Dear Editor, SSC is a complex multi-organ disease and interstitial lung disease (ILD) is a common but highly variable manifestation of it that is associated with high morbidity and mortality. Treatment approaches focus on immunomodulation and/or antifibrotic therapies. Yet, effects are variable, disease progression may occur despite drug therapy and only marginal effects on patient reported outcomes are achievable [1]. Thus, further therapeutic options are highly warranted. Many decades ago, Mays et al. [2] first described a potential association between gastro-oesophageal reflux disease (GERD) and idiopathic pulmonary fibrosis. As GERD is a frequent complication in SSC, we aimed to understand whether similar associations as reported in idiopathic pulmonary fibrosis (IPF) are present in SSC-ILD—including insights into possible associations between anti-acid treatment (AAT) and outcomes [3]. Interestingly, while GERD was not connected with outcomes in SSC-ILD, antiacid medication was associated with improved survival in patients with SSC-ILD. In a letter to the editor, Moran-Mendoza et al. [4] raised the question of whether the reported benefit of proton pump inhibitors (PPI) on outcomes in SSC-ILD were exclusive to patients with GERD, suggesting that further insights might guide clinicians to prescribe PPI for respiratory outcomes. However, as stated in our original report [3] our findings are hypothesis-generating only and should not (mis)guide clinicians in their clinical practice as only randomized controlled trials can answer whether treatment with AATs, and in which population of SSC-ILD, may have effects on respiratory and overall outcomes in SSC-ILD. This is in line with a recent change of recommendations in IPF. Initially PPI was recommended as a treatment for respiratory outcomes, but this was not based on controlled, prospective studies. On the basis of further data, a recent systematic review and meta-analysis [5] performed to aid the development of the recent update of the American Thoracic Society, European Respiratory Society, Japanese Respiratory Society, and Asociación Latinoamericana del Tórax guideline on idiopathic pulmonary fibrosis [6] concluded there was insufficient evidence on effects of antacid medication with regards to respiratory outcomes in patients with IPF. Therefore, this recent guideline update gave a conditional recommendation against antacid medication for the treatment of IPF. We therefore abstain from further analyses and in line with the statement for IPF [5, 6], we would like to emphasize again that well-designed and adequately powered prospective studies need to be performed to explore and understand the role of antacid medication on general and especially respiratory outcomes in patients with SSC-ILD.

Data availability
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