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AIR 2014 – The Year in IPF

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In November 2014, Copenhagen provided an attractive, dynamic venue for AIR 2014, the fourth educational medical meeting dedicated to the research and treatment of Idiopathic Pulmonary Fibrosis (IPF). AIR is emerging as a key annual meeting for specialists in the community, providing a valuable forum to exchange research findings and experience in clinical practice. This year's meeting brought together over 300 delegates from Europe, the United States and Canada, including therapeutic area experts and healthcare professionals, with approximately 35 faculty members.

2014 was an exceptional year marked by an accelerated volume of IPF research and new treatment paradigms created by the approval of new therapeutic agents. As the symposium revealed, while significant progress has undoubtedly been made in the field, IPF remains a troublesome disease that is difficult to diagnose and unpredictable to manage. While the new agents have given rise to optimism in the face of what was hitherto considered an untreatable disease, they have in themselves raised a new crop of unanswered questions.

A number of key areas of interest and challenges currently facing IPF clinicians emerged at this year's conference and have been selected and presented in this issue of *Sarcoidosis Vasculitis and Diffuse Lung Disease*. These have been developed by peers as review articles in tandem with relevant clinical cases.

A primary theme is the utility of the 2011 ATS/ERS/JRS/ALAT guidelines. While these represented a major advance in the way we approach IPF, there are nonetheless ambiguities in the document that have been discussed at this conference and that will need to be resolved in future statements. Classification of interstitial lung disease is one of these issues, specifically in the lack of guidance for managing patients with probable and possible IPF. The role of bronchoalveolar lavage is another.

Managing comorbidities, an area that has not been well understood, is another topic of strong interest. However, our knowledge of the prevalence, presentation and behaviour of comorbid conditions such as cardiovascular disease (CVD), lung cancer and emphysema has increased significantly in recent years thanks to pivotal research findings, some of which are presented here.

An analysis of current challenges and future developments reveals difficulties inherent in disease staging as well as diagnosis in patients who are unsuitable for surgical lung biopsy. Looking ahead, our task may be eased somewhat with the development of new diagnostic techniques including biomarkers, cryobiopsy and genetic testing. There is also much to learn about longer-term patient response to therapy and the potential for combination therapies.

As the discoveries presented at AIR 2014 demonstrate, our many advances in the understanding and treatment of IPF are cause for celebration. However, this must be tempered with caution as there are still substantial hurdles to be overcome.

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