In response to Baang and Fisher: results in patients who could be evaluated clinically were consistent with those in the modified intention-to-treat population. The population of patients who could be evaluated clinically in our study is synonymous with the per-protocol population, since it consisted of all patients in the modified intention-to-treat population who met the criteria for study inclusion, received the full-course of study treatment, and underwent an assessment for clinical cure at the post-therapy evaluation by the site investigator, as stated in the legend to Figure 1 of our article. In addition, Figure 2 of our article and Tables S4, S7, and S11 in the Supplementary Appendix, available at NEJM.org, are all based on the population of patients who could be evaluated clinically.

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Since publication of their article, the authors report no further potential conflict of interest.


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Tofacitinib versus Methotrexate in Rheumatoid Arthritis

TO THE EDITOR: In the article by Lee et al. (June 19 issue),1 the reported elevation in levels of serum creatinine and low-density lipoprotein (LDL) cholesterol in a proportion of patients in the tofacitinib group may be a cause for concern, given the prevalence of adverse renal and cardiovascular outcomes among patients with rheumatoid arthritis.2,3 Preliminary data suggest that the half-life of tofacitinib is prolonged in patients with impaired renal function, and if this drug simultaneously reduces renal function, it could create a self-perpetuating cycle prolonging its action.4 Apprehension regarding renal function is counterbalanced by the findings of a phase 2b trial of tofacitinib involving patients undergoing renal transplantation. This study reported superior allograft function and efficacy that was similar to cyclosporine in preventing rejection of renal allografts.5

Tofacitinib also may suppress renal tubular secretion of creatinine, thus increasing serum levels without truly affecting renal function. Given the coincident increase in serum LDL cholesterol levels in these patients, one might be concerned about the possibility that tofacitinib induced or exacerbated proteinuria. Are data on urinary protein excretion available to more fully characterize the renal implications of tofacitinib use?

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TO THE EDITOR: We have major concerns about the safety of tofacitinib, which was developed as

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