of 17-dependent conditions such as psoriasis often results in administration of doses higher than necessary and for periods of time longer than necessary. There remains a need for treatment methods capable of achieving sustained control of such conditions that avoid these disadvantages.

[010] Summary

[011] Disclosed herein is a method of treating an IL-17-dependent condition comprising administering a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer to a subject in need thereof at a dose of 30 - 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of treatment with the nanobody for responding subjects. In an example, the administering is performed subcutaneously. In an example, the withdrawal of treatment with the nanobody is for a period of 4 weeks or more, preferably for a period of 10 weeks or more, even more preferably for a period of 20 weeks or more (e.g., 8, 10, 12, 14, 16, 18, or 20 weeks).

[012] For example, methods as disclosed herein include methods for treating an IL-17-dependent dermatological condition. In certain examples, the method may be for treating psoriasis (including but not limited to plaque psoriasis, moderate-to-severe plaque psoriasis, pustular psoriasis, generalized pustular psoriasis, palmo-plantar psoriasis, scalp psoriasis, guttate psoriasis, erythrodermic psoriasis, inversive psoriasis), atopic dermatitis, discoid lupus erythematosus, alopecia areata, autoimmune urticaria, bullous pemphigoid, dermatitis herpetiformis, hidradenitis suppurativa, linear IgA dermatosis, morphea, pemphigus vulgaris, or pyoderma gangrenosum.

[013] In certain examples, the method may be for treating psoriatic arthritis, axial spondyloarthritis including ankylosing spondylitis, systemic lupus erythematosus, rheumatoid arthritis, vasculitis, Sjogren's syndrome, juvenile idiopathic arthritis, granulomatosis, Behcet's disease, antiphospholipid syndrome, giant cell arteritis, scleroderma, polyarteritis nodosa, or Takayasu disease.

[014] In an example, the methods as above may comprise administering the nanobody at a dose of 30, 60, 120, or 240 mg every two to four weeks for up to 24 weeks.

[015] In an example, the methods as above include such methods, wherein the dose is increased between week 2 and week 24 if the subject has an IGA score of more than 1.

[016] In an example, the nanobody comprises sonelokimab.

[017] In an example, methods as above comprises a method for treating psoriasis and which achieves full skin clearance in the subject by as early as week 4 to week 8.

[018] Also disclosed herein is a method of disease modification comprising administering 30-240 mg of a nanobody to a subject suffering from IL-17-dependent condition every two weeks, wherein the nanobody specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer; and the treatment is for a period of no less than 4 weeks, optionally no less than 8 weeks, and preferably for a period of no longer than 24 weeks. In an example, the method of disease modification comprises administering the nanobody every two weeks until week 12, and then every four weeks until week 24. In an example, the method of disease modification may be a method in which administration of the nanobody is paused or permanently stopped at week 24.

[019] In an example, the disease modification method achieves normalization of peripheral IL-17A, IL-17F, CCL20, CXCl1, DEFB4A, CXCL8, LCN2, CAMP, KRT16, IL-13, IL-23, IL-31 and/or IL-22 in the subject by no later than week 24.

[020] In an example, the disease modification method achieves normalization of cutaneous IL-17A, IL-17F, CCL20, CXCl1, DEFB4A, CXCL8, LCN2, CAMP, KRT16, IL-13, IL-23, IL-31 and/or IL-22 in the subject by no later than week 24.

[021] In an example, the normalization is sustained for at least 4, 8, 12, 16, and/or 20 additional weeks after treatment has been paused or stopped.

[022] Also contemplated herein are such disease modification methods which comprise: administering the nanobody for a total of at least 4 weeks and preferably for a total of no more than 24 weeks, pausing the treatment for a period of more than two weeks, and then re-initiating treatment if one or more symptoms of the IL-17-dependent condition recur. In an example, administration may be re-started when the subject has an IGA score of 1 or more. In an example, re-initiating treatment may comprise administering 30-240 mg of the nanobody every two weeks.

[023] In certain examples, in the disease modification methods disclosed herein, the IL-17-dependent condition is a dermatological condition.

[024] For example, the method may be a method for treating psoriasis (including but not limited to plaque psoriasis, moderate-to-severe plaque psoriasis, pustular psoriasis, generalized pustular

psoriasis, palmo-plantar psoriasis, scalp psoriasis, guttate psoriasis, erythrodermic psoriasis, inversive psoriasis), atopic dermatitis, discoid lupus erythematosus, alopecia areata, autoimmune urticaria, bullous pemphigoid, dermatitis herpetiformis, hidradenitis suppurativa, linear IgA dermatosis, morphea, pemphigus vulgaris, or pyoderma gangrenosum.

[025] In an example, in disease modification methods as above, the nanobody may comprise sonelokimab.

[026] In an example, the disease modification includes methods in which the administering is performed subcutaneously.

[027] Also disclosed herein is a method of treating an IL-17-dependent dermatological condition comprising administering a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer to a subject in need thereof at a dose of 30 - 240 mg every two to four weeks continuously for more than 24 weeks to achieve full skin clearance. In an example, such a method achieves an complete clearance of the disease in 40% or more, preferably 50% or more, of subjects still exhibiting symptoms of the IL-17-dependent dermatological condition at week 24 of treatment.

[028] Also disclosed herein is use of a medicament comprising a nanobody which specifically binds to an IL17A/A homodimer, an IL-17A/F heterodimer, and/or an IL-17F/F homodimer to a subject in need thereof at a dose of 30 – 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of the treatment with the medicament comprising the nanobody for a subject responsive to the treatment; wherein the subject is a human or non-human animal.

[029] In an example, the subject in need thereof has a dermatological condition.

[030] In an example, contemplated herein is such a use in which the subject in need thereof has or is at risk of having psoriasis (including but not limited to plaque psoriasis, moderate-to-severe plaque psoriasis, pustular psoriasis, generalized pustular psoriasis, palmo-plantar psoriasis, scalp psoriasis, guttate psoriasis, erythrodermic psoriasis, inversive psoriasis), atopic dermatitis, discoid lupus erythematosus, alopecia areata, autoimmune urticaria, bullous pemphigoid, dermatitis herpetiformis, hidradenitis suppurativa, linear IgA dermatosis, morphea, pemphigus vulgaris, or pyoderma gangrenosum.

[031] In an example also disclosed is such a use in which the subject in need thereof has or is at risk of having psoriatic arthritis, axial spondyloarthritis including ankylosing spondylitis,

systemic lupus erythematosus, rheumatoid arthritis, vasculitis, Sjogren's syndrome, juvenile idiopathic arthritis, granulomatosis, Behcet's disease, antiphospholipid syndrome, giant cell arteritis, scleroderma, polyarteritis nodosa, or Takayasu disease.

[032] In an example, the subject may have psoriasis, hidradenitis suppurativa, psoriatic arthritis, or axial spondyloarthritis, and treatment may be withdrawn when the subject reaches a certain clinical threshold, e.g., PASI score of 75-100 (psoriasis), IGA score of 0 or 1 (psoriasis), a Hidradenitis Suppurativa Clinical Response (HiSCR) score of 75-90 (hidradenitis suppurativa), an American College of Rheumatology criteria (ACR) score of 50 to 70 (psoriatic arthritis), or an Assessment in SpondyloArthritis International Society (ASAS) score of 40 or more (axial spondyloarthritis).

[033] In an example, the subject responsive to treatment may have a PASI score of 75-100, preferably a PASI score of 90-100, most preferably a PASI score of 100 after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks. In such an example, the subject responsive to treatment has or is at risk of having psoriasis and treatment may be withdrawn after a period 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

[034] In an example, the subject responsive to treatment may have an IGA score of 0 or 1, preferably an IGA of 0, after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment. In such an example, the subject responsive to treatment has or is at risk of having psoriasis and in which treatment is withdrawn after a period of 4 weeks or more of treatment, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

[035] In an example, the subject responsive to treatment has an HiSCR score of 75 to 90, preferably an HiSCR score of 90, after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment. In such an example, the subject responsive to treatment has or is at risk of having hidradenitis suppurativa and in which treatment is withdrawn after a period of 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

[036] In an example, the subject responsive to treatment has an ACR score of 50 to 70, preferably an ACR score of 70, after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment. In such an example, the subject responsive to treatment has or is at risk of having psoriatic arthritis and in which treatment is withdrawn after a period of 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

[037] In an example, the subject responsive to treatment has an ASAS score of 40 or more after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment. In such an example, the subject responsive to treatment has or is at risk of having axial spondyloarthritis and in which treatment is withdrawn after a period of 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

[037a] In an aspect, there is provided use of a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating an IL-17-dependent condition in a subject, wherein the nanobody is to be administered at a dose of 30 - 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of treatment with the nanobody for responding subjects.

[037b] In another aspect, there is provided use of a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for disease modification in a subject suffering from IL-17-dependent condition, wherein 30-240 mg of the nanobody is to be administered every two weeks for a period of no less than 4 weeks, optionally no less than 8 weeks, and preferably for a period of no longer than 24 weeks.

[037c] In another aspect, there is provided use of a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating an IL-17-dependent dermatological condition, wherein the nanobody is to be administered at a dose of 30 - 240 mg every two to four weeks continuously for more than 24 weeks to achieve full skin clearance.

[037d] In another aspect, there is provided use of a nanobody which specifically binds to an IL17A/A homodimer, an IL-17A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating a subject having a dermatological condition, wherein the nanobody is to be administered at a dose of 30 – 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of the treatment with the nanobody for a subject responsive to the treatment; wherein the subject is a human or non-human animal.

[037e] In another aspect, there is provided use of a nanobody which specifically binds to an IL17A/A homodimer, an IL-17A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating a subject having or is at risk of having psoriasis (including but not limited to plaque psoriasis, moderate-to-severe plaque psoriasis, pustular psoriasis, generalized pustular psoriasis, palmo-plantar psoriasis, scalp psoriasis, guttate psoriasis, erythrodermic psoriasis, inversive psoriasis), atopic dermatitis, discoid lupus erythematosus, alopecia areata, autoimmune urticaria, bullous pemphigoid, dermatitis herpetiformis, hidradenitis suppurativa, linear IgA dermatosis, morphea, pemphigus vulgaris, or pyoderma gangrenosum, wherein the nanobody is to be administered at a dose of 30 – 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of the treatment with the

nanobody for a subject responsive to the treatment; wherein the subject is a human or non-human animal.

[037f] In another aspect, there is provided use of a nanobody which specifically binds to an IL17A/A homodimer, an IL-17A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating a subject having or is at risk of having psoriatic arthritis, axial spondyloarthritis including ankylosing spondylitis, systemic lupus erythematosus, rheumatoid arthritis, vasculitis, Sjogren's syndrome, juvenile idiopathic arthritis, granulomatosis, Behcet's disease, antiphospholipid syndrome, giant cell arteritis, scleroderma, polyarteritis nodosa, or Takayasu disease, wherein the nanobody is to be administered at a dose of 30 – 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of the treatment with the nanobody for a subject responsive to the treatment; wherein the subject is a human or non-human animal.

Claims

What is claimed is:

1. Use of a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating an IL-17-dependent condition in a subject, wherein the nanobody is to be administered at a dose of 30 - 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of treatment with the nanobody for responding subjects.

2. The use according to claim 1, wherein the nanobody is to be administered subcutaneously.

3. The use according to claim 1, wherein the withdrawal of treatment with the nanobody is for a period of 4 weeks or more, preferably for a period of 10 weeks or more, even more preferably for a period of 20 weeks or more (e.g., 8, 10, 12, 14, 16, 18, or 20 weeks).

4. The use according to any of the preceding claims, wherein the nanobody is for treating an IL-17-dependent dermatological condition.

5. The use according to claim 4, wherein the nanobody is for treating psoriasis (including but not limited to plaque psoriasis, moderate-to-severe plaque psoriasis, pustular psoriasis, generalized pustular psoriasis, palmo-plantar psoriasis, scalp psoriasis, guttate psoriasis, erythrodermic psoriasis, inversive psoriasis), atopic dermatitis, discoid lupus erythematosus, alopecia areata, autoimmune urticaria, bullous pemphigoid, dermatitis herpetiformis, hidradenitis suppurativa, linear IgA dermatosis, morphea, pemphigus vulgaris, or pyoderma gangrenosum.

6. The use according to claim 1, wherein the nanobody is for treating psoriatic arthritis, axial spondyloarthritis including ankylosing spondylitis, systemic lupus erythematosus, rheumatoid arthritis, vasculitis, Sjogren's syndrome, juvenile idiopathic arthritis, granulomatosis, Behcet's disease, antiphospholipid syndrome, giant cell arteritis, scleroderma, polyarteritis nodosa, or Takayasu disease.

7. The use according to any of the preceding claims, wherein the nanobody is to be administered at a dose of 30, 60, 120, or 240 mg every two to four weeks for up to 24 weeks.

8. The use according to any of the preceding claims, wherein the dose is to be increased between week 2 and week 24 if the subject has an IGA score of more than 1.

9. The use according to any of the preceding claims, wherein the nanobody comprises sonelokimab.

10. The use according to claim 1, wherein the nanobody is for treating psoriasis and which achieves full skin clearance in the subject by as early as week 4 to week 8.

11. Use of a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for disease modification in a subject suffering from IL-17-dependent condition, wherein

30-240 mg of the nanobody is to be administered every two weeks for a period of no less than 4 weeks, optionally no less than 8 weeks, and preferably for a period of no longer than 24 weeks.

12. The use according to claim 11, wherein the nanobody is to be administered every two weeks until week 12, and then every four weeks until week 24.

13. The use according to claim 11, in which administration of the nanobody is paused or permanently stopped at week 24.

14. The use according to any one of claims 11-13, wherein the subject is to achieve normalization of peripheral IL-17A, IL-17F, CCL20, CXCl1, DEFB4A, CXCL8, LCN2, CAMP, KRT16, IL-13, IL-23, IL-31 and/or IL-22 by no later than week 24.

15. The use according to any one of claims 11-13, wherein the subject is to achieve normalization of cutaneous IL-17A, IL-17F, CCL20, CXCl1, DEFB4A, CXCL8, LCN2, CAMP, KRT16, IL-13, IL-23, IL-31 and/or IL-22 by no later than week 24.

16. The use according to claim 14 or claim 15, in which the normalization is sustained for at least 4, 8, 12, 16, and/or 20 additional weeks after treatment has been paused or stopped.

17. The use according to claim 11, wherein:

the nanobody is to be administered for a total of at least 4 weeks and preferably for a total of no more than 24 weeks,

the administration of the antibody is to be paused for a period of more than two weeks, and then

if one or more symptoms of the IL-17-dependent condition recur, administration of the nanobody is to be re-started.

18. The use according to claim 17, in which administration is to be re-started when the subject has an IGA score of 1 or more.

19. The use according to claim 17, wherein when administration of the nanobody is to be re-started, 30-240 mg of the nanobody is to be administered every two weeks.

20. The use according to any one of claims 11-19, wherein the IL-17-dependent condition is a dermatological condition.

21. The use according to claim 20, wherein the condition is psoriasis (including but not limited to plaque psoriasis, moderate-to-severe plaque psoriasis, pustular psoriasis, generalized pustular psoriasis, palmo-plantar psoriasis, scalp psoriasis, guttate psoriasis, erythrodermic psoriasis, inversive psoriasis), atopic dermatitis, discoid lupus erythematosus, alopecia areata, autoimmune urticaria, bullous pemphigoid, dermatitis herpetiformis, hidradenitis suppurativa, linear IgA dermatosis, morphea, pemphigus vulgaris, or pyoderma gangrenosum.

22. The use according to any one of claims 11-21, wherein the nanobody comprises sonelokimab.

23. The use according to any one of claims 11-22, wherein the nanobody is to be administered subcutaneously.

24. Use of a nanobody which specifically binds to an IL17A/A homodimer, an IL17-A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating an IL-17-dependent dermatological condition, wherein the nanobody is to be administered at a dose of 30 - 240 mg every two to four weeks continuously for more than 24 weeks to achieve full skin clearance.

25. The use according to claim 24, wherein complete clearance of the condition is to be achieved in 40% or more, preferably 50% or more, of subjects still exhibiting symptoms of the IL-17-dependent dermatological condition at week 24 of treatment.

26. Use of a nanobody which specifically binds to an IL17A/A homodimer, an IL-17A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating a subject having a dermatological condition, wherein the nanobody is to be administered at a dose

of 30 – 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of the treatment with the nanobody for a subject responsive to the treatment; wherein the subject is a human or non-human animal.

27. Use of a nanobody which specifically binds to an IL17A/A homodimer, an IL-17A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating a subject having or is at risk of having psoriasis (including but not limited to plaque psoriasis, moderate-to-severe plaque psoriasis, pustular psoriasis, generalized pustular psoriasis, palmo-plantar psoriasis, scalp psoriasis, guttate psoriasis, erythrodermic psoriasis, inversive psoriasis), atopic dermatitis, discoid lupus erythematosus, alopecia areata, autoimmune urticaria, bullous pemphigoid, dermatitis herpetiformis, hidradenitis suppurativa, linear IgA dermatosis, morphea, pemphigus vulgaris, or pyoderma gangrenosum, wherein the nanobody is to be administered at a dose of 30 – 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of the treatment with the nanobody for a subject responsive to the treatment; wherein the subject is a human or non-human animal.

28. Use of a nanobody which specifically binds to an IL17A/A homodimer, an IL-17A/F heterodimer, and/or an IL-17F/F homodimer in the manufacture of a medicament for treating a subject having or is at risk of having psoriatic arthritis, axial spondyloarthritis including ankylosing spondylitis, systemic lupus erythematosus, rheumatoid arthritis, vasculitis, Sjogren's syndrome, juvenile idiopathic arthritis, granulomatosis, Behcet's disease, antiphospholipid syndrome, giant cell arteritis, scleroderma, polyarteritis nodosa, or Takayasu disease, wherein the nanobody is to be administered at a dose of 30 – 240 mg every two to four weeks for up to 24 weeks, followed by withdrawal of the treatment with the nanobody for a subject responsive to the treatment; wherein the subject is a human or non-human animal.

29. Use according to any one of claims 26-28 in which a subject responsive to treatment has a PASI score of 75-100, preferably a PASI score of 90-100, most preferably a PASI score of 100 after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks.

30. Use according to claim 29, in which the subject responsive to treatment has or is at risk of having psoriasis and in which treatment is withdrawn after a period 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

31. Use according to any one of claims 26-28 in which a subject responsive to treatment has an IGA score of 0 or 1, preferably an IGA of 0, after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment.

32. Use according to claim 31, in which the subject responsive to treatment has or is at risk of having psoriasis and in which treatment is withdrawn after a period of 4 weeks or more of treatment, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

33. Use according to any one of claims 26-28 in which a subject responsive to treatment has an HiSCR score of 75 to 90, preferably an HiSCR score of 90, after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment.

34. Use according to claim 33, in which the subject responsive to treatment has or is at risk of having hidradenitis suppurativa and in which treatment is withdrawn after a period of 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

35. Use according to any one of claims 26-28 in which a subject responsive to treatment has an ACR score of 50 to 70, preferably an ACR score of 70, after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment.

36. Use according to claim 35, in which the subject responsive to treatment has or is at risk of having psoriatic arthritis and in which treatment is withdrawn after a period of 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks

or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

37. Use according to any one of claims 26-28 in which a subject responsive to treatment has an ASAS score of 40 or more after a period of 4 weeks or more of treatment, after a period of 8 weeks or more of treatment, after a period of 10 weeks or more of treatment, after a period of 12 weeks or more of treatment, after a period of 14 weeks or more of treatment, after a period of 16 weeks or more of treatment, after a period of 18 weeks or more of treatment, after a period of 20 weeks or more of treatment, or after a period of 24 weeks of treatment.

38. Use according to claim 37, in which the subject responsive to treatment has or is at risk of having axial spondyloarthritis and in which treatment is withdrawn after a period of 4 weeks or more, after a period of 8 weeks or more, after a period of 10 weeks or more, after a period of 12 weeks or more, after a period of 14 weeks or more, after a period of 16 weeks or more, after a period of 18 weeks or more, after a period of 20 weeks or more, or after a period of 24 weeks of treatment.

39. Use according to any one of claims 26-28, wherein the nanobody comprises SEQ ID NO: 1 or a variant thereof having 70% or more sequence identity thereto.