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REPLY

# Correction regarding data on blinatumomab-associated seizures

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We would like to thank Max Topp, Zachary Zimmerman and Hagop Kantarjian for their correspondence on our Review article (Cancer-treatment-induced neurotoxicity — focus on newer treatments. *Nat. Rev. Clin. Oncol.* **13**, 92–105 (2016))[1]. After carefully reviewing the data discussed by Topp *et al.* (Correction regarding data on blinatumomab-associated seizures. *Nat. Rev. Clin. Oncol.* http://dx.doi.org/10.1038/nrclinonc.2016.133 (2016))[2], we concur with the authors that the frequency of seizures associated with blinatumomab treatment was overstated in our Review article[1]. As noted in previous studies, the overall rate of grade ≥3 neurological events in patients treated with blinatumomab is 15–20%, and these manifestations include cerebellar signs and encephalopathy, in addition to seizures[3]. Results from two phase II trials[4] demonstrate that the rate of any neurological event associated with the use of blinatumomab in patients aged >65 years was 72%, and in patients under the age of 65 years, this rate was 48%. The authors of the publication on these two trials note an 8% incidence of convulsions in patients older than 65 years of age who received blinatumomab, and 3% in those under the age of 65 years[4]. In a multicentre, single-arm, phase II study in patients with relapsed or refractory B-precursor acute lymphoblastic leukaemia treated with blinatumomab[5], 52% of the patients experienced neurological toxicities, most of which were managed with dexamethasone treatment; 2% of the patients experienced convulsions. In both of these reports[4,5], the incidence of convulsions is noted, but the rate of nonconvulsive seizures is not clearly stated. Given that nonconvulsive-seizure activity might present as encephalopathy and aphasia, which are common neurological adverse events that can occur with blinatumomab treatment, the true frequency of seizure associated with this treatment is unknown, and we recommend evaluation for seizure activity if a patient shows signs of altered mental status.

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**Competing interests statement**
The authors declare no competing interests.