American College of Rheumatology (ACR)
Reproductive Health in Rheumatic Diseases Guideline

Public Comments

The ACR Reproductive Health in Rheumatic Diseases Guideline public comment was posted on the ACR website November 28, 2017. The announcement was e-mailed to the Practice Guidelines Subcommittee, Quality of Care Committee and ACR Board of Directors, and was included in multiple ACR publications and on ACR social media platforms. ***Two (2)*** *responses were received via the online form. The public comment period closed on December 27, 2017.*

RESPONSES RECEIVED:

- **Name:** Brittany Bettendorf
- **Institution:** University of Iowa
- **Position:** Assistant Clinical Professor
- **Disclosure (optional):** Nothing to disclose

Comments:

- Page 4, line 89, "Long-term issues in the offspring." I wonder if this could be worded differently to also include short-term recommendations for monitoring in the offspring? Such as recommendation for CBC after birth in a baby whose mother was on an anti-TNF, etc.
- Page 31, section 3C, around line 709. "In a man with RD what is the impact of receiving rheumatology medications on paternal fertility outcomes?" I wonder if this should be worded differently so that it is clear that it means the impact on long-term fertility (even after going off the medications). For instance, I expected colchicine to be listed here, since it can decrease sperm count, but it was actually addressed later on in line 1457 with paternal medication exposures.
- Perhaps section 3C and section 7A should be closer to each other (in terms of printed proximity) in the actual guidelines.
- Page 51, line 1229. "Regular monitoring for rheumatic disease activity and rheumatic medication management during pregnancy." Can you define what "regular" means?

- **Name:** Liron Caplan
- **Institution:** University of Colorado Denver
- **Position:** Associate Professor
- **Disclosure (optional):** ACR Practice Guidelines Subcommittee Chairperson

Comments:

I sincerely hope that in addition to "Counseling in anticipation of pregnancy," the GL covers the teratogenicity of oral small molecules and biologics. This is only vaguely alluded to in the background and not mentioned in the outlined plan. "Fertility preservation in the setting of cyclophosphamide therapy" is singled out…what about fertility preservation with other agents? This project plan seems to focus primarily on women's issues, as it should, but is somewhat neglectful of male issues. For example, the statement "contraceptive methods tend to be underutilized by reproductive-aged women with rheumatic disease" is certainly true, but why no mention about male use of contraceptives? What about data regarding sperm viability, etc.? The participants in this projects are disproportionately female (I'm glad to say!), but the relevant topics should be covered for males. As far as scoping is concerned, I hope more peripheral topics such as gynecomastia, libido, etc., are at least put on the list of possible PICO questions, even if not addressed in the initial iteration of these guidelines.

Please disregard my prior comment re: male issues. I did not see the appendix with PICOs initially and it does appear that male issues are addressed in PICO 3C and 3B and 7A. Line 243 ("7. Safety of paternal medication exposure") probably belongs in pre-pregnancy. Line 849 PICO 4E does not identify an intervention…it is not in PICO format, as best as I can tell. A PICO question that does require the project to address the issue of disease risks might be "in pts with RD, does counselling (versus no counselling) recommended for certain diseases or levels of disease activity lead to better outcomes?" That's a rough sketch out, but hopefully it leads somewhere. While mycophenolate and non-TNFi garner specific PICOs around relative safety of one agent versus another, I hope that PICOs were constructed for other agents that will be addressed in the future (MTX, for instance). There needs to be some general comment about the relative dangers of DMARDs in pregnancy…perhaps a table that lists agents in terms of most dangerous to least dangerous as a way to address the innumerable potential agent-to-agent comparisons. Maybe I missed it, but the other practice that is frequently done for which I see no PICO is continuing DMARD/TNFi vs. switching to low-dose prednisone. Another question around reproductive health is the question of genetic testing (HLAB27, for example, in unaffected children of adults with axSpA)…more PICOs to file away on the "eventually we will get there" list. Thanks for all your hard work on this.