



Comparison of the treatment guidelines for sarcoidosis: common sense in the search for evidence

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A perspective on the recently published ERS clinical practice guideline on treatment of sarcoidosis: although knowledge of the pathogenesis of sarcoidosis has improved, this has not yet translated into better evidence-based therapies <https://bit.ly/3qaBlpg>

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To the Editor:

We congratulate the authors of the highly anticipated European Respiratory Society (ERS) clinical practice guidelines on treatment of sarcoidosis [1]. The ERS clinical practice guidelines are an update of the guideline developed by the American Thoracic Society, ERS and World Association of Sarcoidosis and Other Granulomatous Disorders in 1999. The current task force committee has put more emphasis on patient tailored choice than the 1999 guideline. They used the GRADE (Grading of Recommendations Assessment, Development and Evaluation) methodology to develop 12 specific treatment recommendations for management of sarcoidosis. All recommendations were based on very low to low quality of evidence. As such, an important message of the 2021 guideline is that high or even moderate quality evidence for optimal management of sarcoidosis is lacking [2]. Although knowledge of the pathogenesis of sarcoidosis has improved, this has not yet translated into better evidence-based first- and second-line therapies for patients with pulmonary sarcoidosis. For refractory sarcoidosis, third-line therapies such as infliximab and adalimumab have become available. In addition to the ERS clinical practice guidelines, the British Thoracic Society (BTS) recently published a clinical statement on pulmonary sarcoidosis, which covers both diagnosis and management [3]. The BTS statement did not use the GRADE methodology to rate the level of evidence; instead, they chose to provide clinical practice points, predominantly based on expert opinion and clinical experience, due to the weak available evidence.