

### Reply to:

#### **Long-term tocilizumab efficacy in a patient with psoriatic arthritis and AA amyloidosis**

Dinoia *et al.*

Sirs,

We completely agree with Dr Dinoia *et al.* that the scarcity of cases makes developing rational treatment strategies for patients with AA amyloidosis very challenging. The difficulties in choosing appropriate treatments are compounded in the current economic climate by financial limitations to obtaining biological agents for off licence indications. Their case elegantly illustrates the beneficial effect of tocilizumab in both psoriatic arthri-

tis and the complication of AA amyloidosis. We completely concur that treatment in AA amyloidosis must be directed both against symptoms of the underlying inflammatory disease and monitoring the hepatic acute phase response. Clearly the counsel of perfection is prospective longitudinal controlled studies to demonstrate the role of IL-6 blockade but AA amyloidosis is an extremely rare complication of a wide variety of chronic inflammatory diseases. Recruitment into studies would be likely to be unfeasibly slow and the commercial benefit is unlikely be sufficient to attract major pharmaceutical industry support. With these limitations in mind publication of well worked-up cases and small series may be the most efficient way to improve patient care.

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