

no to that, and then, it turned around after Trump's comments. Of course, it turned around that they couldn't get it.

And certainly, when I do my virtual follow-ups now, patients are well aware of this touted benefit and they are concerned that if they haven't had trouble filling their prescriptions, they're asking about it.

The other interesting thing is, I've had quite a number of patients who have not filled it in quite a long time and suddenly I'm getting refill requests. Or they were, "we stopped the drug because it wasn't thought needed years ago," and suddenly it's, "Well, maybe I should start taking it again." So, we've had that, as well.

ES: Yeah, you commented on one the potential upsides of this is that people going to take it more regularly and I must admit, I had the same experience when you go back and all of a sudden they say, I don't have hydroxychloroquine, and you see no wonder, it hasn't been filled for years.

Last question, along those lines is, as you commented on the excellent trials, withdrawal trials showing that certainly patients are at a risk for flaring, could you comment on your feeling of what the time frame when they flare?

CP: So, the time frame is generally thought to be about three months or so, sometimes, as long as six.

There are also, for those patients who are on quite a low dose, there are some instances where the time frame is less than that. If they're already on a very low dose, it's possible that they're reaching a threshold in two months or less. For most patients, though, it's somewhere around three months that we're seeing that.

ES: I presume you haven't seen any flares that you were convinced at this point would be related.

CP: No, I don't think we've seen anything related to COVID-19. I mean, we've all sadly, I think, seen lots of flares in our careers related to stopping hydroxychloroquine, some of them with very serious and tragic outcomes, so this is a legitimate concern if this were to go forward, and if our patients couldn't access the drug.

ES: Thank you. Well, you really answered my last question. Do you think there is anything we missed that you want to highlight for the listeners?

CP: No, I think the only thing is important is that I'm really glad that the Canadian approach has been to use hydroxychloroquine through clinical trials for COVID, because that's not what's being done in other

countries. I mean, my understanding is that it's kind of become standard of care in many of the European countries, as well as possibly the States; I'm not quite sure what they're doing there.

And that they are experiencing very real shortages for lupus patients because of it. And certainly we would here too if everybody who was a COVID suspect or a COVID patient was getting it.

So I'm really glad that Canada's taking the approach that we'll use it through clinical trials, then we'll really know whether it works. And if it does, then that'll give us time to ramp up production so that anybody who needs it, can get it.

ES: Great. For those who are listening who treat lupus patients, we would be very interested on what the policies are in your countries. You know what Canada's basically is, you know what the president said. We're now going to be divided into red and blue States on the use of it, as most things are.

If [there are] any people from other countries, I would encourage, if possible, please write a letter to the editor of what is going on in their country.

On that note, I want thank Dr. Peschken for I think was both a fascinating and informative editorial, as well as our conversation to putting implications into perspective.

I ask all the listeners to please read the full-length editorial entitled, "Possible Consequences of a Shortage of Hydroxychloroquine for Lupus Patients amid the COVID-19 Pandemic" by Dr. Peschken.

I also want to highlight that we have three other special editorials about SARS-CoV-2 infection and COVID-19 and its effects and implications for rheumatologists and rheumatology practice. This is available at <http://www.jrheum.org/covid19>.

If you have any questions, concerns, please respond via Twitter @jrheum or e-mail us at manuscript@jrheum.com, and I encourage any letters to the editor to be sent to mc.manuscriptcentral.com/jrheum.

On that note, I'd like to thank you for joining us and please continue to follow the guidelines of your regional and national health authorities and be sure to maintain social distancing as we are in this conversation. She is in Manitoba, I am in Toronto, and that is pretty far, not by Canadian standards, but by world standards, and I hope everyone stay safe out there.

Thank you.