Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/precision-medicine-in-fibrotic-ild/67684/

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Precision Medicine in Fibrotic ILD: Predicting Risk and Treatment Response

Announcer:
This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Pilar Rivera Ortega. She's a Consultant in Respiratory Medicine at the Royal Devon University and Exeter Hospital, as well as an Associate Research and Development Director for Royal Devon University NHS Foundation Trust in the United Kingdom. She'll be sharing her insights on the role of precision medicine in fibrotic interstitial lung disease, which she spoke about at the 2026 European Respiratory Society Congress. Here's Dr. Ortega now.

Dr. Ortega:
In terms of the new era of precision medicine in ILD, this is definitely a very trendy and hot topic nowadays. And we have multiple biomarkers—for example, peripheral blood biomarkers, bioimaging markers, and so on.

When we have all of this information, particularly to predict the risk and the prognosis, that is really important because we will be up front and not just have a reactive type of approach. I think it's moving from a treatment—and when I am telling you about treatment, it's not only pharmacological, it's non-pharmacological as well—that's reactive to a proactive intervention to avoid progression hopefully. And this is essential because if I can have a better idea of the risk of every patient at the time of diagnosis, hopefully I will be able to avoid treatments that I know are not suitable for this patient or to maybe customize the follow-up for these patients to have close monitoring for them rather than follow-up every year. I can follow up every six months or every three months because we need to move away from the old-fashioned type of schema that is only physician-centric that we know is not sustainable and maybe not the best type of practice.

What we need to offer is a multidisciplinary approach. We can work together with very knowledgeable specialist nurses, specialist pharmacists, occupational therapists, dietitians, and so on. So therefore, we can alternate the visit as well with our patients and, if the patient wants this as well, use digital therapy. It may not be necessary for the patient to come face to face to the hospital. We can perform telephone consultations, video calls, and so on.

So that's why and how I use all of these biomarkers as a risk predictor for prognosis and how the patient will respond to treatment: to customize the management plan and to try to predict how this patient and the disease that this patient is suffering from will be in a year, three years, or five years and to be ready before the events possibly occur.

Announcer:
That was Dr. Pilar Rivera Ortega talking about precision medicine in fibrotic interstitial lung disease. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!