New radiological diagnostic criteria: impact on idiopathic pulmonary fibrosis diagnosis

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Divergent recommendations and guidelines exist for IPF. Comparison of existing guidelines indicates IPF was diagnosed with better sensitivity and preserved specificity with Fleischner recommendations compared with current clinical practice guidelines. http://bit.ly/2ozH9la

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To the Editor:

The American Thoracic Society (ATS), European Respiratory Society (ERS), Japanese Respiratory Society (JRS) and Latin American Thoracic Society (ALAT) recently released a new clinical practice guideline (ATS/ERS/JRS/ALAT2018) for idiopathic pulmonary fibrosis (IPF) with simultaneously proposed diagnostic criteria by the Fleischner Society [1, 2]. Both diagnostic algorithms agree on most diagnostic steps, with divergent recommendations on the position of surgical lung biopsy (SLB): ATS/ERS/JRS/ALAT2018 [2] recommends SLB in most patients with a probable usual interstitial pneumonia (UIP) pattern on high-resolution computed tomography (HRCT) (conditional recommendation), whereas the Fleischner Society proposes to forgo SLB in patients with a definite or probable UIP HRCT pattern, presenting in the right clinical context [3, 4]. We aimed to quantify the impact of the previous approach (ATS/ERS/JRS/ALAT2011) [5] and the two new diagnostic approaches [1, 2] on real-life clinical practice, with assessment of radiological interrater agreement, diagnostic test characteristics, and prognostic validity of the diverging radiological diagnoses for a multidisciplinary IPF diagnosis in our cohort.