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“It’s not specific just to lupus, but IL-6 is a key cytokine in inflammation”

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Q1 Your research was among the first to highlight vitamin D dysfunction and the role of IL-6 in lupus. How have these discoveries influenced clinical approaches to managing the disease, and what areas of lupus research do you think hold the most promise for the future?

In the late 1980s and early 1990s, we were among the first to suggest that IL-6 played a role in lupus. It’s not specific just to lupus, but IL-6 is a key cytokine in inflammation. Our group was the first to demonstrate its significance, which has since been validated. Treatments targeting IL-6 have become available, and these are now part of the therapeutic landscape.

As for vitamin D, this remains an area of unmet need. There’s a split in the literature, with some studies supporting its role in lupus and others not finding a connection. However, the majority of evidence suggests that vitamin D does play a role in lupus, and it probably should be a part of supplements for most lupus patients.

Q2 As part of Lupus Clinical Investigators Network (LuCIN) and Systemic Lupus Erythematosus International Collaborating Clinics (SLICC), what recent studies or trials have you been involved in that you believe will have a significant impact on patient outcomes in lupus or other autoimmune diseases?

One challenge with lupus trials historically was that many were

conducted at community or private practice sites, which limited their scope and quality. LuCIN involves 42 academic centers in the US and Canada, with access to an aggregate of 26,000 patients with lupus. Since its inception, the quality of lupus studies has greatly improved.

Recent advancements have been made in areas such as small oral molecules, complement activation inhibitors, cytokine inhibitors, B cell blockers, and T cell blockers. SLICC, on the other hand, started in the early 1990s by tracking approximately 1,400 newly diagnosed patients with lupus. It has now expanded globally, encompassing all six continents, to build a new cohort. This expansion includes developing a new damage index and other metrics to further understand and treat lupus.

Q3 The introduction of biologics has revolutionized care for many rheumatic diseases. What do you see as the next big innovation in treatment?

The next big innovation will involve cellular therapies, small oral molecules, stem cell treatments, and using combination therapies, applying two or three treatments simultaneously instead of just one. These advancements hold significant promise for the future of rheumatology.



Q4 In our previous interview, you mentioned the LuCIN initiative studying the lower rates of COVID-19 among patients with lupus. Have there been any significant developments since your last update?

It turns out that wasn't the case. Patients with lupus contract COVID-19 at similar rates as the general population, but they tend to have more severe cases. They also experience stronger reactions to vaccines and face a slightly higher incidence of long-term COVID-19 compared to others.

Q5 Your book, 'The Lupus Book', has sold over 100,000 copies since its publication, becoming a vital resource for patients and healthcare professionals alike. What do you think has contributed to its enduring success, and how has it helped shape the conversation around lupus care and education?

Most lupus advocacy organization pamphlets are written at a secondary school level, while medical textbooks are often too

complex for patients. The Lupus Book bridges that gap. It's written for readers with at least a year of college education or for allied health professionals. It fills a niche for people who want accessible information that is not oversimplified or difficult to understand.

Q6 The Wallace Rheumatic Diseases Foundation has been instrumental in providing free rheumatologic outpatient care to uninsured and underinsured patients. Could you share some of the most significant impacts the foundation has had on patient care and research in rheumatology?

The foundation's work has been largely centered in Southern California, USA, where I live. We operate a lupus clinic 2 days a week at Cedars-Sinai Medical Center. Additionally, we collaborate with Lupus LA, which offers social work support, fellowships, and grants to patients. These grants help cover essential expenses like utility bills, enabling patients to maintain stability. Over the past 20 years, we've helped close to 1,000 patients.

Has the foundation faced any challenges in delivering these services?

Fortunately, we've had excellent philanthropic donors, and I believe we've made a meaningful difference in the lives of our patients.

Q7 Lastly, looking into the future, what excites you most about the future of rheumatology, and what do you hope to see achieved in the next decade for both patients and the field as a whole?

Biomarkers and AI are paving the way for precision medicine. With these tools, we can identify patients with specific markers that predict their response to particular treatments. This approach will allow us to tailor therapies more effectively, leading to better outcomes for lupus and other rheumatic diseases.