Comment on the 2021 EUGOGO Clinical Practice Guidelines for the Medical Management of Graves’ Orbitopathy

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I am writing to you after reading the article entitled ‘The 2021 European Group on Graves’ Orbitopathy (EUGOGO) Clinical Practice Guidelines for the Medical Management of Graves’ Orbitopathy’ by Bartalena et al. (1). In these guidelines, the authors advise their colleagues who care for patients with Graves’ orbitopathy (GO) to consider an aggregate of several factors in determining the optimal therapy for moderate to severe and/or sight-threatening GO. They strongly recommend as first-line therapy the combination of i.v. methylprednisolone and mycophenolate (MMF).

To be certain, a thoughtful and personalized approach to developing treatment plans is essential for consistently delivering optimal patient care. The authors of the guidelines reveal that they based their recommendations largely on clinical response parameters comprising the clinical activity score. Instead, I suggest that they should have focused on treatment effectiveness in improving the most burdensome aspects of GO, namely proptosis and diplopia. Neither steroids nor MMF has shown reliable and clinically meaningful improvements in either of these disease manifestations. Their proposed first-line therapy the combination of i.v. methylprednisolone and mycophenolate (MMF).

In contrast, teprotumumab has unambiguously demonstrated remarkable effectiveness in improving both proptosis and diplopia with relative safety in two multicenter placebo-controlled clinical trials. One was conducted at a single institution in China while the other was performed in Europe and failed to meet its primary response.

Declaration of interest
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References

