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Late Breaking Abstract - Treatment Use and Outcomes in Progressive Fibrosing ILD: Real World Findings from the INCHANGE Study of Nintedanib

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Background: INCHANGE is a multicenter real-world study evaluating nintedanib in adults with progressive pulmonary fibrosis (PPF) across interstitial lung diseases (ILDs), excluding idiopathic pulmonary fibrosis, in Central and Eastern Europe.

Objectives: To describe nintedanib treatment patterns and associated clinical outcomes in progressive fibrosing ILD.

Methods: Adults initiating nintedanib were followed up to 52 weeks. An ad hoc analysis compared standard dosing (150 mg twice daily [BID]) with modified dosing (initiation at 100 mg BID and/or subsequent treatment modifications, including dose changes, treatment interruption, or discontinuation). The composite outcome included exacerbation, hospitalization, or death.

Results: Among 158 patients, nintedanib was initiated at 150 mg BID in 131 (82.9%) and at 100 mg BID in 27 (17.1%). Treatment modification occurred in 85 patients (53.8%), mainly dose reduction (56.5%) or discontinuation (49.4%). Among reported reasons for treatment modification, the most frequent were safety-relevant events (22.8%) and other adverse events (18.1%). Standard dosing was maintained in 63 patients (39.9%), while modified dosing occurred in 95 (60.1%). No hospitalizations occurred with standard dosing; 11 patients (11.6%) were hospitalized with modified dosing. Composite outcome occurred more frequently with modified dosing than with standard dosing (20.0% vs 3.2%; OR 7.6; 95% CI 1.1–54.1). Overall, 10 deaths and 8 acute ILD exacerbations occurred, 5 requiring hospitalization.

Conclusions: In this real-world PPF cohort, nintedanib treatment modification was frequent and commonly driven by tolerability. Patients requiring modified dosing had more adverse clinical outcomes, highlighting challenges in treatment tolerability and maintaining dose intensity.