Author’s response to reviews

Title: Crohn’s-like disease in a patient exposed to anti-Interleukin-17 blockade (Ixekizumab) for the treatment of chronic plaque psoriasis: a case report

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Author’s response to reviews:

Thank you to the reviewers and editor for their comments, below we address their comments point-by-point

Reviewer 1:

Comment: This case report is interesting, but must be described better. In particular, on page 4, the timeline is not clear:

- When steroids were started? After the index colonoscopy or after the second colonoscopy, two weeks later?

Answer: Steroids were started the day of index colonoscopy, this has been clarified in the text (page 4 lines 48-59).

Comment: - How long after the starting of intravenous steroids infliximab was started?

Answer: First induction dose of infliximab was given after 9 days of IV steroids, followed by a second does 1 week later. Subsequently he received 4 doses q4 weekly dosing for a total of 7
Comment:- The phrase "Histopathology from his latest colonoscopy revealed no evidence of active or chronic injury in all segments that were sampled" is not clear... It refers to the second colonoscopy (two weeks after the first one) or to a new colonoscopy performed after the induction of Infliximab?

Answer: This refers to a third colonoscopy performed 4 months after infliximab initiation. This has been clarified in the text (page 4 lines 48-59).

Comment: - How many infusions of Infliximab were performed? When psoriasis worsened? How long after the last Infliximab infusion Ustekinumab was started?

Answer: Patient received a total of 7 doses of infliximab, 2 one week apart, then 5 q4 weeks. There was a 4 week washout before ustekinumab was initiated at conventional q8 week scheduling. (this has been clarified on page 4 line 48-59)

Comment: Moreover, it should be appreciable if an endoscopic follow up (specifying the timepoint) was described, in order to verify if Ustekinumab is effective in this particular case. However, if it is not available at the moment, I don't think that this information is necessary for publication of this case report, but at least a fecal calprotectin assessment must be performed in order to verify the disappearance of the intestinal inflammation.

Answer: Patient is due for repeat colonoscopy in approximately 2 months. He is presently completely asymptomatic from his IBD and his CRP is not elevated. Unfortunately, we do not have ready access to fecal calprotectin. Canada has a publicly funded health care system and fecal calprotectin is not an approved test in our jurisdiction. We can order a fecal calprotectin but it will take approximately 4 weeks to get done and we are asked to resubmit by August 6 (2 weeks). If editors agree to an extension we could try to arrange this test if it is felt necessary for publication.

Comment: Lastly, I think that a phrase encouraging the use of fecal calprotectin as a biomarker of intestinal inflammation during anti-IL-17 treatment in psoriasis patients must be included at the end of discussion. Data available at present suggest the possibility of the development of IBD during these treatments, and this biomarker is reliably, easy to perform and relatively cheap in

Answer: This phrase and reference have been incorporated into the manuscript.

Reviewer 2: The case report entitled "Crohn's-like disease in a patient exposed to anti-Interleukin-17 blockade (Ixekizumab) for the treatment of chronic plaque psoriasis: a case report" by Matthew K. Smith at al. report a very interesting case of 42 year old Caucasian male with treatment-refractory chronic plaque psoriasis who developed a Crohn's-like colitis following a 12 week induction period with Ixekizumab (anti-IL-17 neutralizing antibody).

Overall, the case is well written. I have the following concern:

Comment: - It is not reported when the patient performed the latest colonoscopy and how long he has been treated with Infliximab. Please, consider these data into the manuscript.

Answer: Third and latest colonoscopy was performed 4 months after initiation of infliximab. This has been included in the manuscript (page 4 lines 48-59).