

[LETTERS TO THE EDITOR]

Paraneoplastic Remitting Seronegative Symmetrical Synovitis with Pitting Edema Syndrome Should Be Treated with Low-dose Prednisolone During Pembrolizumab Therapy: The Authors' Reply

Key words: paraneoplastic syndrome, RS3PE syndrome, immune-checkpoint inhibitor, ICI, pembrolizumab

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The Authors Reply Yamamoto et al. reported a case of RS3PE syndrome that developed as an immune-related adverse event after pembrolizumab and was improved by low-dose prednisolone. The authors therefore asked us why we did not use steroids in our case.

We decided against using steroids for two major reasons. First, in our case, RS3PE syndrome occurred as a paraneoplastic syndrome, so treating the lung cancer (which was responsible for the RS3PE syndrome) had the highest priority. Our case had a high programmed death-ligand 1 (PD-L1) expression with a tumor proportion score of >90% and was thus expected to respond to pembrolizumab (1). Second, steroids have the potential to attenuate the efficacy of immune-checkpoint inhibitor (ICI) therapy. Baseline use of

corticosteroid, that was equivalent to ≥ 10 mg of prednisone, was shown to be associated with a decreased overall response rate, progression-free survival, and overall survival after PD-1/L1 treatment (2). As the authors suggested, the use of steroids may be suitable for paraneoplastic RS3PE syndrome if needed; however, the risk-benefit balance of steroids should be considered carefully during ICI therapy.

The authors state that they have no Conflict of Interest (COI).

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