



SHAREABLE PDF

Genetically proxied interleukin-6 receptor inhibition: opposing associations with COVID-19 and pneumonia

Susanna C. Larsson ^{1,2}, Stephen Burgess^{3,4} and Dipender Gill^{5,6,7,8}

Affiliations: ¹Unit of Cardiovascular and Nutritional Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden. ²Dept of Surgical Sciences, Uppsala University, Uppsala, Sweden. ³Dept of Public Health and Primary Care, University of Cambridge, Cambridge, UK. ⁴MRC Biostatistics Unit, University of Cambridge, Cambridge, UK. ⁵Dept of Epidemiology and Biostatistics, School of Public Health, St Mary's Hospital, Imperial College London, London, UK. ⁶Clinical Pharmacology and Therapeutics Section, Institute of Medical and Biomedical Education and Institute for Infection and Immunity, St George's, University of London, London, UK. ⁷Clinical Pharmacology Group, Pharmacy and Medicines Directorate, St George's University Hospitals NHS Foundation Trust, London, UK. ⁸Novo Nordisk Research Centre Oxford, Old Road Campus, Oxford, UK.

Correspondence: Susanna C. Larsson, Unit of Cardiovascular and Nutritional Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, SE-171 77 Stockholm, Sweden. E-mail: susanna.larsson@ki.se



@ERSpublications

Respiratory disease is a main feature of severe COVID-19, and the potential of IL-6 receptor blockade to increase risk of pneumonia warrants vigilance and caution in its application to treat COVID-19
<https://bit.ly/34Y8Ner>

Cite this article as: Larsson SC, Burgess S, Gill D. Genetically proxied interleukin-6 receptor inhibition: opposing associations with COVID-19 and pneumonia. *Eur Respir J* 2021; 57: 2003545 [https://doi.org/10.1183/13993003.03545-2020].

This single-page version can be shared freely online.

To the Editor:

The inflammatory cytokine interleukin-6 (IL-6) is central to orchestrating the immune system [1]. The pathophysiological process underlying severe coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2, consists of an exaggerated host immune response and elevated circulating levels of inflammatory cytokines, including IL-6 [2, 3]. As such, immunomodulatory agents are being investigated for the treatment of COVID-19. Glucocorticoids may limit inflammation-mediated lung injury in patients with severe COVID-19, and consequently reduce progression to respiratory failure and death. The RECOVERY trial found that administration of dexamethasone resulted in lower 28-day mortality among hospitalised COVID-19 patients who were receiving either invasive mechanical ventilation or oxygen alone at randomisation, but not among those who were not receiving any respiratory support [4]. IL-6 receptor (IL6R) inhibition may represent another potential immunomodulatory strategy for treating COVID-19 [5, 6], and a recent meta-analysis of mean IL-6 concentrations demonstrated 2.9-fold higher levels in patients with complicated COVID-19 compared with patients with non-complicated disease [7].