Response to: 'Tocilizumab in patients with adult-onset Still's disease refractory to glucocorticoid treatment' by Lee

We would like to thank Dr Lee¹ for his interest in our paper² and for his comments providing futuristic insights into the management of adult-onset Still's disease. As he highlights, conventional disease-modifying antirheumatic drugs (DMARDs) are important options for this disease.^{3–5} Although the safety of biological agents including tocilizumab have been shown in patients with rheumatoid arthritis, they are more expensive than conventional DMARDs, and the long-term safety of their use in patients with adult-onset Still's disease is still unknown. Some of patients in our trial had a history of not responding to DMARDs such as methotrexate or ciclosporine, but we did not collect precise information about patients' previous treatment other than glucocorticoids use.

Our trial was a first step, aimed at proving the efficacy of anti-interleukin-6 treatment by a high-levelled evidence rather than case reports. As Dr Lee mentioned, further randomised studies are warranted to determine the optimal management of adult-onset Still's disease, although the rarity and occasional fatal severity of adult-onset Still's disease would hinder determining appropriate endpoints and recruiting active patients who are refractory to glucocorticoids but can tolerate control treatment including placebo or conventional DMARDs. The next step will need worldwide cooperation to establish the optimal management of adult-onset Still's in clinical studies with a proper design and sample size.

Yuko Kaneko,¹ Hideto Kameda,^{1,2} Kei Ikeda,³ Tomonori Ishii,⁴ Kosaku Murakami,⁵ Hyota Takamatsu,⁶ Yoshiya Tanaka,⁷ Takayuki Abe,⁸ Tsutomu Takeuchi¹

¹Division of Rheumatology, Department of Internal Medicine, Keio University School of Medicine, Tokyo, Japan

²Division of Rheumatology, Department of Internal Medicine, Toho University Ohashi Medical Center, Tokyo, Japan

³Department of Allergy and Clinical Immunology, Chiba University Hospital, Chiba, Japan

⁴Department of Hematology and Rheumatology, Tohoku University Graduate School of Medicine, Sendai, Japan

⁵Department of Rheumatology and Clinical Immunology, Kyoto University, Kyoto, Japan

⁶Department of Respiratory Medicine and Clinical Immunology, Graduate School of Medicine, Osaka University, Osaka, Japan

⁷The First Department of Internal Medicine, School of Medicine, University of Occupational and Environmental Health, Kitakyushu, Japan

⁸Department of Preventive Medicine and Public Health, Biostatistics at Clinical and Translational Research Center, Keio University School of Medicine, Tokyo, Japan

Correspondence to Dr Yuko Kaneko, Division of Rheumatology, Department of Internal Medicine, Keio University School of Medicine, Tokyo 160-8582, Japan; ykaneko@z6.keio.jp

Handling editor Josef S Smolen

Contributors This is a response to e-letter.

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 consent Obtained.

Provenance and peer review Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2019. No commercial re-use. See rights and permissions. Published by BMJ.

To cite Kaneko Y, Kameda H, Ikeda K, *et al.* *Ann Rheum Dis* 2019;78:e134.

Received 29 October 2018

Accepted 1 November 2018

Published Online First 10 November 2018

► <http://dx.doi.org/10.1136/annrheumdis-2018-214635>

Ann Rheum Dis 2019;78:e134. doi:10.1136/annrheumdis-2018-214635

REFERENCES

- 1 Lee YH. Tocilizumab in patients with adult-onset Still's disease refractory to glucocorticoid treatment. *Ann Rheum Dis* 2019;78:e133.
- 2 Kaneko Y, Kameda H, Ikeda K, *et al.* Tocilizumab in patients with adult-onset still's disease refractory to glucocorticoid treatment: a randomised, double-blind, placebo-controlled phase III trial. *Ann Rheum Dis* 2018;77:1720–9.
- 3 Castañeda S, Blanco R, González-Gay MA. Adult-onset Still's disease: advances in the treatment. *Best Pract Res Clin Rheumatol* 2016;30:222–38.
- 4 Yoo DH. Treatment of adult-onset still's disease: up to date. *Expert Rev Clin Immunol* 2017;13:849–66.
- 5 Kalyoncu U, Solmaz D, Emmungil H, *et al.* Response rate of initial conventional treatments, disease course, and related factors of patients with adult-onset Still's disease: data from a large multicenter cohort. *J Autoimmun* 2016;69:59–63.