Cancer-associated myositis before and after the COVID-19 pandemic onset: a comment

Sirs,

We would like to share some ideas on the publication "Cancer-associated myositis before and after the COVID-19 pandemic onset: a changing trend (1)".

The purpose of this study was to look into how the COVID-19 pandemic affected the way patients with idiopathic inflammatory myopathy (IIM) presented and fared. Based on the date of diagnosis in relation to the start of the pandemic, 132 patients with IIM identified between 2016 and 2023 were subdivided into two groups. The findings demonstrated a change in the most common myositis-specific antibodies (MSAs) during the pandemic, with an increase in anti-TIF1γ. Furthermore, patients diagnosed during the pandemic had a considerably greater incidence of cancer-associated myositis (CAM), and CAM patients also had a higher prevalence of anti-TIF1γ positive.

The relatively small sample size of this study is one potential drawback that could restrict how broadly the results can be applied. Furthermore, possible confounding variables, like treatment schedules or disease severity, were not taken into consideration in the study design, which may have affected the outcomes. Furthermore, and this could bring bias into the study, the researchers did not disclose the precise criteria utilised for the diagnosis of CAM or IIM.

Larger sample numbers and more reliable study methods may be advantageous for upcoming research to further examine the pandemic's effects on IIM patients. Furthermore, a deeper comprehension of treatment regimens and disease features may be necessary to interpret the observed variations in MSA and CAM prevalence. Additionally, examining the long-term effects of the pandemic and outcomes on IIM patients may offer important new perspectives on how to treat and care for these people in the post-pandemic environment.

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Reference

1. Costa FM, Campanilho-Marques R, Dourado E *et al.*: Cancer-associated myositis before and after the COVID-19 pandemic onset: a changing trend. *Clin Exp Rheumatol* 2024; 42(2): 316-20. https://doi.org/10.55563/clinexprheumatol/jv9ey8