

Comment on: Tocilizumab induces corticosteroids sparing in rheumatoid arthritis patients in clinical practice.

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I have no conflicts of interest.
I have not received any funding support.

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Sir,

I was pleased to read the recent paper on the short-term value of tocilizumab (TCZ) in decreasing the daily oral prednisone dose (DOPD) in rheumatoid arthritis (RA) patients in a real life setting [1]. The proportion of RA patients receiving TCZ with a DOPD of 5 mg or less increased from 32 % at baseline to 54 % after 24 weeks and 12 % were off prednisone at 24 weeks [1]. However, I have some concerns on the study design, the reporting and interpretation of the results.

Table 2 did not report the results of the intention-to-treat analysis with last observation carried forward, since patients' numbers were different throughout the study period.

The dropout rate of 19 % and the use of the last observation carried forward could alter the statistical analysis between baseline DOPD and changes of either DOPD or DAS28-ESR at 24 weeks. As well, the DOPD was decreased at physicians' discretion throughout the study period while the DAS28 had already plateaued at week 8.

I wondered if the authors considered that the reduction of DOPD during the study is mostly due to physicians' preference introducing an important bias. As physicians were expecting possible benefits of TCZ therapy, non-responders who

had higher baseline DOPD had also the most reduction in DOPD (- 7 mg) compared with moderate responders who had the least. (- 2 mg) at 24 weeks.

Lastly, the authors did not mention the use of intra-articular corticosteroids in their study protocol that could influence the DOPD. Of interest, active use of intra-articular injections in case of synovitis and physicians' adherence to protocol increased the remission rate in early RA patients [2].

DISCLOSURE: NONE

FUNDING: NONE

References

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