Effect of nintedanib in patients with progressive pulmonary fibrosis associated with rheumatoid arthritis: data from the INBUILD trial[1]

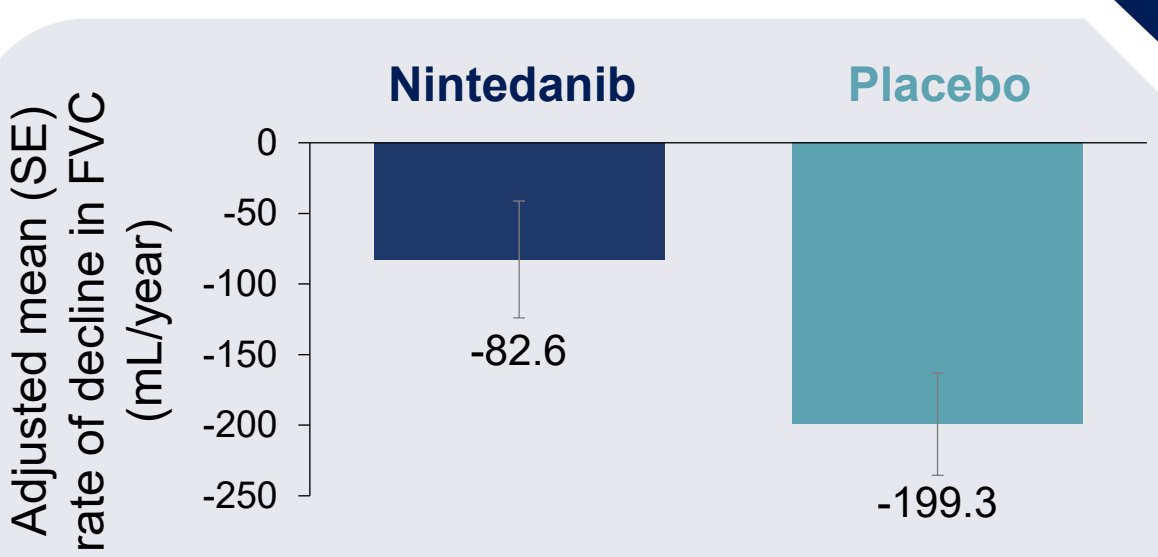
In the randomised placebo-controlled INBUILD trial in patients with progressive fibrosing interstitial lung diseases other than idiopathic pulmonary fibrosis, nintedanib reduced the rate of decline in forced vital capacity (FVC) by 57%[2]

Among the 89 patients with progressive fibrosing RA-ILD:

Nintedanib reduced the rate of decline in FVC over 52 weeks by 59% compared with placebo

59%

relative reduction in rate of decline in FVC (mL/year) over 52 weeks



Difference: 116.7 (95% CI 7.4, 226.1); nominal p=0.037

No heterogeneity was detected in the effect of nintedanib on decline in FVC across subgroups by:

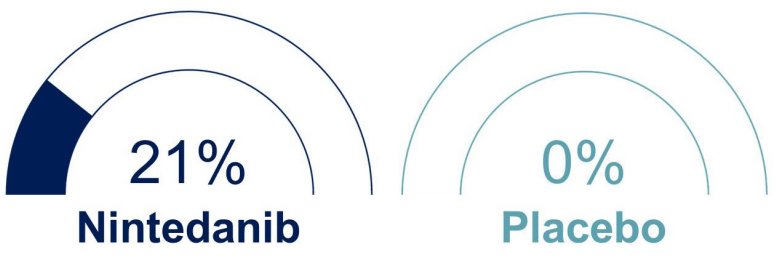
- use of **DMARDs and/or glucocorticoids** at baseline
- **C-reactive protein (CRP)** at baseline

32% of patients in the **placebo** group had an **acute exacerbation of ILD or died**

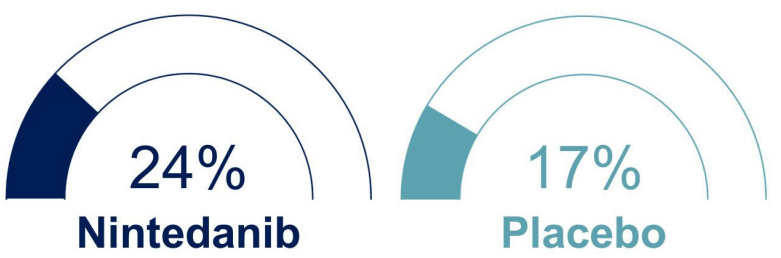
Nintedanib was associated with a **reduced risk** of acute exacerbation of ILD or death, with a **hazard ratio of 0.54**

Diarrhoea was the most common adverse event over the whole trial (median exposure: 17.4 months)

The proportions of patients with adverse events leading to **dose adjustment** or permanent **treatment discontinuation** over the whole trial were consistent with the overall trial population:



Dose reductions



Adverse events leading to permanent treatment discontinuation

Summary

- In the INBUILD trial, nintedanib slowed decline in FVC in patients with progressive fibrosing RA-ILD, with adverse events that were manageable for most patients.
- The efficacy and safety of nintedanib in patients with RA-ILD were consistent with those observed in the overall trial population.

References

1. Matteson EL et al. Clin Rheum 2023.
2. Flaherty KR et al. N Engl J Med 2019;381:1718-1727.