It Takes a Village: Multidisciplinary Discussion for Interstitial Lung Disease

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The diagnosis and management of interstitial lung disease (ILD) is one of the most challenging areas of pulmonary medicine. For many patients with ILD, it is difficult to assign a true diagnosis. When ILD patients deteriorate, as they frequently do, it is difficult to know whether to take an aggressive or conservative approach to therapy. These decisions are so complex that they often cannot be made in the office with the patient but require a conference with colleagues who bring a combination of experience and expertise to the table. At the Simmons Center, we provide a multidisciplinary approach to the diagnosis and treatment of ILD. Recent data suggest that multidisciplinary conferences can improve the diagnostic confidence of idiopathic pulmonary fibrosis (IPF) compared to diagnoses rendered by clinicians alone[1].

ILD is sometimes due to an underlying connective tissue disease, thus members of the Division of Rheumatology are key members of this conference. Robert Lafyatis, MD, Robyn Domsic, MD, and Thomas Medsger, MD, lead the UPMC Scleroderma Center. Chester Oddis, MD, and Rohit Aggarwal, MD, specialize in ILD associated with myositis. Ghaith Noaiseh, MD, has a special interest in ILD associated with Sjögren's syndrome. These expert clinicians are also scholars who extensively publish on the role of autoimmunity in ILD. As pulmonologists, we often see patients with ILD in combination with our rheumatology colleagues and we work together to find the best medication to treat the underlying disease.

When the clinical and radiographic impression is most consistent with a diagnosis of idiopathic pulmonary fibrosis, patients often do not require a surgical lung biopsy. Thus, involvement of expert chest radiologists is a critical component in assigning a diagnosis to patients with ILD, in particular whether or not a patient has IPF. Diane Strollo, MD, and Carl Fuhrman, MD, are experts in chest radiology and frequently interpret the complicated chest imaging of our patients.

Histopathologic information has been shown to have the greatest impact on the final diagnosis, especially when the initial clinical and radiographic diagnosis is not consistent with idiopathic pulmonary fibrosis[2]. Samuel Yousem, MD, E. Leon Barnes Professor of Anatomic Pathology and Vice Chairman of Anatomic Pathology Services at UPMC, interprets the pathology of ILD from within the UPMC system and provides consultations on ILD histopathology from both national and international providers. He is joined by Humberto Trejo-Bittar, MD, who trained at UPMC under the mentorship of Dr. Yousem in Thoracic Pathology.

Our multidisciplinary conference is also a critical part of medical education. Based on the multidisciplinary spirit of this conference, we have developed a medical student elective in ILD where students meet with the multidisciplinary faculty to learn about ILD through the eyes of pulmonologists, rheumatologists, radiologists, and pathologists. Moreover, our trainees challenge us with their questions, which forces us to remain current with the literature. This conference is loved by fellows and residents alike.

The questions that face our meeting are complex: For example, what is the diagnosis when a patient exhibits some signs of autoimmunity but fail to meet full diagnostic criteria for an autoimmune disease? How should they be treated? Does a patient have IPF, and should this patient be included in a clinical trial? Should the patient undergo a biopsy when there are potentially serious adverse consequences to surgery? What is the role of gastroesophageal reflux disease (GERD) in the progression of ILD? Our discussions are informed by both experience of the multidisciplinary team and our extensive knowledge of the ILD literature.

It takes a village to care for the patient with ILD. Multidisciplinary discussions are critical to diagnosis and management of these very complex patients. We at the Simmons Center are privileged to work with an outstanding multidisciplinary team. Patients and referring providers should know that a referral means more than a single visit in the office. A visit to the Simmons Center means a thoughtful and multidisciplinary approach to the evaluation and care for patients with ILD.

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