

American College of Rheumatology (ACR)
Updated Guideline for the Management of Rheumatoid Arthritis
Core Leadership Team Response to Public Comments on Project Plan
December 2018

We appreciate the comments and suggestions submitted regarding the ACR's proposed plan for developing an updated ACR clinical practice guideline for the management of rheumatoid arthritis (RA).

With respect to comments regarding nonpharmacologic treatment options, the GRADE approach will be used to evaluate the literature describing the potential efficacy of these approaches in RA populations. As noted in the comments, we agree that overall disease activity is not the suitable outcome measure in all comparisons. We will include outcomes relevant to specific treatment comparisons, such as patient reported outcomes (e.g., pain and function), as well as objective measures of function, when appropriate.

We appreciate the importance of examining over-the-counter medications such as NSAIDs. When developing the initial set of PICO questions, the expert panel and core team deliberated over whether to include NSAIDs. Unfortunately, there are a myriad of potential trade-offs involving joint disease, cardiovascular disease, gastrointestinal and renal disease that would require resources beyond what are available to formulate recommendations on NSAIDs for the management for RA. Therefore, NSAIDs will not be evaluated in these recommendations.

Several comments were made regarding acknowledging poor prognostic factors in the treatment recommendations. Because poor prognostic factors were not found to meaningfully impact previous RA recommendations, we did not formulate separate PICO questions for subgroups varying by specific prognostic factors. Rather, during the literature review we will evaluate whether the pre-specified outcomes differ by specific clinical, imaging or serologic prognostic factors. In these circumstances, we will consider these differences when formulating the recommendations. Note, in this context, the term "risk factors" encompasses the prognostic factors listed in the comments.

Specific recommendations for the treatment of RA will be considered for patients with interstitial lung disease (ILD); however, a comprehensive guideline on the management of ILD in patients with rheumatic disease is beyond the scope of this project.

Intervals for treatment escalation are addressed in the current plan.

We agree that it is important to address treatment recommendations in individuals with specific co-morbidities, such as diabetes. We have included several questions addressing treatment recommendations in patients with critical co-morbid conditions, including cardiovascular disease. Unfortunately, addressing all co-morbid conditions is beyond the scope of clinical practice guidelines.

We appreciate the comments regarding prevention of RA in high-risk individuals. We agree this is an extremely important area. Delineation of specific at-risk populations, as well as the impact of pharmacologic treatment on the development of inflammatory arthritis, are acknowledged as important areas that will be considered in future guidelines.