Correction: Dual neutralisation of interleukin-17A and interleukin-17F with bimekizumab in patients with active ankylosing spondylitis: results from a 48-week phase IIb, randomised, double blind, placebo-controlled, dose-ranging study

Van der Heijde D, Gensler LS, Deodhar, et al. Dual neutralisation of interleukin-17A and interleukin-17F with bimekizumab in patients with active ankylosing spondylitis: results from a 48-week phase IIb, randomised, double blind, placebo-controlled, dose-ranging study. *Ann Rheum Dis* 2020;79:595–604. doi: 10.1136/annrheumdis-2020-216980

The authors have been made aware that one patient initially randomised to the bimekizumab 320 mg group withdrew from the study during the dose-blind period due to an event of oral candidiasis. Therefore, the current article contains an error in the Safety section of the Results and Discussion section:

In both instances, the statements regarding the lack of study withdrawals/discontinuations due to oral candidiasis are incorrect, as one patient withdrew from the study due to oral candidiasis.

The correct text should state:

**Safety section of the Results**

Oral candidiasis was reported by 3 (4.9%) patients in the bimekizumab 320 mg group during the double-blind period (table 5) and 16/303 (5.3%) of bimekizumab-treated patients in total. All cases were mild to moderate, none were serious, and resolved with systemic or topical antifungal treatment. One patient withdrew from the study during the dose-blind period due to oral candidiasis.

**Discussion**

Consistent with the mechanism of action of therapies targeting the IL-17 pathway, 16 cases (5%) of oral candidiasis were reported in bimekizumab-treated patients across the 48 weeks of treatment. However, all cases were mild or moderate, and most did not lead to discontinuation.

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