



OPEN ACCESS

EDITED AND REVIEWED BY
João Eurico Fonseca,
University of Lisbon, Portugal

*CORRESPONDENCE
Juan José Alegre-Sancho
✉ alegre_juasan@gva.es

†These authors have contributed equally to this work

RECEIVED 09 July 2024
ACCEPTED 09 August 2024
PUBLISHED 10 September 2024

CITATION

Sivera F, Núñez-Monje V, Campos-Fernández C, Balaguer-Trull I, Robustillo-Villarino M, Aguilar-Zamora M, Garijo-Bufort M, López-Gómez JM, Peña-González C, de la Morena I, Bedoya-Sanchís D, Yankova-Komsalova L, Conesa-Mateos A, Martínez-Cristóbal A, Navarro-Blasco FJ, Senabre-Gallego JM and Alegre-Sancho JJ (2024) Corrigendum: Real-world experience with secukinumab in the entire axial spondyloarthritis spectrum. *Front. Med.* 11:1462054. doi: 10.3389/fmed.2024.1462054

COPYRIGHT

© 2024 Sivera, Núñez-Monje, Campos-Fernández, Balaguer-Trull, Robustillo-Villarino, Aguilar-Zamora, Garijo-Bufort, López-Gómez, Peña-González, de la Morena, Bedoya-Sanchís, Yankova-Komsalova, Conesa-Mateos, Martínez-Cristóbal, Navarro-Blasco, Senabre-Gallego and Alegre-Sancho. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Corrigendum: Real-world experience with secukinumab in the entire axial spondyloarthritis spectrum

Francisca Sivera^{1,2†}, Victoria Núñez-Monje³, Cristina Campos-Fernández⁴, Isabel Balaguer-Trull⁴, Montserrat Robustillo-Villarino⁵, Marta Aguilar-Zamora⁶, Marta Garijo-Bufort⁶, Juan Miguel López-Gómez¹, Carolina Peña-González⁷, Isabel de la Morena⁸, Diego Bedoya-Sanchís⁸, Liliya Yankova-Komsalova⁹, Arantxa Conesa-Mateos¹⁰, Anna Martínez-Cristóbal¹¹, Francisco Javier Navarro-Blasco¹², José Miguel Senabre-Gallego¹³ and Juan José Alegre-Sancho^{3*†}

¹Rheumatology Department, Hospital General Universitario de Elda, Alicante, Spain, ²Department of Clinical Medicine, Universidad Miguel Hernandez, Elche, Spain, ³Rheumatology Department, Hospital Universitario Dr Peset, Valencia, Spain, ⁴Rheumatology Department, Hospital General Universitario, Valencia, Spain, ⁵Rheumatology Unit, Internal Medicine Department, Hospital Universitario de la Plana, Villarreal, Spain, ⁶Rheumatology Department, Hospital de Sagunto, Sagunto, Spain, ⁷Rheumatology Department, Hospital Francisc de Borja, Gandía, Spain, ⁸Rheumatology Department, Hospital Clínico Universitario de Valencia, Valencia, Spain, ⁹Rheumatology Department, Hospital Marina Salud, Denia, Alicante, Spain, ¹⁰Rheumatology Department, Hospital General Universitari de Castelló, Castellón, Spain, ¹¹Rheumatology Department, Hospital Universitario de La Ribera, Alzira, Spain, ¹²Rheumatology Department, Hospital Universitario de Elche, Elche, Alicante, Spain, ¹³Rheumatology Department, Hospital Marina Baixa, La Vila Joiosa, Spain

KEYWORDS

secukinumab, effectiveness, axial spondyloarthritis, non-radiographic axial spondyloarthritis, ankylosing spondylitis, real-world evidence

A Corrigendum on

Real-world experience with secukinumab in the entire axial spondyloarthritis spectrum

by Sivera, F., Núñez-Monje, V., Campos-Fernández, C., Balaguer-Trull, I., Robustillo-Villarino, M., Aguilar-Zamora, M., Garijo-Bufort, M., López-Gómez, J. M., Peña-González, C., de la Morena, I., Bedoya-Sanchís, D., Yankova-Komsalova, L., Conesa-Mateos, A., Martínez-Cristóbal, A., Navarro-Blasco, F. J., Senabre-Gallego, J. M., and Alegre-Sancho, J. J. (2023). *Front. Med.* 10:1156557. doi: 10.3389/fmed.2023.1156557

In the published article, there was an error in [Figure 4](#). In the left panel (naïve patients) there is a typo. We reported that 24 months after starting treatment with secukinumab, naïve patients showed a difference of -3.7 points. Patients had a baseline mean BASDAI score of 5.8, which decreased to 3.1 at 24 months. The reported difference is -3.7 ; however, the subtraction of these scores is -2.7 . Similarly, we reported that 24 months after starting treatment with secukinumab, patients with third or subsequent line treatments showed a difference of -2.3 points. Patients had a baseline mean BASDAI score of 7.1, which decreased to 5.4 at 24 months. The reported difference was 2.3; however, the subtraction of these scores is -1.7 .

The corrected [Figure 4](#) and its caption appear below:

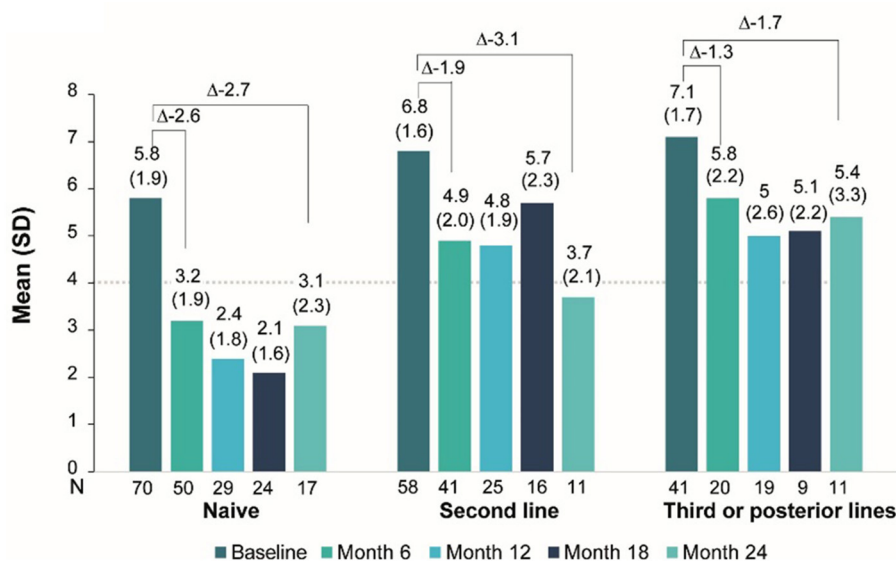


FIGURE 4
BASDAI score evolution under secukinumab treatment by line of treatment.

In the published article, there was an error. The typo mentioned in Figure 4, was also included in the text.

A correction has been made to **Abstract (Results)**. This sentence previously stated:

“The greatest improvement in BASDAI was observed in naïve patients (month 6: -2.6 ; month 24: -3.7), followed by second-line (month 6: -1.9 ; month 24: -3.1) and \geq thirdline (month 6: -1.3 ; month 24: -2.3) patients.”

The corrected sentence appears below:

“Improvements in BASDAI were observed across all treatment lines: in naïve patients (month 6: -2.6 ; month 24: -2.7), in second-line (month 6: -1.9 ; month 24: -3.1), and in patients on \geq third lines (month 6: -1.3 ; month 24: -1.7).”

A correction has been made to **3. Results, 3.3.2. Per treatment line**. This sentence previously stated:

“As shown in Figure 4, even though mean BASDAI improved across all lines of treatment, naïve patients showed the greatest BASDAI improvement, whereas patients on third or subsequent lines of therapy showed the least improvement.”

The corrected sentence appears below:

“As shown in Figure 4, even though mean BASDAI improved across all lines of treatment, naïve patients and second-line patients showed the greatest BASDAI improvement, whereas patients on third or subsequent lines of therapy showed the least improvement.”

A correction has been made to **4. Discussion**. This paragraph previously stated:

“When analyzing the effect of secukinumab on BASDAI per line of treatment, we observed that naïve patients benefited the most from secukinumab treatment. After 6 months of treatment mean disease activity was low (mean BASDAI <4) and this was maintained throughout the study period, underscoring an early and sustained response. In the second-line group, the benefit was evident at 6 months, but numerically smaller than in the naïve group. At month 24, the mean BASDAI and change from baseline

were similar in both lines of therapy, reflecting a slower but steady response. On the other hand, although patients previously treated with three or more bDMARDs showed improvements in BASDAI, the improvement was to smaller extent than the other two groups and did not reach a mean BASDAI <4 .”

The corrected sentence appears below:

“When analyzing the effect of secukinumab on BASDAI per line of treatment, we observed that all patients benefited regardless of prior treatment, although the benefit was more pronounced in naïve patients and second-line patients. In naïve patients, after 6 months of treatment, mean disease activity was low (mean BASDAI <4) and this was maintained throughout the study period, underscoring an early and sustained response. In the second-line group, the benefit was evident at 6 months, but numerically smaller than in the naïve group. At month 24, the mean BASDAI and change from baseline were similar in both lines of therapy, reflecting a slower but steady response. On the other hand, although patients previously treated with three or more bDMARDs showed improvements in BASDAI, the improvement was to smaller extent than the other two groups and did not reach a mean BASDAI <4 .”

In the published article, there was an error in the Funding statement. This statement previously stated:

“This study has been sponsored by Novartis Farmacéutica, S.A. The funder was not involved in the study design, collection, analysis, interpretation of data, the writing of this article, or the decision to submit it for publication. All authors declare no other competing interests.”

The correct Funding statement appears below:

Funding

“The author(s) declare financial support was received for the research, authorship, and/or publication of this article. This study received funding from Novartis Farmacéutica, S.A.”

In the published article, there was an error in the Conflict of interest statement. This statement previously stated:

“FS received honoraria as a consultant from AbbVie, Pfizer, Astra Zeneca. Grant/Research support from AbbVie, Novartis, Eli Lilly, Roche, BMS. JMSG reports personal fees and non-financial support from Abbvie, non-financial support from BMS, personal fees from Celgene, personal fees from Janssen, non-financial support from Lilly, non-financial support from MSD, personal fees from Novartis, non-financial support from Pfizer, non-financial support from Roche, non-financial support from UCB, outside the submitted work.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.”

The correct Conflict of Interest statement appears below:

Conflict of interest

“FS received honoraria as a consultant from AbbVie, Pfizer, and AstraZeneca. Grant/Research support from AbbVie, Novartis, Eli Lilly, Roche, and BMS. JS-G reports personal fees and non-financial

support from Abbvie, non-financial support from BMS, personal fees from Celgene, personal fees from Janssen, non-financial support from Lilly, non-financial support from MSD, personal fees from Novartis, non-financial support from Pfizer, non-financial support from Roche, non-financial support from UCB, outside the submitted work. This study received funding from Novartis Farmacéutica, S.A. The funder had the following involvement in the study: study design, interpretation of data, the writing of this article, and the decision to submit it for publication.

The authors apologize for these errors and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.