Correspondence on ‘Safety and tolerability of nintedanib in patients with systemic sclerosis-associated interstitial lung disease: data from the SENSCIS trial’

The Safety and Efficacy of Nintedanib in Systemic Sclerosis (SENSCIS) trial,1 published in May 2019 in New England Journal of Medicine, analysed the efficacy and safety of nintedanib in the treatment of systemic sclerosis-related interstitial lung disease (SSc-ILD) over 52 weeks. A reanalysis of the safety and tolerability data was recently published in Annals of the Rheumatic Diseases.2 In both articles, we could not find information on the incidence of serious infections and serious respiratory tract infections.

Further safety results of the SENSCIS trial, using a wider time frame than the original publications (i.e., up to 100 weeks of follow-up), are accessible at ClinicalTrials.gov website since December 2019.3 In a closer look at the table reporting serious adverse events (you must do the math), there were 34 infections in nintedanib versus 14 in placebo group (each group had 288 patients).3 Notwithstanding the fact that this is not the primary outcome of the study (what may affect the interpretation of the p values), the risk of serious infections is significantly higher in nintedanib group (risk ratio, 2.43, 95% confidence interval [CI], 1.33 to 4.43, p=0.003; risk difference, 6.9%, 95% CI, 2.1 to 11.8%). Bacterial or viral respiratory tract infections represented apparently 18/34 (53%) and 7/14 (50%) of serious infections in nintedanib and placebo groups, respectively. Eleven cases of serious infectious pneumonia were reported with nintedanib comparing with two in placebo arm,3 representing a risk ratio of 1.33 to 4.43, p=0.003; risk difference, 6.9%, 95% CI, 2.1 to 11.8%. Despite the observed effect of nintedanib in reducing the loss of forced vital capacity in SSc-ILD, changes in pulmonary function tests are still surrogate endpoints. Further studies are necessary to prove the safety and the capacity of nintedanib in improving clinical outcomes that represent the burden of disease to patients with SSc-ILD.

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