RHEUMATOLOGY

Letter to the Editor (matters arising from published papers)

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Comment on: Patterns of interstitial lung disease and mortality in rheumatoid arthritis: reply

Sir, We appreciate the observations and contribution of Kelly and Iqbal [1] regarding the possible effects of rituximab and other biologics on the development and progression of lung disease in patients with new onset RA.

The similarities in the demographics between the UK databases and the Mayo cohort are commented on. It is worth noting that the Mayo cohort consisted of referral patients from diverse geographical areas. Differences in practice patterns and indications, as well as disease status at first use of biologics and rituximab, which we are unable to interrogate, might account for some of the differences in possible effects of these agents on the lung disease of RA.

We appreciate the excellent question regarding mortality. As there were only seven deaths (one from respiratory causes) among rituximab users and six deaths (three from respiratory causes) among TNF users, we are not able to address the question in a satisfactory manner. In our previous report, there were no differences in progression between patients on TNF and those on non-TNF biologics, including rituximab; however, this was not analysed separately [2]. A possible contributing explanation to the apparent difference in mortality between the two studies is that Kelly *et al.* [3] do not account for the duration of follow-up and only report the raw percentage of patients who died during 14 years of follow-up.

Interstitial lung disease remains a poorly understood and challenging management problem in patients with RA. We welcome new efforts to elucidate the pathobiology and treatment of these complex disease manifestations.

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3 Kelly CA, Saravanan V, Nisar M *et al*. Rheumatoid arthritis-related interstitial lung disease: associations, prognostic factors and physiological and radiological characteristics—a large multicentre UK study. Rheumatology 2014;53:1676–82.

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