



EP04.07: Interstitial Lung Abnormalities in Cancer Patients with Drug-Induced Pneumonitis: Prevalence, radiological and clinical correlations



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INTRODUCTION

Interstitial lung abnormalities (ILAs) have emerged as a risk factor for drug-induced pneumonitis (DIP)¹⁻⁶, yet their recognition in routine clinical practice and their radiological evolution following pulmonary toxicity remain poorly characterized. We evaluated the prevalence, reporting, and evolution of baseline ILAs in oncology patients with drug-induced pneumonitis.

METHODS

We performed a retrospective analysis of consecutive patients enrolled in the Pulmonary Toxicity Clinic cohort at Lausanne University Hospital between January 2022 and October 2025 who received a multidisciplinary diagnosis of drug-induced pleuropneumonitis. Baseline, pneumonitis, and follow-up chest CT scans were independently reviewed by two thoracic radiologists to identify ILAs, classify their subtype, and assess radiological progression. Original baseline radiology reports were reviewed to evaluate routine recognition of ILAs.

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- ILA were relatively common in our cohort (25%) with a higher prevalence than previously reported in lung cancer screening cohorts and in the general population.
- ILA were barely reported (only 1 case documented).
- Progression rates of ILAs were similar in the overall cohort (52.3%) and the lung cancer subgroup (50%).
- No association was documented between ILA and pattern or pneumonitis severity in lung cancer patients.

This findings highlight the need of a greater awareness and training among radiologists and nuclear medicine physicians to ensure the systematic recognition and reporting of ILAs, particularly in oncology settings.

Multidisciplinary boards should raise awareness among immunologists, pulmonologists, oncologists about the potential clinical impact of ILAs to anticipate pulmonary toxicity and ensure appropriate follow-up.

Future Direction for Research

- Prospective multicenter studies are needed to distinguish pneumonitis-related ILA progression from other risk factors.
- Longitudinal oncology cohorts are needed to clarify the impact of ILAs on pneumonitis incidence and severity, pulmonary fibrosis, and respiratory-related mortality.

REFERENCES & ACKNOWLEDGEMENTS

REFERENCES

Reference list and supplementary material available via QR code.

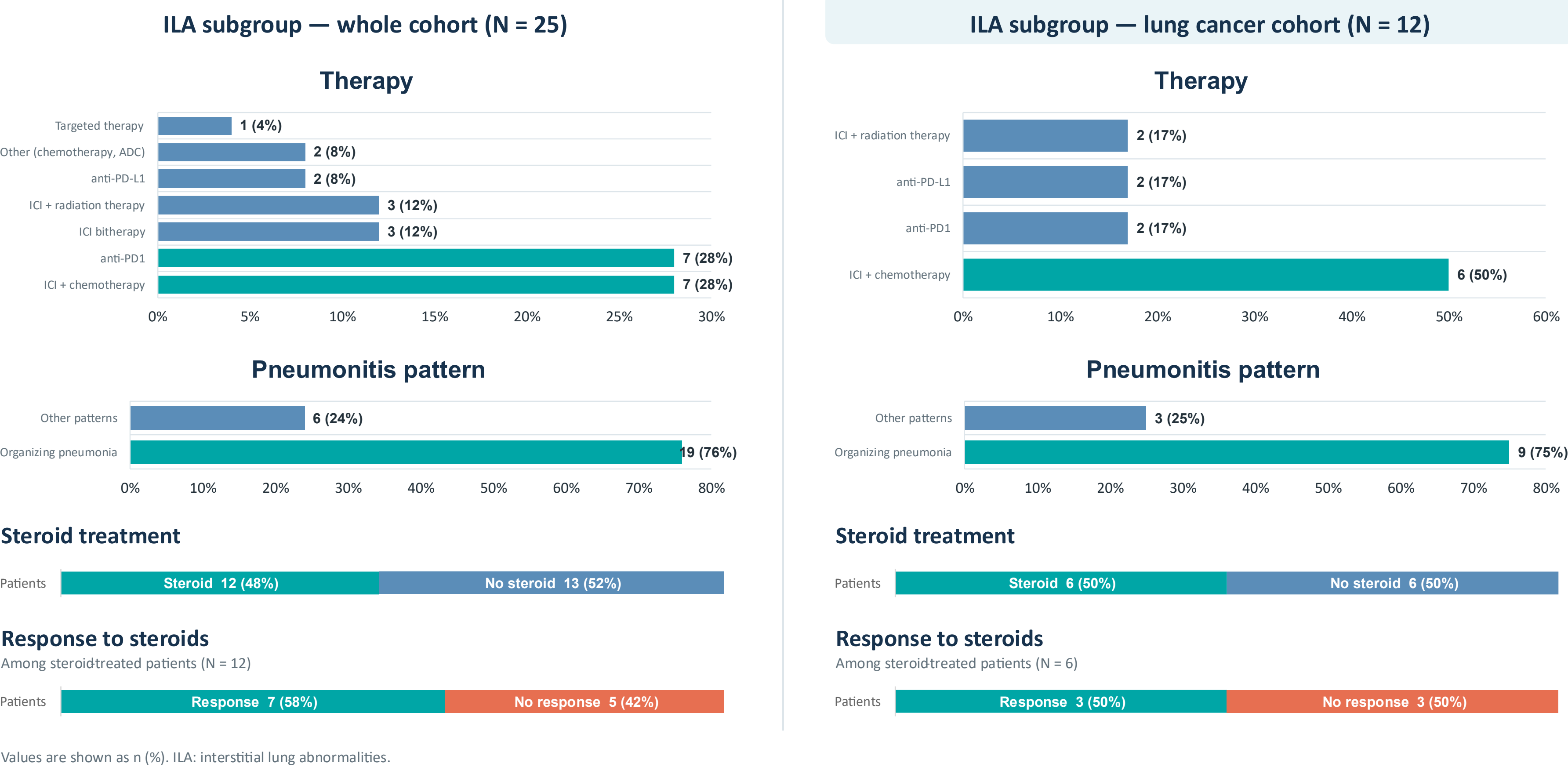


Artificial Intelligence (AI) Use Disclaimer

AI Disclosure: ChatGPT (OpenAI) was used to assist with language editing and the creation and formatting of tables and graphical elements. All scientific content, data, interpretations, and conclusions were reviewed and verified by the authors.

RESULTS

Whole cohort versus lung cancer cohort



ILA progression within each subtype

Progression shown within the total number of patients in each ILA subgroup

