

Idiopathic Pulmonary Fibrosis: Two New Trials

Idiopathic pulmonary fibrosis is a progressive fibrosing lung disorder that affects over 120,000 Americans. To date, no FDA-approved drugs have been shown to reverse or halt the progression of this disease, which is often deadly.

To address this problem, the National Institutes of Health established the IPF Clinical Research Network (IPFnet), which includes more than 20 centers across the United States charged with designing and conducting clinical trials in IPF. Recently, the network finished a clinical trial testing the use of sildenafil, a vasodilator, in patients with advanced IPF; the trial was published this year (N. Engl. J. Med. 2010;363:620).

The IPFnet is now engaged in two new clinical trials testing drugs that block pathways considered key for the development of tissue fibrosis. The first trial, termed PANTHER, will evaluate the effectiveness of antioxidants. An earlier study suggested a promising role for antioxidants in IPF, but too few patients were evaluated. PANTHER will also examine

the role of steroids and related drugs.

"Many patients are treated with these types of drugs, yet we still don't know whether steroids and antioxidants are effective. PANTHER will answer these questions once and for all, but only if patients enroll in this trial," said Dr. Jesse Roman, professor and chair of the department of medicine at the University of Louisville and chair of the IPFnet Education Committee.

The second trial being conducted by the IPFnet is called ACE. The ACE trial will explore the effectiveness of anticoagulants in treating IPF based on published data suggesting a role for coagulation in lung fibrogenesis. ACE was designed to test the benefits of this intervention. "Well-designed clinical trials are being conducted in search of safe and effective treatments for IPF, but patient involvement in these trials is crucial for

their success," said Dr. Imre Noth, of the University of Chicago.

The new trials, PANTHER and ACE, are currently enrolling patients. To enroll patients or learn more, visit the IPFnet Web site (www.IPFnet.org) or contact the IPFnet site closest to your geographic location. ■

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with SLE often complain about pain," according to Dr. Svenungsson.

In the Gothenburg study, advanced age was an independent risk factor for one or more vertebral fractures at any site, whereas low bone mineral density in the total hip was associated with vertebral fracture in the lumbar spine. Interestingly, cumulative glucocorticoid dose wasn't predictive of vertebral fracture risk (Arthritis Res. Ther. 2010 Aug. 2 [doi:10.1186/ar3104]).

A number of autoimmune diseases commonly overlap with SLE. Among them is autoimmune thyroid disease, which was present in 17% of 331 SLE patients being followed by Dr. Svenungsson and her associates at Karolinska, compared with 8% of matched controls. Hypothyroidism was far more common than hyperthyroid disease in the Karolinska cohort, as has been reported in other SLE studies.

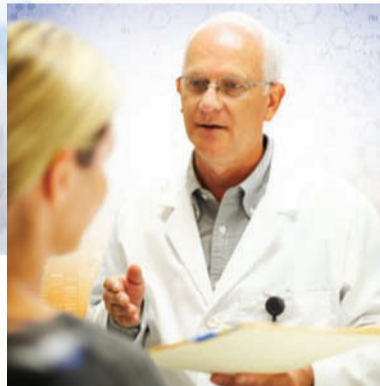
Another autoimmune disease commonly overlapping with SLE is Sjögren's syndrome. In the Karolinska cohort, 25% of SLE patients met strict diagnostic criteria for Sjögren's syndrome. Dry mouth was reported by 40% of patients, compared with 7% of matched controls. Dry eyes were reported by 32% of SLE patients vs. 7% of controls.

In addition to cardiovascular disease, osteoporosis, Sjögren's syndrome, antiphospholipid syndrome, and autoimmune thyroid disease, other conditions that occur at an increased rate in patients with SLE include malignancies, rheumatoid arthritis, systemic sclerosis, myositis, and vasculitis.

"Lupus is an imitator. It's difficult to say what is comorbidity and what is really a manifestation of lupus," Dr. Svenungsson concluded.

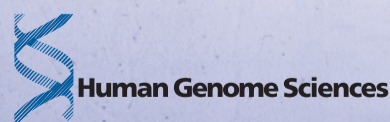
She declared that she has no relevant financial interests. ■

HGS AND GSK ARE JOINING IN THE FIGHT AGAINST LUPUS

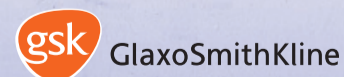


The devastating effects of lupus are felt by patients and their families and healthcare providers alike. This has inspired the alliance between Human Genome Sciences and GlaxoSmithKline. Together, HGS and GSK are pursuing a deeper understanding of lupus, working with everyone involved, from the research lab to the physicians.

By working together, we can take our commitment further in the fight against lupus.



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