

Supplementary data

The DIAMORFOSIS (DIAGnosis and Management Of lung canceR and FibrOSIS) survey. International survey and call for consensus.

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Table 1. In which country do you practice?

Answer	% of respondents	N (respondents)
ALBANIA	0,20%	1
ALGERIA	1,20%	6
ARGENTINA	2,40%	12
AUSTRALIA	2,40%	12
AUSTRIA	0,80%	4
BELGIUM	1,80%	9
BRAZIL	2,80%	14
CANADA	1,60%	8
CHILE	0,40%	2
CROATIA	1,40%	7
CZECH REPUBLIC	0,40%	2
DENMARK	0,80%	4
EGYPT	0,60%	3
FINLAND	0,40%	2
FRANCE	8,50%	42
GEORGIA	0,20%	1
GERMANY	8,90%	44
GREECE	5,00%	25
HONG KONG	0,20%	1
HUNGARY	0,40%	2
ICELAND	0,20%	1
INDIA	2,20%	11
INDONESIA	0,60%	3
IRELAND	0,60%	3
IRAN	0,20%	1
ISRAEL	0,40%	2
ITALY	7,60%	38
JAPAN	5,00%	25
KOREA	0,40%	2
LIBAN	0,20%	1
LITHUANIA	0,40%	2
MALAYSIA	0,20%	1
MEXICO	1,20%	6
NETHERLANDS	1,80%	9
NEW ZEALAND	0,60%	3
NORWAY	0,40%	2
PAKISTAN	0,60%	3
PARAGUAY	0,20%	1
PERU	1,00%	5
POLAND	1,60%	8
PORTUGAL	3,40%	17

REPUBLIC OF MOLDOVA	0,20%	1
ROMANIA	1,40%	7
RUSSIA	0,60%	3
SAUDI ARABIA	0,40%	2
SERBIA	1,00%	5
SINGAPORE	0,80%	4
SOUTH KOREA	0,80%	4
SPAIN	5,60%	28
SWEDEN	2,00%	10
SWITZERLAND	1,00%	5
TUNISIA	0,08%	4
TURKEY	2,20%	11
UAE	0,20%	1
UKRAINE	0,40%	2
UNITED KINGDOM	6,20%	31
USA	4,40%	22
URUGUAY	0,20%	1
VENEZUELA	0,20%	1
VIETNAM	0,20%	1

Table 2. What is your medical specialty?

Answer	% of respondents	N (respondents)
Pulmonologist	94,06%	396
Oncologist	0,71%	3
Thoracic surgeon	2,14%	9
Anesthesiologist	0,00%	0
Pulmo-oncologist	1,19%	5
Radio-oncologist	0,00%	0
Other (please specify)	1,90%	8

Table 3. How many years of experience do you have as a specialist?

Answer	% of respondents	N (respondents)
Less than 5	13,81%	66
5-10	23,01%	110
11-15	20,51%	98
16-20	11,92%	57
More than 20	30,75%	147

Table 4. What is your hospital setting?

Answer	% of respondents	N (respondents)
University Hospital	68,81%	331
Non-university hospital	22,25%	107
Private institution/practice	8,94%	43

Table 5. How many patients with IPF do you treat per year?

Answer	% of respondents	N (respondents)
<10	19,92%	97
10-20	26,69%	130
20-50	24,85%	121
More than 50	26,69%	130
Unknown	1,85%	9

Table 6. What is the incidence of lung cancer in patients with IPF?

Answer	% of respondents	N (respondents)
1-5%	30,77%	140
5-10%	45,27%	206
10-20%	21,76%	99
>20%	2,20%	10

Table 7. How often do you involve a multi-disciplinary team on the management of patients with IPF and lung cancer?

Answer	% of respondents	N (respondents)
Always	78,20%	384
Sometimes	18,95%	93
Never	2,85%	14

Table 8. What diagnostic modality do you use to screen patients with IPF for lung cancer (more than one answers possible)?

Answer	% of respondents	N (respondents)
Regular low dose HRCT scan	49,59%	242
Regular CXR	11,27%	55
HRCT scan in case of symptoms	29,09%	142
Tumor markers (Ca19/9, CA125, CEA)	6,56%	32
No screening	17,62%	86
Other (please specify)	2,67%	13

Table 9. What is the most common histologic subtype of lung cancer in patients with IPF?

Answer	% of respondents	N (respondents)
NSCLC-Adenocarcinoma	58,60%	286
NSCLC-Squamous cell	26,64%	130
NSCLC- other	1,64%	8
Small cell	0,00%	0
I don't know	12,30%	60
None of the above	0,82%	4

Table 10. What is the most common anatomical location for lung cancer in patients with IPF?

Answer	% of respondents	N (respondents)
Upper lobes	18,30%	90
Middle lobe or lingula	3,86%	19
Lower lobes	53,86%	265
I don't know	23,98%	118

Table 11. What is the median latency time (months) between IPF and lung cancer diagnosis in your experience?

Answer	% of respondents	N (respondents)
0 (synchronous diagnosis)	4,07%	20
<12	11,20%	55
12-24	20,37%	100
24-36	23,22%	114
>36	13,44%	66
Unknown	27,70%	136

Table 12. What percentage of patients with IPF present with other types of cancer (non-lung cancer)?

Answer	% of respondents	N (respondents)
<1%	16,46%	81
1-5%	30,48%	150
5-10%	9,55%	47
10-20%	3,66%	18
Unknown	38,82%	191
Other (please specify)	1,01%	5

Table 13. Which is the most common type of malignancy other than lung cancer occurring in patients with IPF?

Answer	% of respondents	N (respondents)
Breast cancer	3,85%	19
Colon cancer	14,20%	70
Prostate cancer	19,27%	95
Hematologic malignancies (excluding MDS)	9,14%	45
Liver cancer	0,60%	3
Renal cancer	1,01%	5
Urinary bladder cancer	4,67%	23
Unknown	45,64%	225
Other (please specify)	1,62%	8

Table 14. Do you agree with the following statement: moderate to severe IPF is an absolute contraindication to radiotherapy or chemoradiotherapy in locally advanced NSCLC.

Answer	% of respondents	N (respondents)
Strongly agree	7,93%	39
Agree	29,27%	144
I am not sure	20,33%	100
Disagree	34,35%	169
Strongly disagree	5,88%	29
I don't know	2,24%	11

Table 15. Do you consider any of the following treatments for advanced stage NSCLC an absolute contraindication in moderate to severe IPF (more than one answer possible)?

Answer	% of respondents	N (respondents)
Platinum based chemotherapy	16,93%	83
Docetaxel	13,27%	65
Immunotherapy	16,73%	82
Tyrosine kinase inhibitors	16,26%	92
Bevacizumab	6,12%	30
None of the above	37,35%	183
I don't know	22,24%	109
Other (please specify)	1,02%	5

Table 16. Do you continue anti-fibrotic treatment (pirfenidone or nintedanib) when a patient is diagnosed with lung cancer (any stage)?

Answer	% of respondents	N (respondents)
Yes	83,81%	409
No	8,40%	41
Other (please specify)	7,79%	38

Table 17. Which safety precautions do you apply to patients with IPF and non-small cell lung cancer undergoing surgical lung interventions?

Answer	% of respondents	N (respondents)
Low tidal volume	67,30%	321
Avoidance of high fraction of inspired oxygen	45,50%	217
Minimal perioperative administration of fluids	30,60%	146
Stop antifibrotic drugs	14,26%	68
Continuation of antifibrotic drugs	55,14%	263
Other (please specify)	6,29%	30

Table 18. How would you treat a patient with advanced IPF (DLCO<35%, FVC<50%), and otherwise operable non-small cell lung cancer nodule (TNM stage I-II)?

Answer	% of respondents	N (respondents)
Surgery	21,43%	105
stereotactic radiotherapy	54,09%	265
palliative care	30,61%	150
doublet platinum ± bevacizumab	11,02%	54
Immunotherapy	16,94%	83
Targeted therapy	24,49%	120
Antifibrotics	37,55%	184
Other (please specify)	6,94%	34

Table 19. How would you treat a patient with advanced IPF (DLCO<35%, FVC<50%) and metastatic NSCLC (TNM IV)?

Answer	% of respondents	N (respondents)
Palliative care	69,13%	338
doublet platinum ± bevacizumab	25,56%	125
Immunotherapy i.e. PDL1 inhibitors	31,90%	156
Targeted therapy	35,38%	173
Anti-fibrotics	37,01%	181
Other (please specify)	5,32%	26

Table 20. How would you treat a patient with mild-to-moderate IPF (DLCO>35%, FVC>50%) and otherwise operable non-small cell lung cancer nodule (TNM stage I-II)?

Answer	% of respondents	N (respondents)
Surgery	78,23%	381
stereotactic radiotherapy	40,45%	197
palliative care	10,68%	52
doublet platinum ± bevacizumab	13,55%	66
Immunotherapy i.e. PDL1 inhibitors	16,22%	79
Targeted therapy	19,30%	94
Antifibrotics	40,04%	195
Other (please specify)	9,03%	44

Table 21. What would it be your next diagnostic step in a patient with mild-to-moderate IPF (DLCO>35%, FVC>50%) with a central nodular lesion of 20 mm and mediastinal lymphadenopathy?

Answer	% of respondents	N (respondents)
Monitor the patient with HRCT scan every 3-6 months	1,85%	9
Perform PET CT scan and do not change your routine follow-up work if negative	3,50%	17
Perform PET CT scan and if positive then apply endobronchial ultrasound-guided transbronchial needle biopsy (EBUS-TBNA)	87,86%	427
None of the above	0,82%	4
Other (please specify)	5,97%	29

Table 22. What would it be your next diagnostic step in a patient with severe IPF (DLCO<35%, FVC<50%) with a central nodular lesion of 20mm and mediastinal lymphadenopathy?

Answer	% of respondents	N (respondents)
Monitor the patient with HRCT scan every 3-6 months	9,16%	45
Perform PET CT scan and do not change your routine follow-up work if negative	17,11%	84
Perform PET CT scan and if positive then apply endobronchial ultrasound-guided transbronchial needle biopsy (EBUS-TBNB)	59,67%	293
Perform surgical lung biopsy (VATS) and resection without histological proof prior to surgery	1,22%	6
None of the above	5,71%	28
Other (please specify)	7,13%	35

Table 23. Do you think a consensus statement for the diagnosis and management of patients with IPF and lung cancer is necessary?

Answer	% of respondents	N (respondents)
Yes	92,90%	458
No	7,10%	35

Table 24. Other points that are missing and considered to be necessary.

Answer	% of respondents	N (respondents)
N/A		

Table 25. Please provide your personal contact details (non-mandatory).

Answer	% of respondents	N (respondents)
N/A		