Reply to: Safety and efficacy of secukinumab treatment in a patient with ankylosing spondylitis and concomitant multiple sclerosis: a commentary

Sirs,

We read with interest the comments by Fonti *et al*., that provide additional evidence about the use of secukinumab as a feasible and promising therapeutic option for patients affected by ankylosing spondylitis (AS) associated with central nervous system (CNS) demyelination (1).

As discussed in our article, we started the therapy with secukinumab for the on-label AS treatment of our patient. For this reason, we used subcutaneous secukinumab at the on-label dose of 150 mg/4 weeks, approved for the treatment of AS.

The treatment, fortunately for the patient, determined a significant clinical improvement on both rheumatologic and neurologic complaints.

After starting treatment with secukinumab, our patient achieved and maintained a sustained clinical remission of AS (ASDAS CRP of 1.4) and, additionally, multiple sclerosis (MS)-related symptoms disappeared with no evidence of new active encephalic demyelinating lesions detected at MRI. Although the dosing flexibility is encouraged by the results of MEASURE 3 trial, where both doses of secukinumab (150 mg and 300 mg every 4 weeks) met the first end-point with a comparable safety profile (2), the satisficing control of neurological and rheumatological clinical manifestations achieved with the 150 mg dosage, led us to the decision to not increase the dose of secukinumab.

We fully agree with the authors regarding the opportunity to use secukinumab at a dosage of 300 mg/4 weeks in AS, reminding, however, that it also represents an on-label dose, recently approved by European Medicines Agency (EMA) and by Food and Drug Administration (FDA) in AS.

Regarding the opportunity to use off-label secukinumab at the dosage of 300 mg, we believe that there is too little evidence to support such a claim.

In consideration of the recent studies demonstrating efficacy and safety of secukinumab even at higher off-label dosages (up to 450 mg/monthly) (3), it would be extremely interesting to be able to identify a different off-label dosage for several diseases with a variable level of severity and organ involvement, as for example Behcet's disease and hidradenitis suppurativa. However, we believe that randomised controlled trials or large case series in a real world setting are necessary to define the best dosage in different patient settings and we recommend to start secukinumab at the on-label approved dosages in the presence of AS or PsA with concomitant secondary CNS involvement.

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