Surgical lung biopsy for interstitial lung disease: when considered necessary, should these be done in larger and experienced centres only?

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Ascertaining an accurate diagnosis for people confronted with new onset interstitial lung disease (ILD) is central to informing discussions around prognosis and treatment choices. In people with idiopathic pulmonary fibrosis (IPF), treatment with both pirfenidone and nintedanib has been shown to reduce the rate of disease progression [1, 2], whereas historical use of immunosuppression was shown in the landmark PANTHER study to be harmful [3]. In other conditions, such as hypersensitivity pneumonitis or sarcoidosis, an accurate diagnosis helps to inform prognosis, allow removal from harmful exposure, and justify consideration of treatment with corticosteroids and/or immune modulating agents, if required [4, 5].