis; ILD, interstitial lung disease; SSc, systemic sclerosis.

*Data from a global, online survey of physicians (n=486).

A CLINICAL MANAGEMENT ALGORITHM FOR SSc WAS DEFINED^{10*}



Adapted with permission from Hoffman-Vold AM, et al. The identification and management of interstitial lung disease in systemic sclerosis: evidence-based European consensus statements. *Lancet Rheumatol.* 2020;doi: [https://doi.org/10.1016/S2665-9913\(19\)30144-4](https://doi.org/10.1016/S2665-9913(19)30144-4) Copyright © 2020 Elsevier Ltd.

DL_{CO}, diffusing capacity of the lung for carbon monoxide; SSc-ILD, systemic sclerosis-associated interstitial lung disease; FVC, forced vital capacity; HRCT, high-resolution computed tomography.

*A study using a robust modified Delphi process was conducted to establish expert consensus statements for the identification and management of SSc-ILD. This study provides the first evidence-based expert consensus statements for SSc-ILD management developed using well-established methods. It is based on a panel of 27 Europe-based pulmonologists, rheumatologists, and internists with expertise in SSc-ILD.¹⁰

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