EDITORIAL

ild care; good foundations

In April 2006, Marjolein Drent founded the **ild care foundation**, an organisation whose remit was to raise awareness of what was still considered to be a "Cinderella" subspecialty within respiratory medicine and to provide support and information for patients, their relatives and young researchers, affected by, and involved in this group of complex diseases. The **ild care foundation** has reached a ten-year anniversary, which is a remarkable success. At the time of a ten year anniversary it is often customary to look back at achievements and goals met. By contrast, I want to look ten years ahead – the 20th anniversary - secure in the knowledge that to have survived this ten years means that an organisation remains vibrant and must, therefore, have served its purpose very well. In this regard, it is surely no co-incidence that raising public and young researcher awareness about the need for a team effort to develop drugs to treat the most malign interstitial lung disease (ILD), idiopathic pulmonary fibrosis (IPF), has resulted in the last decade in two successful trials of new therapies to treat this crippling disease, that have been approved by the regulatory authorities worldwide and are now marketed in many countries – truly a team success. This ten year period has certainly provided sound foundations for the next decade that will present ever more daunting challenges.

So, what should be the success stories in 2026? Diffuse lung fibrosis will continue to be a major challenge. A therapeutic approach that completely arrests progression in IPF is needed. It is unlikely that single target therapy alone will be successful and a combination therapy approach seems to be the most sensible way forward. Establishing response to therapy in such clinical trials will be tricky because the newly available therapies have been shown to roughly halve the rate of lung function decline, leaving relatively little extra lung function loss to preserve. Perhaps changes in categorical indices or a composite end point that embraces several indices that are measures of different aspects of the disease might address the end point question. "Cure" is unlikely but predicting risk of disease, its rate of progression and early detection are achievable goals with technologies that are already developed. These would aid early intervention that would potentially allow stabilisation of disease when lung function remains well preserved. Isn't it now time to test these genetic and proteomic tools to identify the vulnerable and more rapid progressors in a much wider clinical operational setting?

The lessons learned from clinical trials in the idiopathic disease should be applied to the connective tissue diseases, most notably systemic sclerosis and rheumatoid arthritis, where diffuse lung fibrosis remains a significant cause of morbidity and mortality. And, while admitting to a personal "soft spot", wouldn't it be wonderful if the vast amount of research into the genetics of sarcoidosis could now be applied clinically, particularly to help manage those individuals who fare so badly with this often mild and spontaneously resolving disease?

How might these goals be met? The problems are all complex and require a global team approach. Looking at the next generation of ILD specialists, I am greatly encouraged by the talent of this younger generation across the globe and their willingness to work together, not something that has always happened to date. I am also encouraged by the continuing hard work and dedication of patient organisations. The sufferers and their families have a powerful voice and clinician/patient partnerships will be key to future advances. The pieces of the jigsaw are in place so I am optimistic that the next decade will result in success. Organisations such as the **ild care foundation** will need to continue their hard work and I congratulate the team on the foundations laid. I feel confidant that the edifice that will be built on these foundations will be iconic and productive.

Roland M. du Bois, Emeritus Professor of Respiratory Medicine, Imperial College, London, UK