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## Letter: biological drugs for inducing remission in ulcerative colitis – authors' reply

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SIRS, We thank Maratea *et al.* for their insightful comments.<sup>1</sup> Network meta-analyses (NMAs) are becoming increasingly common in the medical literature. Various analytic techniques are available for NMAs. In our study,<sup>2</sup> we used a Bayesian-driven approach with uninformed priors and found only nonsignificant trends when comparing anti-tumour necrosis factor (TNF) agents for both remission and response.

We agree that it is important to differentiate between “no proof of difference” (i.e., an inconclusive result) and

“proof of no difference” (i.e., equivalence) and find the results by Maratea and colleagues interesting. However, as the authors point out, their conclusions are based on an underlying assumption (margin of 12%), which has a “certain degree of arbitrariness”.

Thus, despite its sophistication, even this approach is also inherently inconclusive regarding definite superiority or equivalence among anti-TNF agents. Until more conclusive data are available, we believe that other factors such as preference, safety, cost and route of administration should dictate choice of anti-TNF agents. Ultimately, a randomised controlled trial among anti-TNF agents in UC is of practical size and should be performed.

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## Letter: TNF $\alpha$ blockers and psoriasis: a 'reasonable paradox' – the role of TH-17 cells

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SIRS, We read with interest the review by Moran and colleagues on dermatological complications of immunosuppressive therapies for inflammatory bowel disease (IBD), particularly anti-tumour necrosis factor alpha (TNF $\alpha$ )-in-