8th WASOG Conference

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The World Association for Sarcoidosis and Other Granulomatosis, founded 25 years ago in Milan as a professional group dedicated mostly to the study of sarcoidosis, widely diversified its spectrum of interests in the past decades, has grown into the main international organism dedicated to all interstitial lung diseases (ILD).

WASOG can be considered also as a group of good friends that meet periodically in WASOG meetings, but also during all the big respiratory congresses, to confront what is new in ILDs and slowly, but relentlessly, push forward the knowledge in this domain.

Many of the most celebrated researchers and clinicians of ILDs were present in Gdansk: Marjoleine Drent (Netherlands), Ganesh Raghu (Washington), Athol Wells (London), Katerina Antoniou (Heraklion), Vincent Cottin (Lyon), Ulrich Costabel (Essen), Bruno Crestani (Paris), Daniel Culver (Cleveland), Robert Baughman (Cincinnati), Francesco Bonella (Essen), Jan Grutters (Netherlands), Sara Tomasetti (Forli), Antje Prasse (Hannover), Wim Wuyts (Leuven), Luca Richieldi (Southampton), Imre Noth (Chicago), Michael Kreuter (Heidelberg), Arata Azuma (Tokyo), etc. The hosts were also well represented by several physicians dedicated to management of ILDs, sarcoidosis and lung transplantation. Professor Anna Dubaniewicz from Gdansk University, chair of the organizing committee, was the heart of the conference.

The conference focused on sarcoidosis, idiopathic pulmonary fibrosis, rare ILDs and other ILDs. It also hosted a poster session, with the 3 best posters being rewarded.

For us, the two Romanian representatives in this high level conference, Claudia Toma and myself, it was a genuine session of CME, but also a networking opportunity and a perfect environment for making friends.

Several lessons can be learned from this conference:

- New insights into idiopathic pulmonary fibrosis (IPF) pathogenesis: the bronchialisation of alveoli, in parallel with reduction of type II pneumocytes and migration of primordial bronchial cells towards the alveoli.
- Diagnosis of IPF should be "demystified": not all UIP pattern on HRCT is IPF; broncho alveolar lavage regains it's lost importance, a sound medical history and identification of environmental exposures can bring light into the diagnosis.
- The phenotype of IPF associated to emphysema displays higher vital capacity and slower decline of FVC due to emphysema, but is doubled by a more severe decline of DLCO than typical IPF.
- The concept of "precision medicine": diagnosis and management of the disease guided by genetic pattern. It was noted that N-acetilcysteine has different effects in IPF patients, according to their genotype: in some it is beneficial, in some it is indifferent, while in others it is deleterious. This led to stopping the Panorama study, because of worse evolution of IPF patients in the pirfenidone + NAC arm than in pirfenidone + placebo arm.
- IPF patients with FVC < 70% predicted have much more frequent acute exacerbations than patients with FVC > 70%. Nintedanib reduces significantly the acute exacerbations of IPF in patients with FVC < 70% predicted.
- The treatment in patients with IPF should be continued, even if there is a decline in lung function, as it has been shown that the long-term survival is very much improved in treated patients.
- New technique for whole lung lavage for alveolar proteinosis (PAP) eliminates up to 40% more proteins from the alveoli as compared to classic technique: a small amount of saline solution is instilled into the lung (300-400 ml), followed by balloon ventilation of the lavaged lung, and then drainage of the fluid.
- New efficient treatments for PAP: inhaled GMCSF – with 62% of patients having good response; rituximab for 3-6 months.
- Much more attention should be paid to fatigue symptoms in sarcoidosis: patients complaining of disordered sleep, fatigue, fibromyalgia, chronic unexplained widespread pain, small fiber neuropathy. Symptoms can be quantified by specific questionnaires (FACIT-F, SF-36, FAS). Unfortunately, the symptoms don't respond to sarcoidosis treatment, but may respond to antidepressants, physical treatments or exercise.
- Several alternatives to corticosteroids for treating sarcoidosis emerged: methotrexate, azathioprine, TNF-alpha inhibitors.
- Cardiac sarcoidosis is always a challenge. It can be screened by cardiac ultrasound but diagnosed by gadolinium MRI, PET scan and targeted biopsy after electro anatomic mapping. Poor prognosis is suggested by low ejection fraction, higher NYHA class and isolated heart sarcoidosis. Only 47% of cases respond to steroids.

The Conference was hosted by the brand new European Solidarity Center, built in a space previously belonging to Gdansk Shipyard, in the exact spot where the historical 1980 workers' strike occurred. Lech Walesa, leader of the popular movement in Poland and Nobel prize winner, honoured the conference with his presence and inspirational talk in the first day.

Gdansk was quite a pleasant surprise, with it's lovely old town with painted facades, dating from the Hanseatic League time, impressive cathedrals, charming waterfront promenade along the river, amber shops and lively atmosphere. ■