

Response to: 'Correspondence on 'Historically controlled comparison of glucocorticoids with or without tocilizumab versus supportive care only in patients with COVID-19-associated cytokine storm syndrome: results of the CHIC study' by Charles

In his correspondence, Charles challenged the appropriateness of publishing the COVID High-intensity Immunosuppression in Cytokine storm syndrome (CHIC) study in *ARD*.^{1,2} I am always grateful for our readers' critical assessments of papers published in *ARD*, since this allows the authors to address further questions of interest and thus provide additional clarification. Ramiro *et al* have done so in their response to Charles' critique.³

Regarding the decision to publish the paper, I can assure Charles that all research papers in *ARD* undergo a full peer-review process. In this case, the paper was reviewed by three top experts in the field who all regarded it as an important contribution and recommended publication after revision. The results of this study have been submitted on 1 July, at a time when very little was known about optimal therapy of severe COVID-19 and prospective randomised controlled trials were of extreme rarity, if available at all. In the early COVID-19 era, knowledge accrued stepwise and reviewers and journal editors had to make decisions based on the little information available in the literature and by critical assessment of the incremental information that was provided with every submitted manuscript.⁴

Charles based his critique on findings that tocilizumab is not generally efficacious in COVID-19 patients.¹ However, as Ramiro *et al* pointed out in their own and with reference to newer papers,³ the drug does appear to convey significant benefit in patients with severe disease. This is further exemplified by a recent report⁵ not yet covered by Ramiro *et al*.³ The results of all these trials were published long after the CHIC study.

Whether to embark on publication of research related to COVID-19 in general rather than just focusing on rheumatic diseases is a question that was raised within the *ARD* editorial board last year. Since anti-inflammatory therapies used in rheumatology are often the focus of studies on COVID-19, the decision was to also consider such papers for publication in *ARD*. I am very grateful to the members of the editorial board who assessed these manuscripts before we made the decision to review or reject them without review, and also to the many referees who evaluated these papers so carefully over the last year, like the one on the CHIC trial.

While I am aware that occasionally data of publications may not be confirmed by subsequent studies, the data from the CHIC trial presented in *ARD* were apparently fully confirmed.^{3,5} Thus, *ARD* spearheaded the field by providing new, thoroughly peer-reviewed findings at an early stage of our understanding of

COVID-19 treatment so that others could perform confirmatory trials and patients could benefit timely from this advance.

Josef S Smolen 

Division of Rheumatology, Department of Medicine 3, Medical University of Vienna, Wien, Austria

Correspondence to Professor Josef S Smolen, Division of Rheumatology, Department of Medicine 3, Medical University of Vienna, Wien 1090, Austria; josef.smolen.ard@meduniwien.ac.at

Handling editor Iain McInnes

Contributors JSS is the sole author.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests Editor, *ARD*.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

This article is made freely available for personal use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Smolen JS. *Ann Rheum Dis* 2023;**82**:e110.

Received 21 February 2021

Accepted 22 February 2021

Published Online First 3 March 2021



► <http://dx.doi.org/10.1136/annrheumdis-2021-219986>

Ann Rheum Dis 2023;**82**:e110. doi:10.1136/annrheumdis-2021-220164

ORCID iD

Josef S Smolen <http://orcid.org/0000-0002-4302-8877>

REFERENCES

- Charles P. Correspondence on 'Historically controlled comparison of glucocorticoids with or without tocilizumab versus supportive care only in patients with COVID-19-associated cytokine storm syndrome: results of the CHIC study'. *Ann Rheum Dis* 2023;**82**:e108.
- Ramiro S, Mostard RLM, Magro-Checa C, *et al*. Historically controlled comparison of glucocorticoids with or without tocilizumab versus supportive care only in patients with COVID-19-associated cytokine storm syndrome: results of the CHIC study. *Ann Rheum Dis* 2020;**79**:1143–51.
- Ramiro S, Mostard R, Landewe R. Response to: 'Correspondence on 'Historically controlled comparison of glucocorticoids with or without tocilizumab versus supportive care only in patients with COVID-19-associated cytokine storm syndrome: results of the CHIC study' by Charles. *Ann Rheum Dis* 2023;**82**:e109.
- Smolen JS. Greetings from the editor 2021. *Ann Rheum Dis* 2021;**80**:1–3.
- Horby PW, Pessoa-Amorim G, *et al*, RECOVERY Collaborative Group. Tocilizumab in patients admitted to hospital with 3 COVID-19 (recovery): preliminary results of a randomised, controlled, open-label, platform trial. *medRxiv* 2021.