

Response to: 'Correspondence on 'EULAR Recommendations for the Management of Psoriatic Arthritis with Pharmacological Therapies: 2019 Update' by Fallon Al

Xenofon Baraliakos, Laure Gossec, Iain Mcinnes, Andreas Kerschbaumer, Maarten De Wit, Maxime Dougados, Jette Primdahl, Désirée van Der Heijde, Josef S Smolen

▶ To cite this version:

Xenofon Baraliakos, Laure Gossec, Iain Mcinnes, Andreas Kerschbaumer, Maarten De Wit, et al.. Response to: 'Correspondence on 'EULAR Recommendations for the Management of Psoriatic Arthritis with Pharmacological Therapies: 2019 Update' by Fallon Al. Annals of the Rheumatic Diseases, 2022, 81 (9), pp.e174-e174. 10.1136/annrheumdis-2020-218676 . hal-03892130

HAL Id: hal-03892130

https://hal.sorbonne-universite.fr/hal-03892130v1

Submitted on 30 Apr 2024

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.





Response to: 'Correspondence on 'EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update' by Fallon et al

Baraliakos, X.; Gossec, L.; McInnes, I.; Kerschbaumer, A.; Wit, M. de; Dougados, M.; ...; Smolen, J.S.

Citation

Baraliakos, X., Gossec, L., McInnes, I., Kerschbaumer, A., Wit, M. de, Dougados, M., ... Smolen, J. S. (2022). Response to: 'Correspondence on 'EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update' by Fallon et al, 81(9). doi:10.1136/annrheumdis-2020-218676

Version: Publisher's Version

License: Creative Commons CC BY-NC 4.0 license

Downloaded from: https://hdl.handle.net/1887/3458783

Note: To cite this publication please use the final published version (if applicable).

Response to: 'Correspondence on 'EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update' by Fallon *et al*

We thank Fallon and Jones¹ for their correspondence on the European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis (PsA) and their comments on the clarity of the specific recommendation regarding the use of Janus kinase inhibitors (JAKi) in the management of PsA,² which was based on the associated systematic literature research (SLR).³

We appreciate the support of the authors to provide as much clarification to the wording of our recommendations as possible, since these are the currently most up-to-date literature for the current and future treatment of patients with PsA.

In their remarks, Fallon and Jones refer to recommendation 7 and especially the wording on the safety signals of tofacitinib related to events of venous thromboembolism (VTE, including pulmonary embolism (PE) and deep vein thrombosis (DVT)). Indeed, the conclusions of the available literature, so far, are as they describe: in an interim analysis of a study in patients with rheumatoid arthritis (RA) aged ≥50 years and with ≥1 cardiovascular risk factor, the incidence of PE events has been found to be statistically significantly increased in the group treated with tofacitinib 10 mg two times per day (a dose not approved in PsA or RA), when compared with tumour necrosis factor inhibitors (TNFi); however, while not statistically significantly different from the control arm, the data of the 5 mg arm still show a numerical increase in thromboembolic events and thus are right in between control and 10 mg arms. Similarly, the HR for DVT was 1.7 and 3-fold increased for PE compared with control, as Fallon and Jones show in their table. While no data on patients with PsA with cardiovascular risk factors exist, the task force felt that it was important to make the readers aware of these risks, even if primarily coming from RA. Indeed, the warning by the regulators also does not exempt PsA from the risks. Importantly, recommendation 7 is not only referring to the comparison of JAKi with TNFi but also to the use of JAKi in PsA in general.

Fallon and Jones also comment on the sentence comparing the efficacy of tofacitinib and adalimumab on skin psoriasis in the text accompanying recommendation 7. As they mention, the OPAL Broaden data were fully presented in the SLR.² However, EULAR recommendations are not solely based on evidence but include experts' opinion and the discussions among the experts are reflected in the text accompanying the recommendations, as is the case here. Of note, the text clearly said that tofacitinib 'may' have 'numerically lower efficacy in skin psoriasis' and not 'has lower efficacy', reflecting the various positions within the expert committee.

Finally, we fully agree with the remark that it is important for the readers to remember that the Summary of Product Characteristics updates related to VTE are relevant for the treatment of patients with any condition for which tofacitinib is indicated, including patients with RA or PsA.

Xenofon Baraliakos © ,¹ Laure Gossec © ,².³ lain McInnes,⁴ Andreas Kerschbaumer © ,⁵ Maarten de Wit © ,⁶ Maxime Dougados,³ Jette Primdahl © ,^{8,9} Désirée van der Heijde © ,¹0,111 Josef S Smolen⁵

¹Rheumazentrum Ruhrgebiet, Ruhr University Bochum, Herne, Nordrhein-Westfalen, Germany ²Institut Pierre Louis d'Epidémiologie et de Santé Publique, INSERM, Sorbonne Universite. Paris. France

³APHP, Rheumatology Department, Hopital Universitaire Pitie Salpetriere, Paris, France

⁴Institute of Infection, Immunity and Inflammation, University of Glasgow, Glasgow,

⁵Division of Rheumatology, Department of Medicine 3, Medical University of Vienna, Wien, Austria

⁶EULAR past Vice President representing People with Arthritis/Rheumatism in Europe (PARE), Zurich, Switzerland

⁷Department of Rheumatology - Hôpital Cochin. Assistance Publique, Hôpitaux de Paris INSERM (U1153): Clinical epidemiology and biostatistics, PRES Sorbonne Paris-Cité, Université de Paris, Paris, France

⁸Department of Regional Health Research, University of Southern Denmark, Odense, Denmark

⁹Danish Hospital for Rheumatic Diseases, University Hospital of Southern Denmark, Sønderborg, Denmark

¹⁰Rheumatology, Leiden University Medical Center, Leiden, The Netherlands ¹¹Rheumatology, Diakonhjemmet Hospital, Oslo, Norway

Correspondence to Dr Xenofon Baraliakos, Rheumazentrum Ruhrgebiet, Herne 44649, Germany; baraliakos@me.com

Handling editor David S Pisetsky

Contributors XB and JSS drafted the text. The other authors reviewed the text and commented. All authors approved the final version of the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Baraliakos X, Gossec L, McInnes I, et al. Ann Rheum Dis 2022;81:e174.

Received 18 August 2020 Revised 20 August 2020 Accepted 20 August 2020 Published Online First 22 September 2020



► http://dx.doi.org/10.1136/annrheumdis-2020-218573

Ann Rheum Dis 2022;81:e174. doi:10.1136/annrheumdis-2020-218676

ORCID iDs

Xenofon Baraliakos http://orcid.org/0000-0002-9475-9362
Laure Gossec http://orcid.org/0000-0002-4528-310X
Andreas Kerschbaumer http://orcid.org/0000-0002-6685-8873
Maarten de Wit http://orcid.org/0000-0002-8428-6354
Jette Primdahl http://orcid.org/0000-0002-1049-4150
Désirée van der Heijde http://orcid.org/0000-0002-5781-158X

REFERENCES

- 1 Fallon L, Jones TV. Correspondence on 'EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update'. *Ann Rheum Dis* 2022;81:e173.
- 2 Gossec L, Baraliakos X, Kerschbaumer A, et al. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. Ann Rheum Dis 2020;79:700–12.
- 3 Kerschbaumer A, Smolen JS, Dougados M, et al. Pharmacological treatment of psoriatic arthritis: a systematic literature research for the 2019 update of the EULAR recommendations for the management of psoriatic arthritis. Ann Rheum Dis 2020:79:778–86.

