

(Please list)

Part I: Request for Diagnosis *(cont.)*

LUNG FUNCTION TESTS

Date performed (dd/mm/yy): _____/_____/_____

FVC (% predicted) _____%

FEV₁/FVC ratio _____%

DL_{CO} (% predicted) _____%

Distance covered during 6MWT (m): _____m

Oxygen saturation at end of test (SpO₂): _____%

Oxygen flow during test (litres per minute): _____ L/min

LFT findings attached: Yes No

HIGH-RESOLUTION CT SCAN

Date of last scan (dd/mm/yy): _____/_____/_____

CD-ROM attached: Yes No

SURGICAL LUNG BIOPSY *(if performed)*

Date of biopsy (dd/mm/yy): _____/_____/_____

Findings *(pathology report attached)*

Broncho-alveolar lavage (BAL)

Date performed (dd/mm/yy): _____/_____/_____ Not performed

Cytology report: Macrophages (%) _____

Lymphocytes (%) _____

Neutrophils (%) _____

Eosinophils (%) _____

Asbestos bodies (%) _____

Yes No No screening

Part II:

Computed Tomography Findings *(to be completed during MDD)*

CRITERIA FOR USUAL INTERSTITIAL PNEUMONIA (UIP) PATTERN		CT SCAN FINDINGS INCONSISTENT WITH UIP PATTERN <i>(At least one of these findings)</i>
<input type="checkbox"/> Definite UIP <i>(4 criteria)</i> <input type="checkbox"/> Subpleural, basal predominance <input type="checkbox"/> Reticular abnormality <input type="checkbox"/> Honeycombing, with or without traction bronchiectasis <input type="checkbox"/> Absence of features inconsistent with UIP pattern	<input type="checkbox"/> Possible UIP <i>(3 criteria)</i> <input type="checkbox"/> Subpleural, basal predominance <input type="checkbox"/> Reticular abnormality <input type="checkbox"/> Absence of features inconsistent with UIP pattern	<input type="checkbox"/> Upper or mid-lung predominance <input type="checkbox"/> Peribronchovascular predominance <input type="checkbox"/> Extensive ground-glass abnormality (extent greater than reticular abnormality) <input type="checkbox"/> Profuse micronodules (bilateral, predominantly upper lobes) <input type="checkbox"/> Discrete cysts (multiple, bilateral, away from areas of honeycombing) <input type="checkbox"/> Diffuse mosaic attenuation / air trapping (bilaterally, in ≥ 3 lobes) <input type="checkbox"/> Condensation in bronchopulmonary segment(s)/lobe(s)
HISTOPATHOLOGICAL FINDINGS <i>(Please check criteria if present)</i>		
CRITERIA FOR USUAL INTERSTITIAL PNEUMONIA (DEFINITE UIP) <i>(All 4 criteria must be present)</i>		HISTOPATHOLOGICAL ABNORMALITIES SUGGESTING AN ALTERNATE DIAGNOSIS <i>(At least 1 of 6 criteria)</i>
<input type="checkbox"/> Evidence of marked fibrosis/architectural distortion, \pm honeycombing in a predominantly subpleural/paraseptal distribution <input type="checkbox"/> Presence of patchy involvement of lung parenchyma by fibrosis <input type="checkbox"/> Presence of fibroblast foci <input type="checkbox"/> Absence of features suggesting an alternate diagnosis <i>(see box on the right)</i>		<input type="checkbox"/> Hyaline membranes <input type="checkbox"/> Organizing pneumonia (intra-alveolar fibro-inflammatory buds) <input type="checkbox"/> Granulomas <input type="checkbox"/> Marked interstitial inflammatory cell infiltrate, away from honeycombing pattern <input type="checkbox"/> Predominant airway centered changes <input type="checkbox"/> Other features suggesting an alternate diagnosis
PROBABLE UIP		POSSIBLE UIP
<input type="checkbox"/> Evidence of marked fibrosis/architectural distortion, \pm honeycombing <input type="checkbox"/> <u>Absence</u> of either patchy involvement of lung parenchyma by fibrosis or absence of fibroblast foci (but not absence of both) <input type="checkbox"/> Absence of features suggesting an alternate diagnosis <i>(see above)</i>		<input type="checkbox"/> Patchy or diffuse involvement of lung parenchyma by fibrosis, with or without interstitial inflammation <input type="checkbox"/> Absence of other criteria for UIP <input type="checkbox"/> Absence of features suggesting an alternate diagnosis <i>(see above)</i>

Part III: Summary of Multidisciplinary Discussion

(to be completed by facilitator)

COMPUTED TOMOGRAPHY FINDINGS	HISTOPATHOLOGICAL FINDINGS	IPF CLASSIFICATION
<input type="checkbox"/> Definite UIP <input type="checkbox"/> Definite UIP + <input type="checkbox"/> Possible UIP <input type="checkbox"/> Possible UIP	<input type="checkbox"/> No biopsy <input type="checkbox"/> Definite UIP <input type="checkbox"/> Probable UIP <input type="checkbox"/> Possible UIP <input type="checkbox"/> Unclassifiable fibrosis → <input type="checkbox"/> Definite UIP <input type="checkbox"/> Probable UIP	<input type="checkbox"/> DEFINITE IPF
<input type="checkbox"/> Possible UIP +	<input type="checkbox"/> Possible UIP <input type="checkbox"/> Unclassifiable fibrosis →	<input type="checkbox"/> PROBABLE IPF
<input type="checkbox"/> Inconsistent with UIP +	<input type="checkbox"/> Definite UIP →	<input type="checkbox"/> POSSIBLE IPF

COMMENTS

IPF diagnosed Yes No

If not, diagnosis proposed _____

Mild to moderate Severe (FVC <50% or DL_{CO} <35%)

GAP index

<http://www.ac.ponline.org/journals/annals/extras/gap>

Registered on transplantation waiting list Yes No

Treatment recommended

Date of diagnosis (dd/mm/yy) ____/____/____

MDD Facilitator _____

MDD Participants (Family name, first name) _____

Respirologist(s) _____

Radiologist(s) _____

Pathologist(s) _____

Surgeon(s) _____