2.01 Routine liver function test monitoring beyond 3 months of antifibrotic initiation can be symptom driven and reduce costs

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Background Nintedanib and pirfenidone are licensed for Interstitial Lung Disease (ILD). Risk of hepatic dysfunction- manufacturers advise monitoring of Liver function Tests (LFTs): nintedanib-monthly for 3 months then as clinically indicated, pirfenidone- monthly for 6 months, then 3-monthly. Current practice- monthly LFTs for 3 months then 3-monthly for both. Hypothesis: LFT monitoring >3 months commencement can be symptom-based, reducing patient burden and healthcare cost. **Methods** Retrospective study using electronic data of ILD patients receiving nintedanib, +/- pirfenidone across WHSCT from December 2013. **Results** 120 patients involved, 3excluded. 95 received nintedanib, 51 received pirfenidone and 29 received both consecutively. 21/117 had LFT three times upper limit of normal (3xULN) (bilirubin, AST, ALT). 17/95 for nintedanib and 4/51 for pirfenidone. Nintedanib; 9/17 in <3months, 2/17 at 3-6months, 2/17 at 7-12 months and 4/17 >12months. Pirfenidone; 1/ 4 <3 months and 3/4 > 12months. 5/7 >12 months showed patients end of life (no prior 3xULN derangement – unlikely antifibrotic related). **Conclusion**: 47% of 3xULN derangement occurred < 3 months. 71% derangements >12 months were end of life (unlikely antifibrotic related). Therefore, LFT monitoring could be symptom driven after 3 months.

Keywords ILD, nintedanib, pirfenidone, LFT, cost **Disclosures** The authors declare there is no conflict of interest.