

GanteReview

Del 5 – 8 de Septiembre

Sociedad Española de Reumatología

SER + UCB

Creciendo juntos en Reumatología

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Resumen Segundo Día

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Sociedad Española de Reumatología

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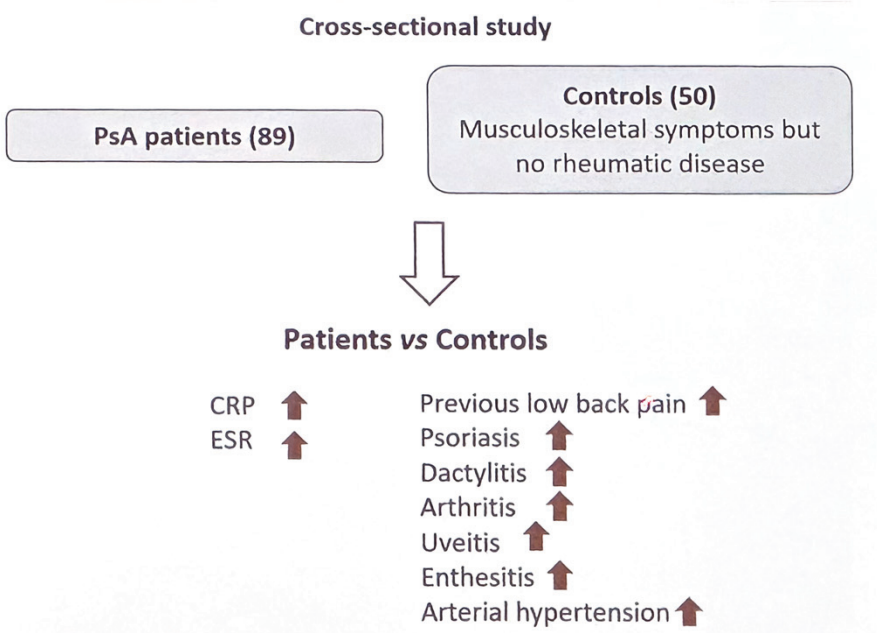
Creciendo juntos en Reumatología

O9 - IDENTIFYING NOVEL MOLECULAR SIGNATURES IN PSORIATIC ARTHRITIS THROUGH HIGH-THROUGHPUT PROTEOMIC ANALYSIS OF IMMUNE CELLS

Martín-Salazar J, Spain

- Objetivo: conocer nuevas proteínas involucradas en la patogénesis de la APs y revelar fenotipos moleculares de pacientes

	PsA (n=89)	Controls (n=50)	p-value
Female/Male (n/n)	48/41	32/18	0.233
Age (years)	43.50 ±9.38	39.39 ± 14.25	0.052
Disease duration (years)	6.44 ± 5	-	
Disease activity and inflammatory markers			
DAPSA	22.72 ± 11.90	-	
BASDAI	5.74 ± 2.08	-	
BASFI	11.26 ± 17.03	-	
CRP (mg/L)	14.26 ± 23.97	4.07 ± 5.33	0.004*
ESR (mm/1h)	23.34 ± 23.69	8.17 ± 7.72	0.000*
Previous lower back pain (%)	19.5	90	0.000*
Clinical manifestations			
Psoriasis (%)	81.8	8.0	0.000*
Dactilytis (%)	50.6	2.0	0.000*
Uveitis (%)	1.3	8.0	0.125
Enthesitis (%)	29.9	2.0	0.000*
Arthritis (%)	97.4	8.0	0.000*
EII (%)	3.9	8.0	0.322
Onychopathy (%)	48.8	0.0	0.000*
Comorbidities			
Arterial hypertension (%)	11.7	8.0	0.042*
Treatments			
NSAIDs (n)	64	24	0.000*
Methotrexate (n)	38	1	0.000*
Leflunomide (n)	13	0	0.000*
Corticosteroids (n)	35	3	0.000*
Sulfasalazine (n)	2	1	0.702

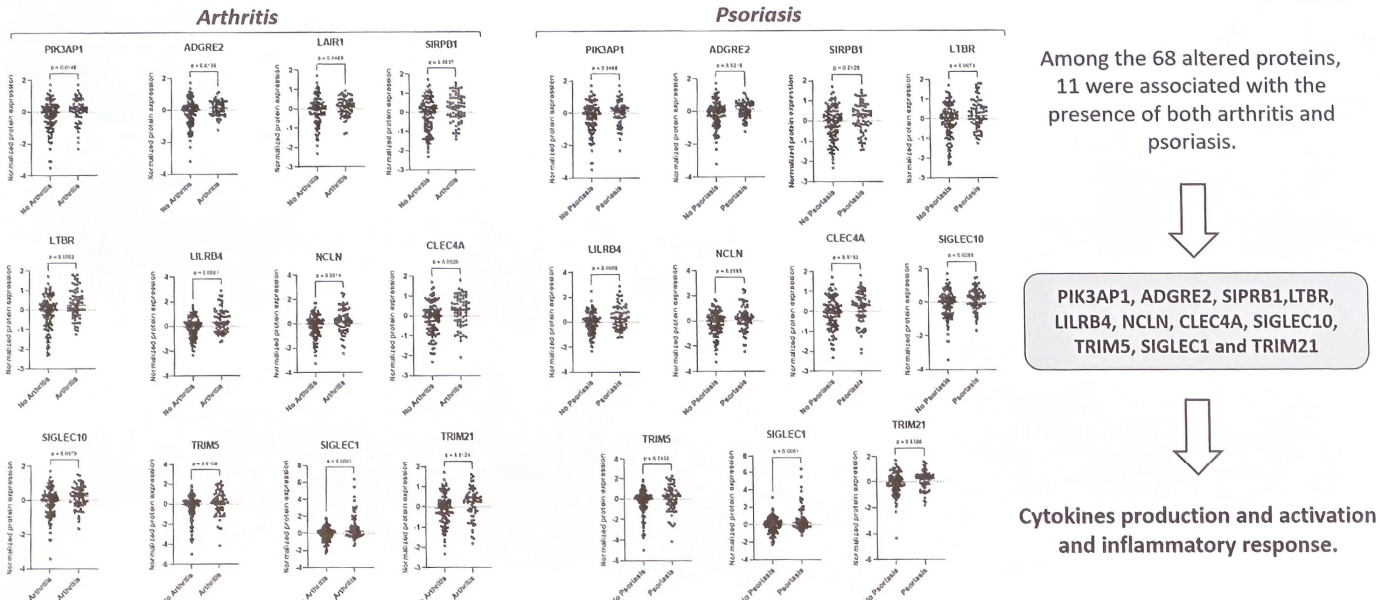


O9 - IDENTIFYING NOVEL MOLECULAR SIGNATURES IN PSORIATIC ARTHRITIS THROUGH HIGH-THROUGHPUT PROTEOMIC ANALYSIS OF IMMUNE CELLS

Martín-Salazar J, Spain

Results

A specific inflammatory proteomic signature was simultaneously associated with the presence of arthritis and psoriasis



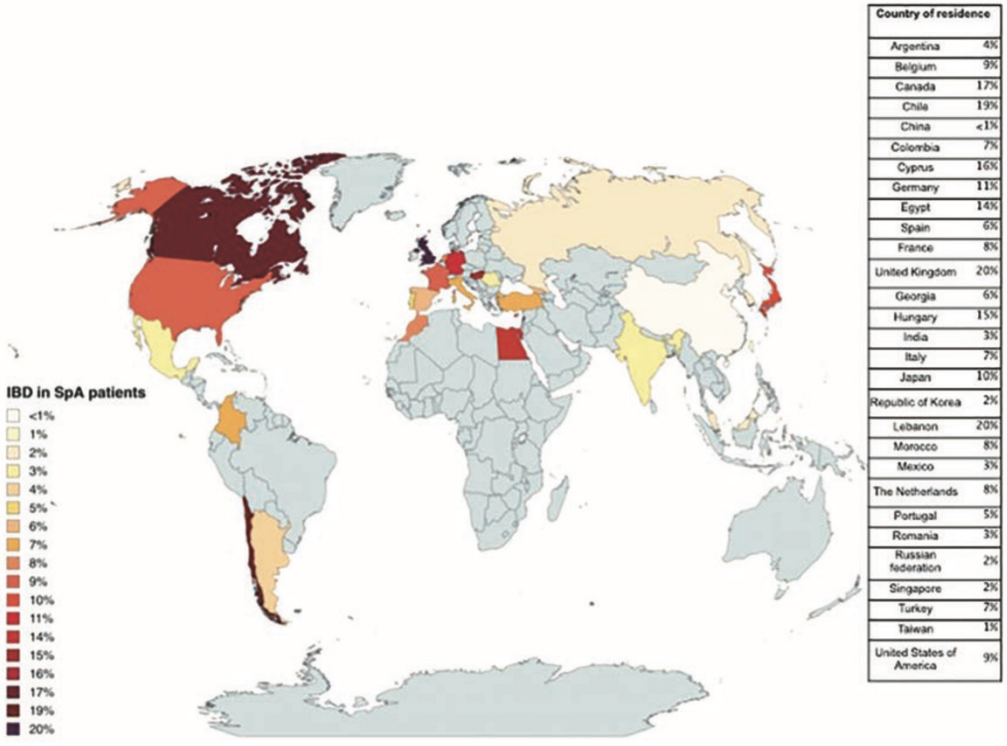
- Nuevas alteraciones proteicas en los leucocitos de pacientes con APs relacionadas con la inflamación, la respuesta inmune y la función osteoclástica
- Agrupaciones moleculares distintas vinculadas a características clínicas y células inmunitarias

P33 - CLINICAL FEATURES OF PATIENTS WITH SPA, WITH OR WITHOUT IBD: RESULTS FROM THE METEOR COHORT

de Hooge M et al

Pacientes con EspA + EII

- Predominio mujeres
- > HLAB27 negativo
- Más uveítis y menos psoriasis
- No diferencias en entesitis
- Mayor daño estructural



Country of residence	
Argentina	4%
Belgium	9%
Canada	17%
Chile	19%
China	<1%
Colombia	7%
Cyprus	16%
Germany	11%
Egypt	14%
Spain	6%
France	8%
United Kingdom	20%
Georgia	6%
Hungary	15%
India	3%
Italy	7%
Japan	10%
Republic of Korea	2%
Lebanon	20%
Morocco	8%
Mexico	3%
The Netherlands	8%
Portugal	5%
Romania	3%
Russian federation	2%
Singapore	2%
Turkey	7%
Taiwan	1%
United States of America	9%

P33: Fig. 1. Worldwide distribution and prevalence of patients with spondyloarthritis with or without inflammatory bowel disease.

Importancia de identificar lo antes posible pacientes con EspAax en riesgo de desarrollar EII

P45 - IMPACT OF PERIPHERAL ARTHRITIS ON DISEASE ACTIVITY OUTCOMES IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS, PERIPHERAL SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS: DATA FROM THE ASAS-PERSPA STUDY

López-Medina C et al.

N 4185 (2719 EspAax, 433 EspAp, 1033 Aps)

P45: Table I. Impact of peripheral manifestations on disease activity outcomes in SpA (multivariable multilevel models adjusted for country).

		BASDAI		ASDAS		DAPSA		DAS28		DAS44	
		Mean (SD)	Standardized beta coefficient (95%CI)	Mean (SD)	Standardized beta coefficient (95%CI)	Mean (SD)	Standardized beta coefficient (95%CI)	Mean (SD)	Standardized beta coefficient (95%CI)	Mean (SD)	Standardized beta coefficient (95%CI)
History of arthritis	Yes	4.15 (2.51)	-0.05 (-0.12 to 0.03)	2.64 (1.18)	-0.04 (-0.08 to 0.00)	15.17 (13.11)	0.19 (-0.19 to 0.57)	2.88 (1.19)	0.03 (-0.00 to 0.06)	1.48 (0.89)	***0.05 (0.031 to 0.08)***
	No	3.58 (2.32)		2.44 (1.09)		9.33 (8.97)		2.33 (0.84)		0.96 (0.56)	
Current arthritis	Yes	5.14 (2.41)	***0.44 (0.37 to 0.51)***	3.18 (1.18)	***0.27 (0.24 to 0.31)***	23.85 (16.14)	***4.95 (4.63 to 5.28)***	3.74 (1.16)	***0.48 (0.46 to 0.51)***	2.10 (0.93)	***0.36 (0.34 to 0.38)***
	No	3.53 (2.34)		2.37 (1.07)		9.22 (7.57)		2.31 (0.81)		0.99 (0.55)	

P45 - IMPACT OF PERIPHERAL ARTHRITIS ON DISEASE ACTIVITY OUTCOMES IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS, PERIPHERAL SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS: DATA FROM THE ASAS-PERSPA STUDY

López-Medina C et al.

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P45: Table II. Impact of peripheral manifestations on disease activity outcomes stratified in axSpA, pSpA and PsA (multivariable multilevel models adjusted for country).

	BASDAI Standardized beta coefficient (95%CI)	ASDAS Standardized beta coefficient (95%CI)	DAPSA Standardized beta coefficient (95%CI)	DAS28 Standardized beta coefficient (95%CI)	DAS44 Standardized beta coefficient (95%CI)
axSpA					
History of arthritis	0.06 (-0.03 to 0.15)	-0.01 (-0.06 to 0.04)	0.28 (-0.07 to 0.64)	***0.04 (0.01 to 0.07)***	***0.06 (0.04 to 0.08)***
Current arthritis	***0.40 (0.31 to 0.49)***	***0.24 (0.20 to 0.28)***	***3.64 (3.31 to 3.97)***	***0.34 (0.31 to 0.37)***	***0.26 (0.24 to 0.29)***
pSpA					
History of arthritis	-0.18 (-0.38 to 0.02)	-0.05 (-0.14 to 0.04)	-0.05 (-1.00 to 0.89)	-0.03 (-0.12 to 0.06)	-0.01 (-0.08 to 0.05)
Current arthritis	***0.66 (0.45 to 0.88)***	***0.39 (0.29 to 0.49)***	***5.30 (4.33 to 6.27)***	***0.60 (0.51 to 0.69)***	***0.41 (0.35 to 0.49)***
PsA					
History of arthritis	-0.10 (-0.25 to 0.04)	-0.06 (-0.13 to 0.01)	0.20 (-0.65 to 1.01)	0.03 (-0.04 to 0.09)	***0.05 (0.00 to 0.11)***
Current arthritis	***0.45 (0.31 to 0.59)***	***0.28 (0.21 to 0.34)***	***6.24 (5.46 to 7.04)***	***0.60 (0.54 to 0.66)***	***0.43 (0.38 to 0.48)***

*Results adjusted by other socio-demographic, disease-related and treatment variables.

- Presentar artritis impacta significativamente en las medidas de actividad de la enfermedad en los pacientes con EspA
- Sin diferencia entre fenotipos, pero con un mayor impacto en DAPSA

P46 - IMPACT OF PERIPHERAL MANIFESTATIONS ON FUNCTION, HEALTH, AND WORK PRODUCTIVITY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS, PERIPHERAL SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS – DATA FROM THE ASAS-PERSPA STUDY

López-Medina C et al.

N 4185 (2719 EspAax, 433 EspAp, 1033 Aps)

- Determinar el impacto de las manifestaciones periféricas en resultados de la enfermedad
- Estudiar diferencias entre fenotipos

P46: Table I. Impact of peripheral manifestations on disease outcomes in SpA (multivariable multilevel models adjusted for country).

	BASFI Beta coefficient (95%CI)	ASAS-HI Beta coefficient (95%CI)	EQ5D Beta coefficient (95%CI)	WPAI IRR count model OR zero-inflated model
History of arthritis	-0.01 (-0.15 to 0.12)	0.18 (-0.04 to 0.40)	-0.00 (-0.01 to 0.01)	***0.88 (0.84 to 0.91)*** 0.89 (0.68 to 1.16)
Current arthritis	0.06 (-0.10 to 0.21)	0.14 (-0.12 to 0.40)	***-0.04 (-0.05 to -0.02)***	***1.10 (1.06 to 1.14)*** 1.05 (0.78 to 1.42)
History of peripheral enthesitis	-0.03 (-0.15 to 0.09)	***0.55 (0.34 to 0.75)***	***-0.01 (-0.02 to -0.00)***	***0.92 (0.89 to 0.95)*** 0.81 (0.65 to 1.01)
Current peripheral enthesitis	***0.26 (0.08 to 0.44)***	***0.45 (0.14 to 0.75)***	***-0.02 (-0.04 to -0.00)***	1.02 (0.98 to 1.06) ***0.77 (0.56 to 1.05)***

*Results adjusted for other socio-demographic, disease-related and treatment variables.

- Resultados muy similares entre fenotipos de EspA, tanto de artritis como de entesitis
- Los pacientes con EspA y manifestaciones periféricas tienen una función, salud y productividad laboral peores

P72 - FACTORS ASSOCIATED WITH RADIOGRAPHIC SPINAL PROGRESSION IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS RECEIVING IL-17A INHIBITOR OR TNF INHIBITOR THERAPY: A POST-HOC ANALYSIS OF THE SURPASS STUDY

Poddubnyy D.

P72: Table I. Demographic and baseline disease characteristics based on radiographic analysis subset.

Characteristics, mean (SD) unless specified otherwise	SEC 150 mg n=99	SEC 300 mg n=95	SDZ-ADL 40 mg n=94	Total N=288
Age, years	40.2 (10.7)	40.4 (10.6)	41.3 (12.1)	40.6 (11.1)
Male, n (%)	79 (79.8)	66 (69.5)	75 (79.8)	220 (76.4)
HLA-B27 positive, n (%)	87 (87.9)	80 (84.2)	83 (88.3)	250 (86.8)
BMI, kg/m^2	27.3 (5.4)	26.7 (5.9)	26.6 (5.1)	26.9 (5.5)
Time since diagnosis of r-axSpA, years	6.2 (8.1)	5.5 (6.3)	7.5 (11.3)	6.4 (8.8)
mSASSS (0–72)	16.3 (20.3)	12.2 (17.5)	14.9 (19.0)	14.5 (19.0)
Patients with syndesmophyte(s), n (%)	58 (58.6)	55 (57.9)	55 (58.5)	168 (58.3)
Number of syndesmophytes	5.3 (7.1)	4.2 (6.1)	5.0 (6.6)	4.8 (6.6)
Patients with hsCRP ≥5 mg/L, n (%)	79 (79.8)	71 (74.7)	72 (76.6)	222 (77.1)
hsCRP (mg/L)	21.4 (27.6)	21.2 (28.0)	19.0 (19.8)	20.6 (25.4)
Total spine oedema score (range 0–184)*	7.9 (10.2)	5.1 (7.6)	6.3 (8.0)	6.5 (8.7)
Total spine fat lesions score (range 0–276)	12.0 (18.8)	10.0 (16.9)	14.0 (19.5)	12.0 (18.4)

P72: Table II. Univariable and multivariable logistic regression analysis for development of new syndesmophytes over 2 years.

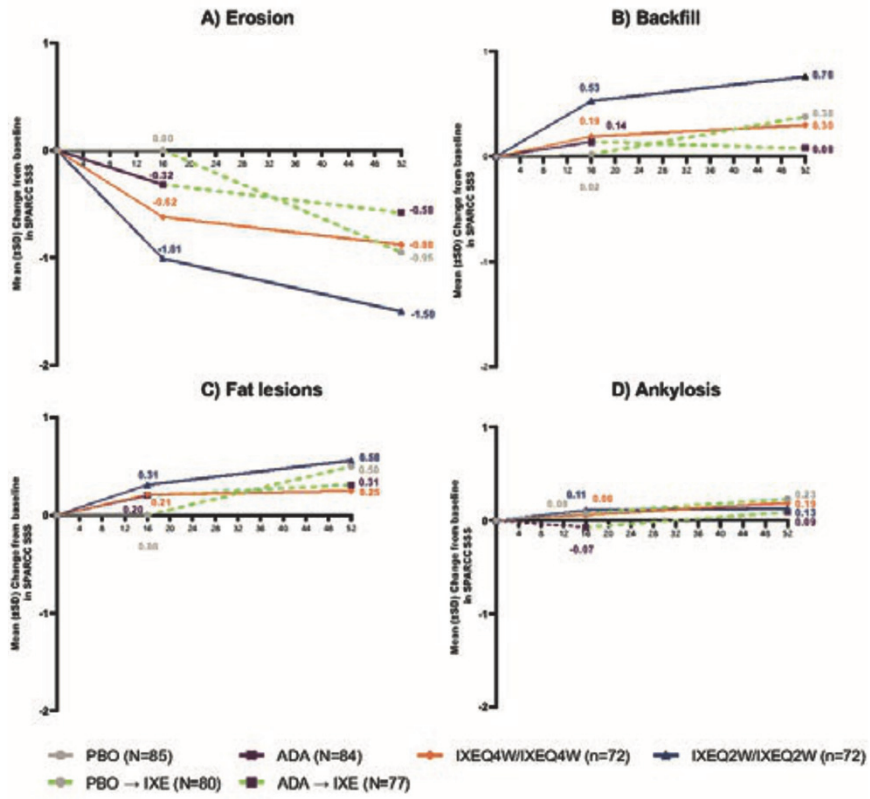
Parameter at baseline (unless otherwise specified)	Univariable Analysis, OR (95% CI)*				Multivariable Analysis, OR (95% CI)
	SEC 150 mg n=99	SEC 300 mg n=95	SDZ-ADL 40 mg n=94	Total N=288	Total N=288
Age, years	1.01 (0.96, 1.06)	1.04 (0.99, 1.09)	0.98 (0.93, 1.03)	1.01 (0.98, 1.04)	-
Sex (male vs female)	3.64 (0.61, 21.66)	1.74 (0.48, 6.32)	1.38 (0.31, 6.12)	2.22 (0.92, 5.37)	1.19 (0.44, 3.24)
HLA-B27 (positive vs negative)	0.40 (0.09, 1.74)	1.00 (0.22, 4.59)	4.38 (0.21, 90.57)	1.06 (0.40, 2.83)	-
Current smoking (yes vs no)	1.45 (0.51, 4.11)	1.45 (0.45, 4.63)	2.41 (0.76, 7.68)	1.69 (0.88, 3.24)	0.97 (0.45, 2.06)
Presence of syndesmophytes (yes vs no)	6.13 (1.49, 25.25)	9.20 (1.59, 53.36)	27.61 (1.54, 496.20)	**12.00 (3.91, 36.82)**	**13.00 (3.79, 44.57)**
Elevated hsCRP, ≥5 mg/L (yes vs no)	1.92 (0.45, 8.27)	3.95 (0.67, 23.47)	11.15 (0.60, 207.47)	**4.52 (1.46, 14.05)**	**4.70 (1.33, 16.66)**
ASDAS-CRP	2.08 (1.00, 4.33)	1.30 (0.73, 2.31)	2.25 (1.05, 4.84)	**1.73 (1.18, 2.55)**	-
BASDAI	1.58 (1.04, 2.40)	0.91 (0.62, 1.33)	1.19 (0.79, 1.81)	1.19 (0.95, 1.50)	-
Baseline NSAID score	1.01 (1.00, 1.02)	1.00 (0.99, 1.01)	0.98 (0.97, 1.00)	1.00 (0.99, 1.01)	1.00 (0.99, 1.01)
NSAIDs intake score over 104 weeks	0.99 (0.94, 1.03)	1.00 (0.96, 1.05)	1.00 (0.96, 1.04)	1.00 (0.97, 1.02)	-
Total spine oedema score, (range 0–184)†	1.05 (1.01, 1.10)	1.09 (1.02, 1.16)	1.08 (1.02, 1.15)	**1.07 (1.04, 1.11)**	**1.05 (1.01, 1.09)**
Total spine fat lesions score, (range 0–276)	1.01 (0.99, 1.04)	1.02 (0.99, 1.05)	1.01 (0.98, 1.03)	1.01 (1.00, 1.03)	1.00 (0.98, 1.02)

El daño estructural preexistente y una alta actividad inflamatoria al inicio se asociaron con el desarrollo de nuevos sindesmofitos, independientemente del tratamiento con inhibidores de IL17 o TNF durante 2 años

P68 - THE IMPACT OF IXEKIZUMAB TREATMENT ON MRI SACROILIAC JOINT STRUCTURAL LESIONS IN PATIENTS WITH RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: 52-WEEK RESULTS FROM A RANDOMISED PLACEBO-CONTROLLED TRIAL WITH AN ACTIVE COMPARATOR

Maksymowych W.P et al

COAST-V: 52 semanas

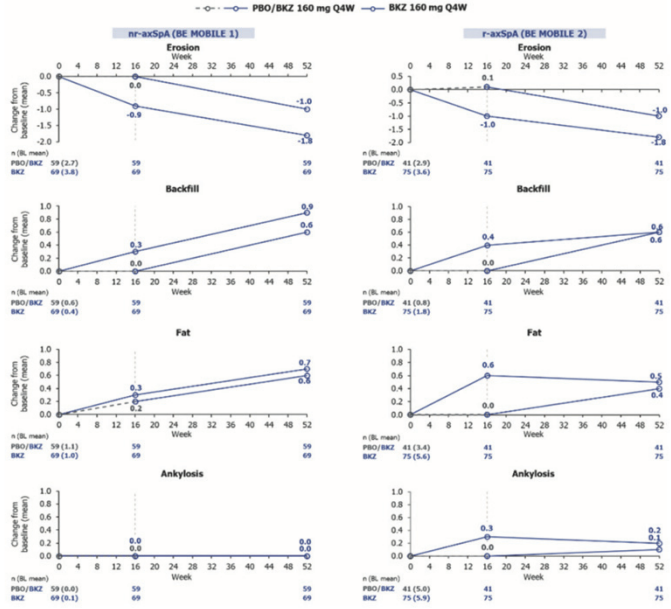


Disminución de la erosión y un aumento del backfill en las semanas 16 y 52 → ixekizumab parece modificar el daño estructural en pacientes con EspAax-r

P69
IMPACT OF BIMEKIZUMAB ON MRI INFLAMMATORY AND STRUCTURAL LESIONS IN THE SACROILIAC JOINTS OF PATIENTS WITH AXIAL SPONDYLARTHRITIS: 52- WEEK RESULTS AND POST HOC ANALYSES FROM THE BE MOBILE 1 AND 2 PHASE 3 STUDIES

Maksymowych W.P et al

BE MOBILE 1 y 2: RM inicio, 16 y 52w

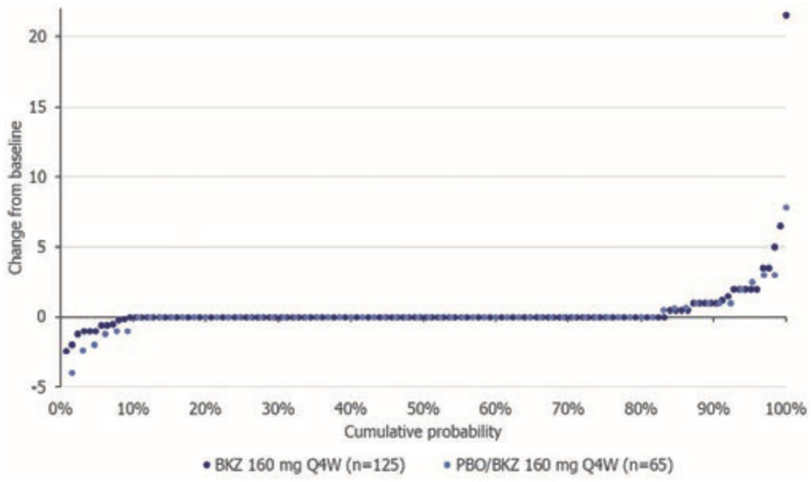


- BKZ mejoró la inflamación en RM, redujo las erosiones y aumentó el backfill en la articulación sacroilíaca → evidencia de reparación tisular.

P70
MINIMAL SPINAL RADIOGRAPHIC PROGRESSION IN PATIENTS WITH RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS OVER 2 YEARS OF BIMEKIZUMAB TREATMENT: RESULTS FROM A PHASE 3 OPEN-LABEL EXTENSION STUDY

Baraliakos X et al

BE MOBILE 2: Rx columna basales y 104w (SASSSm)



157/190 pacientes no mostraron progresión radiográfica

- Progresión radiográfica espinal mínima a 2años
- Alta proporción de pacientes fueron no progresores (incluidos aquellos con daño estructural basal)



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