Response to: 'Correspondence on 'Points to consider for the treatment of immune-mediated inflammatory diseases with Janus kinase inhibitors: a consensus statement' by Banday *et al*

We thank Banday *et al* for their correspondence and their concise summary of information about monogenic interferonopathies and the response to various Jak inhibitors.¹ As we have detailed in the paper, the Jakinib consensus statement and the associated systematic literature research^{2,3} focused on:

1. Practical information for the clinician to assist with Jakinib therapy once the decision is made to prescribe a Jakinib no matter which disease indication exists such as those discussed in the correspondence.
2. Entailed strict criteria for study inclusion which in particular excluded small cohort studies such as those quoted in the correspondence, moreover.
3. Off label indications for Jakinib use such as the monogenic interferonopathies were also excluded pending future high quality randomised clinical trials (RCTs) for peer-reviewed assessment of Jakinib therapy, although understandably this is difficult in orphan diseases that are rare and meaningful numbers to study the efficacy and safety of any therapy is a real challenge.

With respect to the interferonopathies, we cited three publications, including both sting-associated vasculopathy infantile onset (SAVI) syndrome and USP18 disease which are regarded as interferonopathies as mentioned by Banday *et al*

In line with the conclusion in the correspondence that 'the data are still not plentiful', we look forward to future developments in this field and hope that these developments will lead to approval of Jakinibs for interferonopathies in the near future.

Peter Nash and Josef S Smolen on behalf of the Jakinib Consensus group.

Peter Nash ,¹ Josef S Smolen ²

¹Griffith University School of Medicine, Brisbane, Queensland, Australia

²Rheumatology, Medical University of Vienna, Vienna, Austria

Correspondence to Professor Peter Nash, Griffith University School of Medicine, Gold Coast, Queensland, Australia; drpnash@tpg.com.au

Handling editor David S Pisetsky

Contributors The work is mine and JSS's work.

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 not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2021. No commercial re-use. See rights and permissions. Published by BMJ.

To cite Nash P, Smolen JS. *Ann Rheum Dis* Epub ahead of print: [please include Day Month Year]. doi:10.1136/annrheumdis-2021-219919

Received 8 February 2021

Accepted 17 February 2021

► <http://dx.doi.org/10.1136/annrheumdis-2021-219890>

Ann Rheum Dis 2021;0:1. doi:10.1136/annrheumdis-2021-219919

ORCID iDs

Peter Nash <http://orcid.org/0000-0002-2571-788X>

Josef S Smolen <http://orcid.org/0000-0002-4302-8877>

REFERENCES

- 1 Banday AZ, Jindal AK, Singh S. Correspondence on 'Points to consider for the treatment of immune-mediated inflammatory diseases with Janus kinase inhibitors: a consensus statement'. *Ann Rheum Dis* 2021. doi:10.1136/annrheumdis-2021-219890
- 2 Nash P, Kerschbaumer A, Dörner T, *et al*. Points to consider for the treatment of immune-mediated inflammatory diseases with Janus kinase inhibitors: a consensus statement. *Ann Rheum Dis* 2021;80:71–87.
- 3 Kerschbaumer A, Smolen JS, Nash P, *et al*. Points to consider for the treatment of immune-mediated inflammatory diseases with Janus kinase inhibitors: a systematic literature research. *RMD Open* 2020;6:e001374.