A 72-year-old man is referred with a ten year history of mild exertional dyspnoea. He has a strong family history of pulmonary fibrosis. He desaturates on exercise but still manages to play 18 holes of golf regularly.

HRCT shows features of cryptogenic fibrosing alveolitis (UIP variant).

Management questions:
Q1: What further investigations would you request: none, monitor closely, bronchoscopy and transbronchial biopsy or other?
Q2: How would you proceed with further management: continue regular monitoring, start high dose steroids, start steroids plus azathioprine or refer to a tertiary centre?