



Efficacy of MMF in African Americans vs. Non-African Americans with SSc-ILD

The objectives of this study were to explore the role of MMF in the treatments of systemic sclerosis-associated ILD, and examine whether racial differences influence response to treatment, specifically between African Americans and non-African Americans. The conclusion by the authors were that MMF can significantly slow the decrease in FEC percent predicted in patients with systemic sclerosis ILD in all patients, but importantly in both African Americans and non-African Americans.

I'm not sure if the 68 patients in this study came from a convenient sample, or what the biases were involved in terms of the sample analyzed. And also, the main difference in this population was to significantly lower FEC in the African American patients at the start of MMF. It would be good to see how the trends look had the group spend more equal at baseline. Clearly, having a worst start indicated something probably including things like access to care or later diagnoses.

Because this was a retrospective observational study that was not controlled, adherence is always an issue, particularly with MMF as it can be up to six tablets a day alone along with the many other medications that our patients can take. And MMF is associated with GI side effects, which are very common in systemic sclerosis. It would be good to have had that information as well to factor in in terms of the response. And also, there's a suggestion of differential improvement in lupus nephritis with possibly better response to MMF in African Americans compared to non-African Americans. And whether any of these racial ethnic differences exist in systemic sclerosis with regards to MMF treatment is yet to be clarified.

I don't think this abstract indicates that we should be treating African Americans any differently, but it reassures us that the current standard of care, which can involve MMF, is effective in both African Americans and non-African Americans. It's supportive in that way.

The results suggested that mycophenolate can slow the decreased in forced vital capacity predicted in both African Americans and non-African Americans. However, the major problem was that African Americans had a significantly lower force vital capacity to start with, so the comparison may not be valid. Also, this was an open label study where many different practitioners treated patients in their clinic with a variety of drugs, so one can only get a sense of what was going on.

One of the problems we see in the African American community is decreased access to expensive, and at that time, proprietary medications ... where inability to afford the medication, and adherence and compliance with taking the medication, historically influences the results. None of the results were really statistically significant vis-a-vis except for the forced vital capacity overall tended to improve. Another other issue with this study is that the amount of patients who were SS-A or Ro positive among African Americans was 44% versus only 19%, and SS-A is not usually all that common in scleroderma patients.



I'm concerned that some of the patients may have had overlap syndromes or mixed connective tissue disease, and the findings may not have been robust as expected. Nevertheless, the conclusion is that we know that mycophenolate reduces or slows the decrease in forced vital capacity. This has been shown in other studies as well, and it does appear to be true in African Americans. But we need a more vigorous analysis of this in order to really validate these conclusions. Thank you.