

Diagnosis of Idiopathic Pulmonary Fibrosis

HRCT-pattern-based diagnostic testing recommendations and multidisciplinary decision-making for newly detected ILD of unknown cause with suspected IPF.

2018 ATS/ERS/JRS/ALAT Guideline

Diagnosis of Idiopathic Pulmonary Fibrosis
ATS/ERS/JRS/ALAT Committee • Am J Respir
Crit Care Med 2018;198:e44-e68

GRADE

 Recommend (Strong)

 Suggest (Conditional)

 Strong Against

1 When to Suspect IPF

Typical presentation	Unexplained bilateral fibrosis on chest imaging, bibasilar inspiratory crackles, age typically >60 yr.
Atypical presentation	Middle-aged adults (40–60 yr), especially with familial pulmonary fibrosis risk, may present the same way.

2 Initial Screening — All Suspected IPF

Rec.

Exposure history — detailed history of medication use and environmental exposures at home, work, and elsewhere.

Rec.

Serologic testing — test to exclude connective tissue disease as a potential cause.

3 Testing by HRCT Pattern

HRCT PATTERN — UIP

Suggest

BAL cellular analysis — against performing.

Strong

Surgical lung biopsy — against performing.

Strong

Transbronchial biopsy — against performing.

Strong

Lung cryobiopsy — against performing.

HRCT — PROBABLE/INDETERMINATE OR ALTERNATIVE

Suggest

BAL cellular analysis — for performing.

Suggest

Surgical lung biopsy — for performing.

Transbronchial biopsy

No recommendation for or against.

Lung cryobiopsy

No recommendation for or against.

4 Multidisciplinary Discussion & Biomarkers

Suggest

MDD — multidisciplinary discussion suggested for diagnostic decision-making.

Strong

Serum biomarkers — against measuring MMP-7, SP-D, CCL-18, or KL-6 to distinguish IPF from other ILDs.

Format note: "we recommend" = strong; "we suggest" = conditional/weak; most recommendations rest on very-low-quality evidence. Condensed from the Summary of Recommendations.