Correction

Long-Term Safety and Efficacy of Ixekizumab in Patients With Axial Spondyloarthritis: 3-year Data From the COAST Program

Atul Deodhar, Denis Poddubnyy, Proton Rahman, Jeorg Ermann, Tetsuya Tomita, Rebeca Bolec, Soyi Liu Leage, Andris Kronbergs, Caroline Johnson, Joana Araújo, Ann Leung, and Désirée van der Heijde

J Rheumatol 2023; doi:10.3899/jrheum.221022

Figure 1 was incomplete. The corrected Figure 1 appears here. This version contains all the reasons for discontinuation, including “lack of efficacy.” The “completed study” number and percentage were also corrected, and 2 footnotes were added for clarity: a Seven hundred seventy-three of 932 (82.9%) patients reconsented and entered COAST-Y after completing their original study. b Six hundred thirty-one of 932 (67.7%) patients completed 156 weeks of treatment and 12 weeks of follow-up.

This correction applies only to the March 1 2023 First Release. The correct text appears in the print and online issues.

doi:10.3899/jrheum.221022.C1

Figure 1. COAST-Y study design (A) and patient disposition diagram (B) through 3 years. In the randomized withdrawal and retreatment period, dose escalation was also permitted for patients who have been retreated for ≥ 12 weeks following a flare. a Seven hundred seventy-three of 932 (82.9%) patients reconsented and entered COAST-Y after completing their original study. b Six hundred thirty-one of 932 (67.7%) patients completed 156 weeks of treatment and 12 weeks of follow-up. ADA: adalimumab; AS: ankylosing spondylitis; bDMARD: biologic disease-modifying antirheumatic drug; IXE: ixekizumab; n/N: number of patients; nr-axSpA: nonradiographic axial spondyloarthritis; PBO: placebo; Q2W: every 2 weeks; Q4W: every 4 weeks; r-axSpA: radiographic axial spondyloarthritis; TNFi: tumor necrosis factor inhibitor.