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Appendix 2

This appendix was part of the submitted manuscript and has been peer reviewed.

Appendix to: Jo HE, Prasad JD, Troy LK, et al. Diagnosis and management of idiopathic pulmonary fibrosis: Thoracic Society of Australia and New Zealand and Lung Foundation Australia position statements summary. *Med J Aust* 2017; doi: 10.5694/mja17.00799 [Epub ahead of print].

Appendix 2

Core components of an interstitial lung disease (ILD) multidisciplinary meeting

Structure of ILD multidisciplinary meeting

- The multidisciplinary meeting should be dedicated to the exclusive discussion of ILD cases
- There should be an adequate case-load to enable regular meetings

Membership

- Minimum attendance by two or more respiratory physicians, a radiologist, and a histopathologist
- Presentation of data should be by the treating respiratory physician
- Attendance by a respiratory physician with expertise in ILD

Data input

- Presentation of a comprehensive set of key clinical data and adequate investigations of sufficient quality
- Presentation of data in a standardised format

Governance

- A consensus approach to diagnosis formulation, involving discussion between all craft groups
- Use of a standardised list of potential ILD diagnoses with well-defined terms and current definitions

Data output

- Provision of a consensus diagnosis, degree of diagnostic confidence (definite, provisional and unclassifiable) and differential diagnoses
- A suggested initial management plan, including suggestions to rediscuss with further diagnostic material, if appropriate
- A standardised and comprehensive means of communication of multidisciplinary meeting outcomes with the referring physician and other health care providers

Prasad JD, Mahar A, Bleasel J, et al. The interstitial lung disease multidisciplinary meeting: a position statement from the Thoracic Society of Australia and New Zealand and the Lung Foundation Australia. *Respirology* 2017; 22: 1459-1472.