PRACTICE AID

Approach to Evaluating and Managing SSc-ILD[1]

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Clinical Suspicion of ILD

Standard Investigation

- ✓ Patient personal and medical history (cough or dyspnea)
- ✓ Physical exam (with detailed rheumatologic assessment)
- ✓ Lung function testing (PFT and DLCO)
- ✓ HRCT

New Radiographic Evidence of ILD

SSc-ILD symptoms present (ie, dyspnea, cough) that cannot be explained by another cause

No symptoms attributable to SSc-ILD

FVC% predicted <70%

FVC% predicted ≥70%

Evaluate for disease progression every 3 to 6 months

Consider treatment for SSc-ILD

- Significant and sustained decline in FVC or DLCO
- Radiographic progression of ILD on follow-up HRCT
- Development of SSc-ILD symptoms that cannot be explained by another cause

DLCO: diffusing capacity for carbon monoxide; FVC: forced vital capacity; HRCT: high-resolution computed tomography; ILD: interstitial lung disease; PFT: pulmonary function test; SSc-ILD: systemic sclerosis–associated interstitial lung disease.

1. Volkmann ER et al. *J Scleroderma Relat Disord*. 2017;2:72-83.

Access the activity, "How I Think, How I Treat – Contemporary Insights on Diagnosing and Managing SSc-ILD in an Evolving Treatment Landscape," at **PeerView.com/RUB40**