

# Characterising Patient Pathways to the Diagnosis of Idiopathic Pulmonary Fibrosis: Real World Data Study

**First published:** 19/09/2017

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Study

Finalised

## Administrative details

### EU PAS number

EUPAS20994

### Study ID

30193

### DARWIN EU® study

No

### Study countries

☐ United Kingdom

## Study description

An exploratory historical UK database study characterising patient pathways to diagnosis of IPF, identifying and quantifying blocks and red flags through primary, secondary, and tertiary care settings.

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## Study status

Finalised

## Research institutions and networks

### Institutions

#### Observational & Pragmatic Research Institute Pte (OPRI)

☐ United Kingdom

**First published:** 06/10/2015

**Last updated:** 19/08/2024

**Institution**

Educational Institution

Laboratory/Research/Testing facility

ENCePP partner

## Contact details

### Study institution contact

Isha Chaudhry isha@opri.sg

Study contact

## Primary lead investigator

David Price

Primary lead investigator

## Study timelines

### Date when funding contract was signed

Planned: 28/06/2017

Actual: 28/06/2017

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### Study start date

Planned: 01/06/2018

Actual: 07/07/2018

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### Date of final study report

Planned: 31/08/2018

Actual: 28/08/2018

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Roche

## Study protocol

[OPRI-R1704\\_Protocol\\_Characterising patient pathways to IPF diagnosis\\_Protocol\\_V2.1.pdf](#)(824.55 KB)

[OPRI-R1704\\_Protocol\\_Characterising patient pathways to IPF diagnosis\\_Protocol\\_V2.3 clean.pdf](#)(465.42 KB)

## Regulatory

**Was the study required by a regulatory body?**

No

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

### Study type

### Study type list

**Study topic:**

Disease /health condition

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**Study type:**

Non-interventional study

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**Scope of the study:**

Disease epidemiology

**Data collection methods:**

Secondary use of data

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**Main study objective:**

To explore the real life clinical pathways and feasibility of characterising pathways towards diagnosis of idiopathic pulmonary fibrosis (IPF) using real-world data.

## Study Design

**Non-interventional study design**

Cohort

## Study drug and medical condition

**Medical condition to be studied**

Idiopathic pulmonary fibrosis

## Population studied

**Short description of the study population**

Patients with an Idiopathic Pulmonary Fibrosis (IPF) diagnosis code.

All patients must fulfil the following inclusion criteria:

1. A diagnostic Read code for IPF (specific or broad definition) on or before 1st May 2017
2.  $\geq 1$  year of continuous data prior to the index date
3. Age  $\geq 30$  years at index date

4. Determined to be highly likely to have an IPF diagnosis based on database rules developed from the pilot qualitative study

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### **Age groups**

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

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### **Special population of interest**

Other

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### **Special population of interest, other**

Idiopathic Pulmonary Fibrosis (IPF) patients

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### **Estimated number of subjects**

2223

## **Study design details**

### **Outcomes**

Patient pathways to IPF diagnosis will be characterised from the period starting at the first symptoms and clinical features suggestive of IPF up to IPF diagnosis date using pathway features. Pathway features will be defined and standardised after an exploratory, qualitative review of a subgroup of patients, followed by a quantitative summary of pathways for IPF diagnoses. The different pathways characterised will be compared to the ideal pathway that highlights the blocks and red flags to reduce the time to IPF diagnosis in existing and potential IPF

patients. Blocks will be identified and quantified as delays (additional time spent) in the pathway due to the blocks. Red flags are features, signs and symptoms in a patient that indicate development of IPF.

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### **Data analysis plan**

Data will be analysed in two stages: 1) An exploratory, qualitative review in a subset of the full study population using: a. Read codes and free text in medical records by primary care clinicians recorded in OPCR, and b. Secondary and tertiary care referral data, including anonymised, scanned clinic letters from specialists and free text, from OPC's review of in-practice data 2) A quantitative, descriptive summary of the full study population using Read codes and free text in OPCR only. For the qualitative review, a database algorithm will be developed by compiling code lists for read codes and words list associated with identification of first symptoms and clinical features suggestive of IPF. For the quantitative summary, data will be extracted for variables defined by the code and word lists. For continuous variables, mean, SD, median, inter-quartile range, minimum and maximum will be reported. For categorical variables, frequencies and percentages will be reported.

## **Data management**

### **Data sources**

#### **Data source(s)**

Optimum Patient Care Research Database

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## **Data sources (types)**

Electronic healthcare records (EHR)

Other

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## **Data sources (types), other**

Prescription event monitoring

# Use of a Common Data Model (CDM)

## **CDM mapping**

No

# Data quality specifications

## **Check conformance**

Unknown

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## **Check completeness**

Unknown

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## **Check stability**

Unknown

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## **Check logical consistency**

Unknown

# Data characterisation



**Data characterisation conducted**

No