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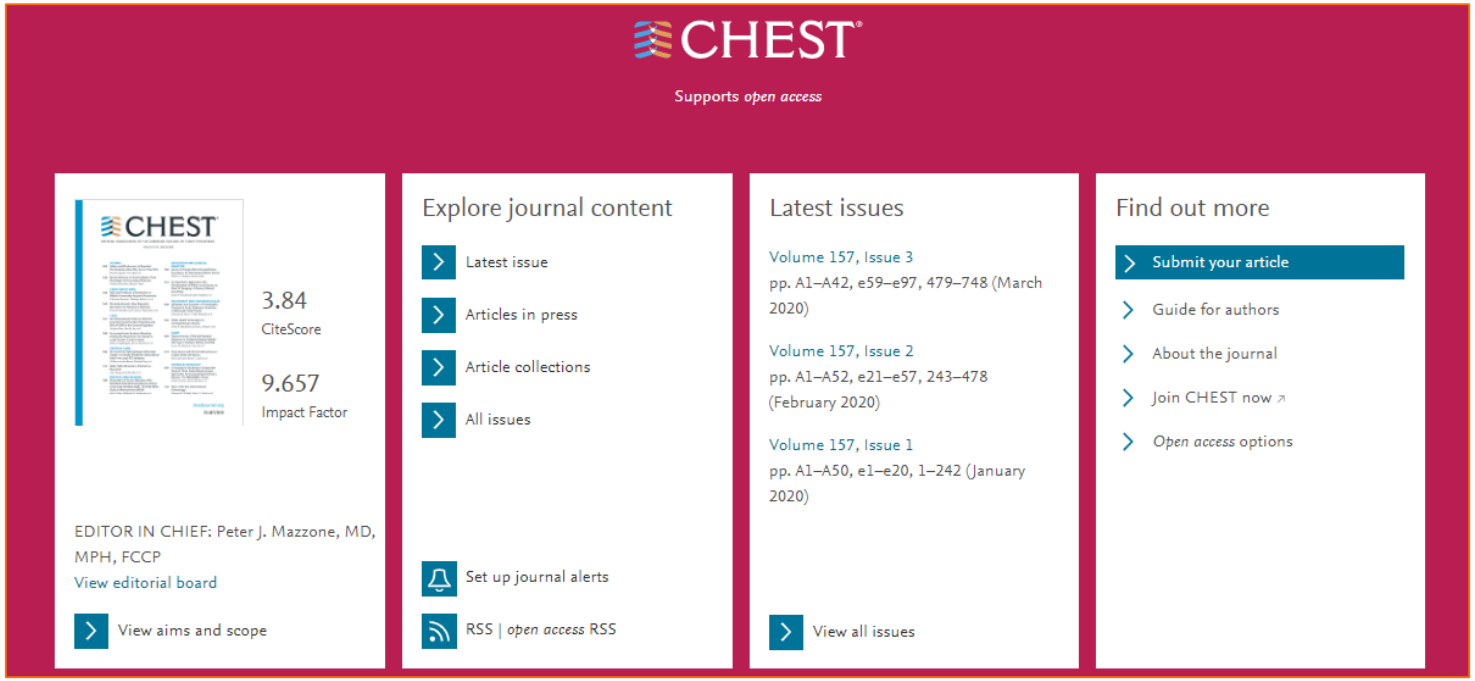
CHEST – Publicação Oficial do American College of Chest Physicians



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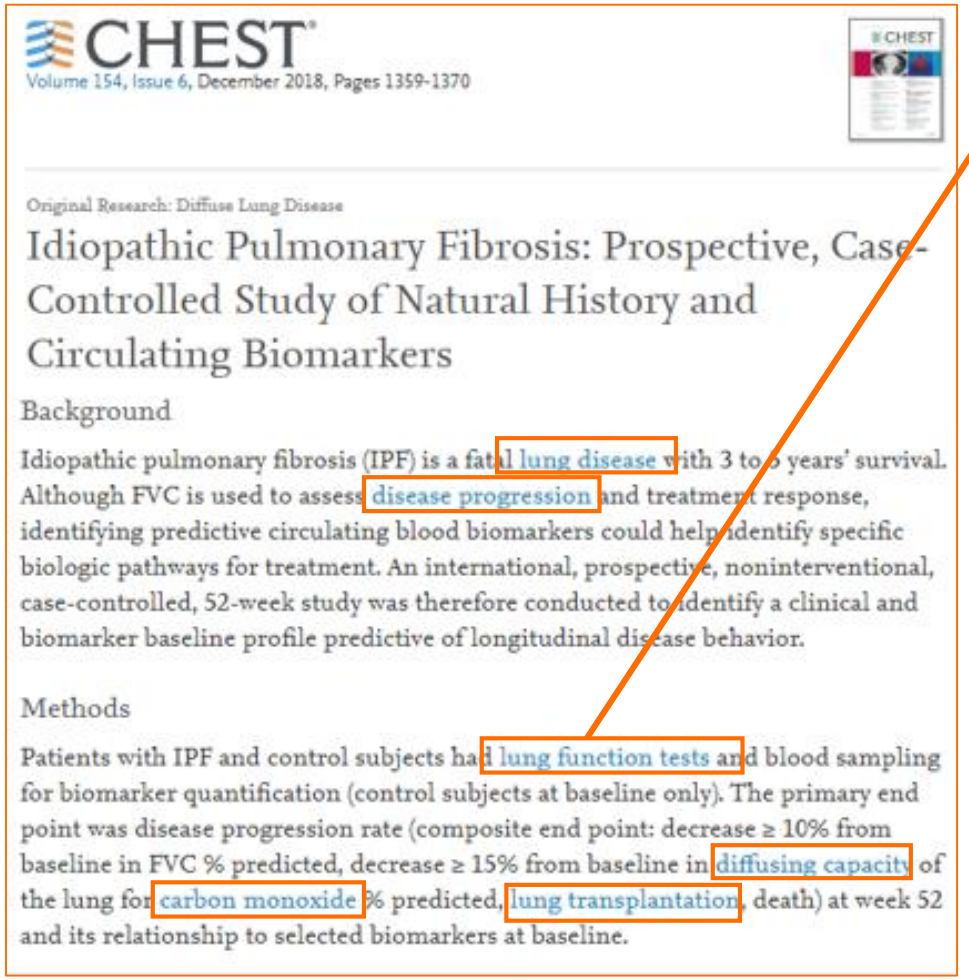


CHEST
Volume 154, Issue 6, December 2018, Pages 1359-1370

Original Research: Diffuse Lung Disease

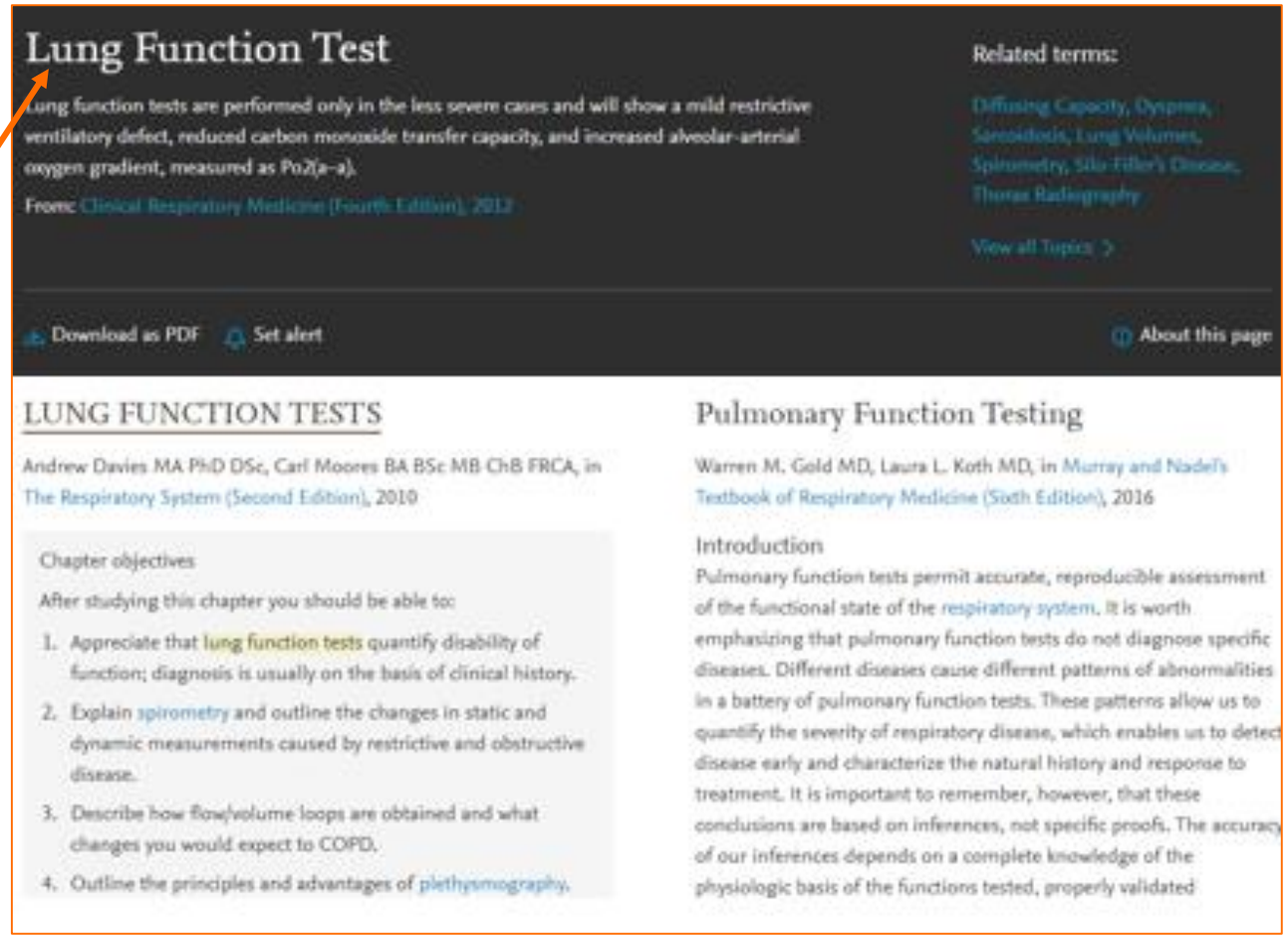
Idiopathic Pulmonary Fibrosis: Prospective, Case-Controlled Study of Natural History and Circulating Biomarkers

Background

Idiopathic pulmonary fibrosis (IPF) is a fatal lung disease with 3 to 5 years' survival. Although FVC is used to assess disease progression and treatment response, identifying predictive circulating blood biomarkers could help identify specific biologic pathways for treatment. An international, prospective, noninterventional, case-controlled, 52-week study was therefore conducted to identify a clinical and biomarker baseline profile predictive of longitudinal disease behavior.

Methods

Patients with IPF and control subjects had lung function tests and blood sampling for biomarker quantification (control subjects at baseline only). The primary end point was disease progression rate (composite end point: decrease ≥ 10% from baseline in FVC % predicted, decrease ≥ 15% from baseline in diffusing capacity of the lung for carbon monoxide % predicted, lung transplantation, death) at week 52 and its relationship to selected biomarkers at baseline.



Lung Function Test

Lung function tests are performed only in the less severe cases and will show a mild restrictive ventilatory defect, reduced carbon monoxide transfer capacity, and increased alveolar-arterial oxygen gradient, measured as $Po_2(a-a)$.

From: Clinical Respiratory Medicine (Fourth Edition), 2012

Related terms:

Diffusing Capacity, Dyspnea, Sarcoidosis, Lung Volumes, Spirometry, Silo Filler's Disease, Thorax Radiography

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LUNG FUNCTION TESTS

Andrew Davies MA PhD DSc, Carl Moores BA BSc MB ChB FRCA, in The Respiratory System (Second Edition), 2010

Chapter objectives

After studying this chapter you should be able to:

1. Appreciate that lung function tests quantify disability of function; diagnosis is usually on the basis of clinical history.
2. Explain spirometry and outline the changes in static and dynamic measurements caused by restrictive and obstructive disease.
3. Describe how flow/volume loops are obtained and what changes you would expect to COPD.
4. Outline the principles and advantages of plethysmography.

Pulmonary Function Testing

Warren M. Gold MD, Laura L. Koth MD, in Murray and Nadel's Textbook of Respiratory Medicine (Sixth Edition), 2016

Introduction

Pulmonary function tests permit accurate, reproducible assessment of the functional state of the respiratory system. It is worth emphasizing that pulmonary function tests do not diagnose specific diseases. Different diseases cause different patterns of abnormalities in a battery of pulmonary function tests. These patterns allow us to quantify the severity of respiratory disease, which enables us to detect disease early and characterize the natural history and response to treatment. It is important to remember, however, that these conclusions are based on inferences, not specific proofs. The accuracy of our inferences depends on a complete knowledge of the physiologic basis of the functions tested, properly validated

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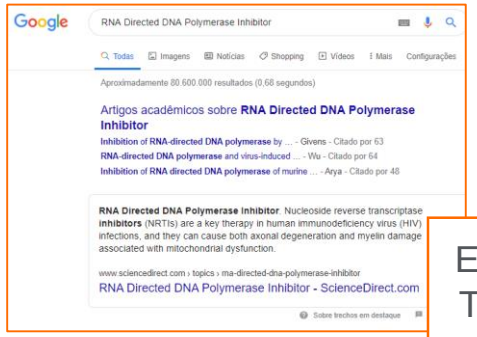

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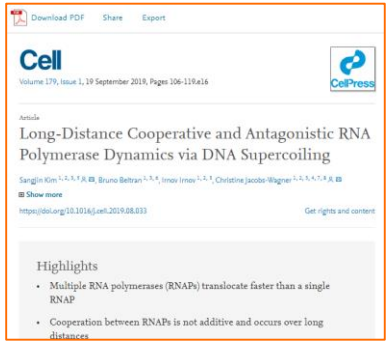

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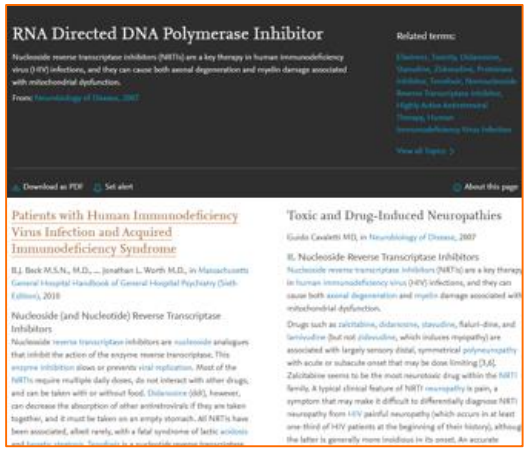

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