Next-Generation Therapeutic Strategies for Fibrotic Diseases

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Educational background

2003	Ph.D., University Lecturer for Internal Medicine, Julius-Maximillian University, Würzburg, Germany
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Professional experience

2009-Present	Research Director, Firestone Institute for Respiratory Health, McMaster University and St. Joseph's Healthcare Hamilton
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The interstitial lung diseases include several forms of pulmonary fibrosis, many of them being progressive and leading to impaired lung function and death within years. Idiopathic pulmonary fibrosis (IPF) is the "prototype" in this disease group. There are other disease driven by autoimmunity, antigen responses or inhaled or ingested substances (e.g. asbestos or medications) that behave similarly to IPF are called "progressive pulmonary fibrosis" (PPF) since a few years. In most countries, two drugs are approved to treat IPF (Pirfenidone and Nintedanib), whereas only one is available for PPF (Nintedanib). Both drugs have profoundly impacted the management of these disease, but there is need for better medications due to poor tolerability and sometimes only modest effect on the decline of lung function. Earlier this year, the Fibroneer trials have been published and showed at equal efficacy of nerandomilast on the decline of lung function in IPF and PPF with much better tolerability. Further, there were signals showing reduced mortality and hospital admissions for nerandomilast treated patients, especially in the PPF trial. Nerandomilast is a selective PDE4B inhibitor and fits well in the therapeutic landscape either as a mono or combination therapy. Other drugs currently in phase 3 target the LPA pathways (admilparant) which are important for fibroblast proliferation, and the vascular remodeling (treprostinil). The presentation will update the audience on the biological mechanisms and the available clinical data for these medications and discuss how they might affect the future therapy of pulmonary fibrosis.