Leukocyte telomere length and mycophenolate therapy in chronic hypersensitivity pneumonitis

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To the Editor:

Recent prospective clinical trials have shown antifibrotic therapies slow lung function decline in patients with idiopathic pulmonary fibrosis (IPF) [1, 2] and progressive fibrosing interstitial lung disease (ILD). Similar findings were demonstrated in scleroderma-associated ILD [3], despite use of the immunosuppressive therapy mycophenolate mofetil (MMF). Prospective data for the treatment of other forms of ILD, such as chronic hypersensitivity pneumonitis (CHP) are lacking. Our groups previously reported that the treatment of CHP with MMF was associated with a decreased incidence of adverse events, a reduction in prednisone dose, and improved lung function when compared to prednisone alone [4, 5], but prospective studies are needed to confirm these findings. Short leukocyte telomere length (TL) is associated with increased mortality in patients with ILD, including CHP and IPF [6–8]. A recent investigation also showed TL may influence the response to immunosuppressive therapy. In that study, patients with IPF and short TL had a higher risk of death, lung transplantation and forced vital capacity (FVC) decline, when exposed to immunosuppressive therapy, including MMF [9]. In this investigation we sought to determine whether similar findings occurred in patients with CHP. We hypothesised that patients with CHP and short TL would experience a higher prevalence of death and disease progression when compared to those with longer TL.