RCPE symposium: Respiratory Medicine

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The 2017 respiratory symposium was a global event attended by a multidisciplinary audience in Edinburgh and from several countries across the world via webstream. The symposium focused on the importance of risk stratification, targeted patient therapy and the complexities of investigating and managing symptomatic patients.

Diagnostic and therapeutic dilemmas

Professor David Kiely (Sheffield) highlighted the importance of assessing for risk of recurrence in thromboembolic disease which is often neglected. PESI score was described as a helpful severity index for pulmonary emboli. He gave examples of right ventricular dysfunction on echocardiogram and biomarkers of myocardial damage like troponin and BNP being useful in risk stratifying for further events. Rescue reperfusion therapy reduces risk of all cause mortality, in the intermediate risk group this is associated with approximately 2% risk of stroke.[1]

Mr Alan Kirk (Glasgow) told us that resection rates for lung cancer in the UK are approximately 10%; below the target of 17% and much less than North America and western Europe where it is approximately 25%. Patients who were previously considered borderline candidates or had smaller peripheral lesions can now be managed surgically with wedge resection and anatomical segmentectomy.

Individualised medicine

Dr Nik Hirani (Edinburgh) spoke about the increasing dependency of ERS/ATS guidelines on CT phenotype for diagnosis. Thirty-day mortality in all interstitial lung disease patients who undergo biopsy is 2–3%. Idiopathic pulmonary fibrosis patients are given the choice of perfinidone (anti-fibrotic) based on the CAPACITY and ASCEND trials and nintedanib (tyrosine kinase inhibiter) based on the INPULSIS trials.[2] These drugs have shown pleotropic effects, slowing the rate of decline in forced vital capacity by 50% but having no impact on mortality, number of exacerbations or quality of life. Discontinuation rate is high at 20%. Dr Hirani pointed out that steroid use should not be prohibited in ‘possible IPF’ patients as they were not assessed in the PANTHER trial, which showed increased mortality in patients receiving triple therapy.

Professor Sam Janes (London) discussed gene testing for EGFR, EML4-ALK, PDL-1 and next generation sequencing for targeted chemotherapy. Imaging is useful but over staging is very common especially in patients with COPD or infection. He mentioned the BOOST trial, which showed that patients who had endobronchial ultrasound (EBUS) upfront had less time to wait prior to commencing treatment. In addition, the number of investigations, outpatient appointments and unnecessary thoracotomies were all reduced ($p < 0.0001$). Overall survival in the EBUS arm was also better (303 vs 502 days).[3]

Sir John Crofton lecture

This endowed lecture by Dr Claus Vogelmeler (Marbur, Germany) summarised the latest ABCD gold guidelines for COPD. GOLD recommendations are exclusively based on patient symptoms and their history of exacerbations. The FLAME trial compared LABA/LAMA with LABA/ICS and found the former to be associated with higher reduction in exacerbations but demonstrating no difference in quality of life.[4]

Decision making in advanced respiratory disease

Laura Donald (BTO Solicitors, Edinburgh) informed us that the advanced directive that is derived from the Adults with

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Incapacity (Scotland) Act 2000 and the DNACPR form are not legally binding documents for medical practitioners in Scotland unlike in England. However, she stressed the medico-legal consequences of the lack of documentation on discussions about the above.

From Dr Luke Howard's (London) lecture, we learned about the complex pathophysiology, range of investigations and management of symptomatic patients who may conflate other symptoms as breathlessness. Dr Sara Booth (Cambridge) discussed palliation with pharmacological and non-pharmacological methods to manage breathless patients with advanced respiratory disease. Specialist breathlessness services were recommended as being cost effective in reducing the number of admissions and improvement in quality of life for patients with advanced cancer.

Global concerns

Dr Ian Gould (Aberdeen) demonstrated that observational studies do not support a mortality benefit of macrolides in pneumonia but are linked with cardiovascular events through prolonged QT and possibly through destabilisation of plaques. Macrolide resistance to *Streptococcus pneumoniae*, although not a problem in the UK, is a global issue. Professor David Denning elaborated on 'severe asthma with fungal sensitisation'. Patients sensitised to *Aspergillus fumigatus* compared with non-sensitised asthmatics showed lower lung function ($p < 0.05$), more bronchiectasis ($p < 0.05$) and sputum neutrophils ($p < 0.01$).[5] We were informed by Professor Neil French (Liverpool) that pneumococcal vaccines (PCV 23) show poor long term efficacy, especially in high risk groups such as the elderly.

Take home message

This symposium provided a thought-provoking insight into the growing demand of individualised bespoke medicine. The need for rational risk stratification and timely patient reviews as well as various global issues, which may soon affect the UK, were also highlighted.

References

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