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# Better tests for interstitial lung disease

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| **Submission date**<br>06/07/2026 | **Recruitment status**<br>Recruiting | [_] Prospectively registered<br>[X] Protocol |
| **Registration date**<br>24/08/2026 | **Overall study status**<br>Ongoing | [_] Statistical analysis plan<br>[_] Results |
| **Last Edited**<br>24/08/2026 | **Condition category**<br>Respiratory | [_] Individual participant data<br>[X] Record updated in last year |

## Plain English summary of protocol

Background and study aims
Doctors are currently unable to accurately predict what will happen after diagnosing their patients with one of the conditions that together represent interstitial lung diseases (ILD). This reflects the weaknesses of the tests usually employed when working towards a diagnosis. This is clearly unacceptable, and this study aims to examine potentially suitable tests for their ability to predict subsequent clinical 'behaviour' (meaning changes such as worsening symptoms, need for new treatment or admission). There is also recognised uncertainty in diagnosis with this reflecting doctors' biases towards certain conditions over others. We will work with pigeon fanciers, a group recognised to be at increased risk of lung problems, and patients with an established diagnosis of ILD, to examine several candidate tests.

Who can participate?
Active pigeon fanciers, patients recently diagnosed with ILD or patients admitted due to their ILD, aged 18 years and over

What does the study involve?
Active pigeon fanciers will undergo a blood test and a breathing test, along with supported completion of a questionnaire when attending recruitment events and annual contact from the study team to pick up any new diagnoses or tests for ILD. Patients with an established ILD will be asked to undertake blood and/or breathing tests.

What are the potential benefits and risks of participating?
Participants contribute to future clinical care through their test results being used in the assessment of candidate tests. Risks relate to blood taking (bruising, fainting) and breathing tests (if maximal effort there is potential for fainting but this is managed by sitting down during the test and this being performed by trained staff following consideration of established exclusion criteria).

Where is the study run from?
NHS Tayside (UK)

When is the study starting and how long is it expected to run for?
January 2026 to January 2036

Who is funding the study?
1. British Pigeon Fanciers Medical Research (UK)
2. NHS Tayside (UK)

Who is the main contact?
Dr Mark Spears, mark.spears@nhs.scot

# Contact information

### Type(s)
Principal investigator, Public, Scientific

### Contact name
Dr Mark Spears

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# Additional identifiers

### Integrated Research Application System (IRAS)
348505

# Study information

### Scientific Title
Better tests for interstitial lung disease

### Study objectives
Assess candidate non-invasive tests for their ability to predict the development of interstitial lung disease and its subsequent clinical behaviour once clinically evident.

### Ethics approval required
Ethics approval required

### Ethics approval(s)
Approved 06/11/2025, North East - Tyne & Wear South Research Ethics Committee (NHSBT Newcastle Blood Donor Centre Holland Drive, Newcastle upon Tyne, NE2 4NQ, United Kingdom; +44 (0)207 1048091; tyneandwearsouth.rec@hra.nhs.uk), ref: 25/NE/0202

### Primary study design

Observational

## Secondary study design
Cohort study

## Study type(s)

## Health condition(s) or problem(s) studied
Interstitial lung disease (ILD)

## Interventions
This project will assess several non-invasive assessments, focusing on blood- and breath-based sampling, to identify candidate tests that may translate through to routine clinical use.

The tests being assessed will be initially employed in pigeon fanciers, a group recognised to be at high risk of developing ILD compared to age-matched controls, due to their regular exposure to a known cause of ILD. Pigeon fanciers will be recruited at research events at large meetings held by this group, which will allow assessment of tests for use distant from specialised laboratories, and hence ease of use in primary care or hospital clinics with limited access to research laboratories. Candidate tests will also be assessed for change over time in this group.

Finally, tests which show promise will then be utilised in patients with ILD diagnoses, including those with severe respiratory failure, to assess their acceptability to patients and their ability to provide useful prognostic information, to allow powering of future definitive clinical trials

## Intervention Type
Other

## Primary outcome(s)
1. Acceptability measured using the visual analogue scale and participant comments at time of use

2. Ease of use by clinicians measured using visual analogue scale at time of use

3. For Pigeon Fanciers: the ability of the tests to predict acute responses to pigeon exposure (compared to provided history obtained by the questionnaire) and subsequent clinical behaviour (ascertained via the annual questionnaire or on re-attendance at the usual large Pigeon Fancier meetings) such as diagnosis of interstitial lung disease (ILD), admission to hospital with ILD, or commencement of treatment for ILD, measured using annual questionnaire at subsequent attendance at recruitment event, or via spontaneous contact by email or phone call, at time of use and when events of relevance occur

4. For patients recruited within NHS Tayside with ILD: the ability of the tests to predict subsequent progression in disease (defined as persistent decline in lung function, progression in fibrosis, or development of acute ILD, admission due to ILD or death from ILD), measured using local data sources in NHS Tayside, e.g., clinical record, at time of use and when events of relevance occur

5. For ILD patients recruited as inpatients: the ability of the tests to predict recovery to home, response to anti-inflammatory treatment, discharge home with disease progression (need for home oxygen when not present before) or death from ILD, measured using local data sources in NHS Tayside, e.g., clinical record, at time of use and when events of relevance occur

### Key secondary outcome(s)
1. Relationships with development of ILD and clinical outcomes:
1.1. Correlation between commonly collected tests and 'new' tests:
1.1.1. Spirometric measures and result of new test measured at time of use
1.1.2. Questionnaire results and new test outcomes measured at time of use
1.2. Time taken for 'new test' result to become available measured from sample being obtained
1.3. Feasibility for ease of deployment of new test by non-specialists, measured using visual analogue scale and clinician comments at time of use

### Completion date
15/01/2036

## Eligibility

### Key inclusion criteria
Active in sport of pigeon fancying or if not a pigeon fancier, have a diagnosis of interstitial lung disease

### Healthy volunteers allowed
Yes

### Age group
Mixed

### Lower age limit
18 Years

### Upper age limit
90 Years

### Sex
All

### Total final enrolment
0

### Key exclusion criteria
1. Unable to perform tests being evaluated
2. Unable to provide informed consent

### Date of first enrolment
17/01/2026

### Date of final enrolment
15/01/2036

# Locations

**Countries of recruitment**
United Kingdom

England

Scotland

**Study participating centre**
**Perth Royal Infirmary**
Taymount Terrace
Perth
Scotland
PH1 1NX

**Study participating centre**
**Ninewells Hospital**
Ninewells Avenue
Dundee
Scotland
DD1 9SY

**Study participating centre**
**Show of the Year**
Winter Gardens, 97 Church St
Blackpool
England
FY1 1HL

# Sponsor information

**Organisation**
NHS Tayside

**ROR**
https://ror.org/000ywep40

# Funder(s)

**Funder type**

**Funder Name**
British Pigeon Fanciers Medical Research

**Funder Name**
NHS Tayside

# Results and Publications

## Individual participant data (IPD) sharing plan

**IPD sharing plan summary**
Not expected to be made available

**Study outputs**

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Participant information sheet | version 1 | 02/11/2025 | 07/07/2026 | No | Yes |
| Protocol file | version 1 | 04/08/2025 | 07/07/2026 | No | No |