

# ILD IS A COMMON, EARLY, AND POTENTIALLY FATAL MANIFESTATION OF AUTOIMMUNE DISEASES<sup>1</sup>

ILD CAN DEVELOP AT ANY TIME IN PATIENTS WITH RA AND CAN EVEN DEVELOP BEFORE JOINT INVOLVEMENT<sup>2-5</sup>

UP TO  
**30%**  
of patients with RA develop ILD<sup>6,7</sup>

**26%**  
of those patients may develop progressive pulmonary fibrosis<sup>8\*</sup>

## RISK FACTORS FOR ILD DEVELOPMENT IN RA

  
4x greater risk in males vs females<sup>9</sup>

**40s  
-to-  
50s**  
Typically occurs in people 40-50 years old<sup>10</sup>

  
History of smoking<sup>10</sup>

**RF +  
Anti-CCP  
antibody +**  
Rheumatoid factor + or anti-CCP antibody +<sup>10</sup>

## ILD MAY BE A KEY DRIVER OF EARLY MORTALITY IN PATIENTS WITH RA<sup>1,11</sup>

**10-20%** of RA-related deaths are due to ILD<sup>5</sup>

**39%** 5-year mortality rate was observed in patients with RA-ILD<sup>12</sup>

**3-7 YEARS** median survival in patients with RA-ILD<sup>13,14</sup>

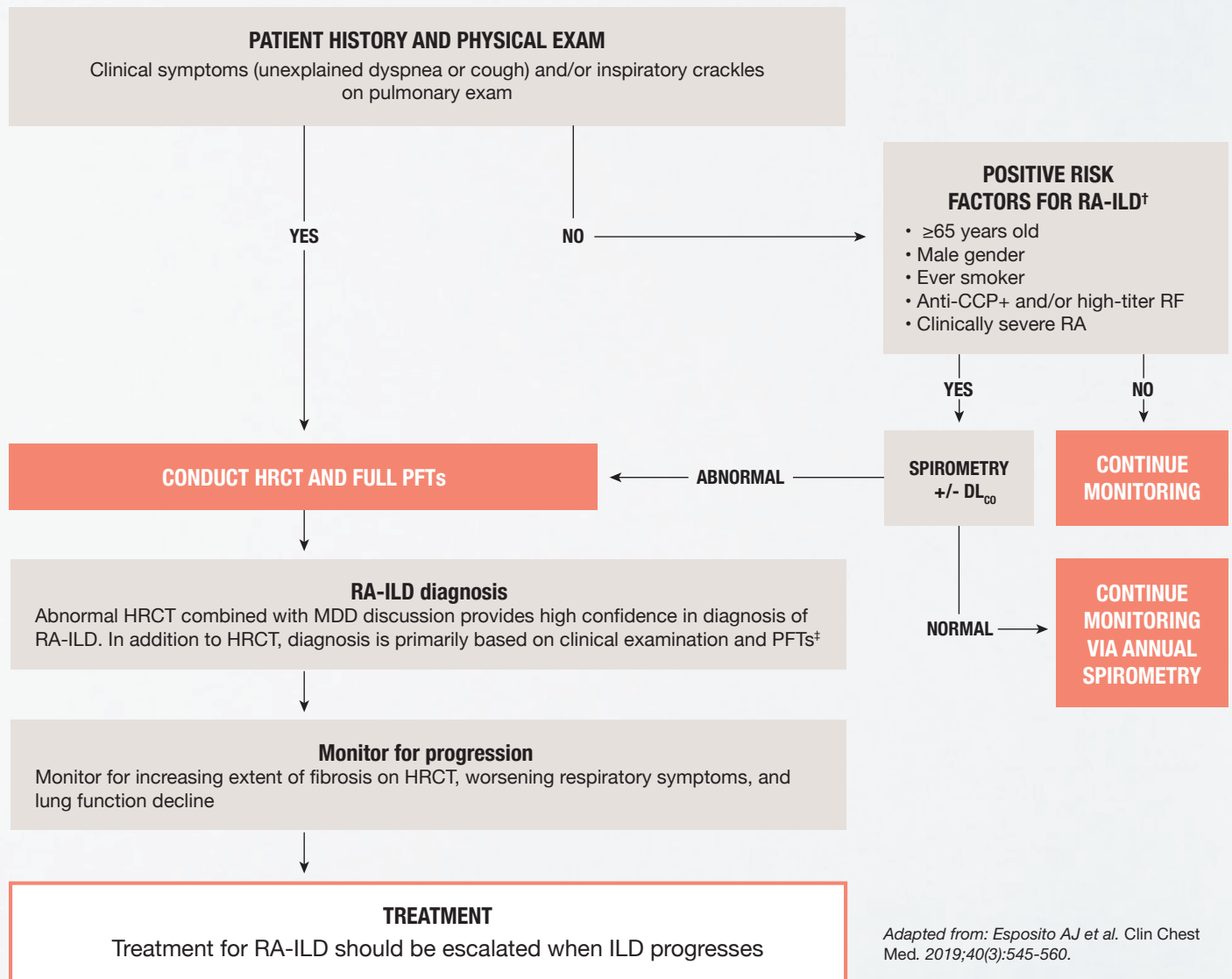
**VIGILANT AND PROACTIVE MONITORING FOR ILD IS IMPORTANT TO IDENTIFY PULMONARY FIBROSIS AS EARLY AS POSSIBLE IN RA PATIENTS<sup>15</sup>**

CCP, cyclic citrullinated peptide; ILD, interstitial lung disease; RA, rheumatoid arthritis; RF, rheumatoid factor.

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

# SUGGESTED ALGORITHM TO IDENTIFY RA-ILD IN PATIENTS WITH RA

A CLINICAL MANAGEMENT ALGORITHM WAS DEFINED<sup>5,9,11,16-18\*</sup>



Adapted from: Esposito AJ et al. Clin Chest Med. 2019;40(3):545-560.

\*There is currently no consensus in recommendations regarding screening, diagnosis, and management of RA-ILD. The following information is based on the best currently available evidence.

†Patients over the age of 55 who are current smokers or quit within the past 15 years and have a history of at least 30-pack years are eligible for a lung cancer screening that includes a low dose chest CT scan. If abnormal, conduct HRCT and full PFTs.<sup>9</sup>

‡UIP is the most common HRCT pattern seen in patients with RA-ILD.<sup>6,9</sup>

DL<sub>CO</sub>, diffusing capacity of the lung for carbon monoxide; HRCT, high-resolution computed tomography; MDD, multidisciplinary discussion; PFTs, pulmonary function tests.

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