SPARTAN

SPondyloArthritis Research & Treatment Network

Volume 3 Issue 1

SPARTAN NEWS

Greetings!

I am looking forward to seeing you at our Annual Meeting in Cambridge, MA and encourage you to register for the meeting as soon as possible if you haven't had the opportunity yet. Hotel reservations must be made by April 1 to assure availability. The SPARTAN Education Committee - Joerg Ermann, Maureen Dubreuil, Mark Fisher, Asim Khan, and Philip Mease - has created an outstanding program of scientific sessions as well as pre-meeting trainee symposium and research coordinator workshop. SPARTAN is launching several projects that will be shared at the meeting. And for fun, we'll be dining and cruising Boston Harbor together on a private yacht Saturday night.

A reminder that the SPARTAN seed fund application deadline is March 31. We are excited to provide this opportunity for early career investigators who are working in the field of Axial Spondyloarthritis. The goal is to support the early stages of a research project or career to generate preliminary data that will support grant applications to funding agencies such as the NIH. Up to 2 grants will be supported in the 2017-2018 cycle (One basic/translational project and one clinical project). A maximum of $10,000 will be allocated per project per year for a total of $20,000. All the details are here.

All the best,

Lianne

Lianne Gensler, MD
Chair, SPARTAN

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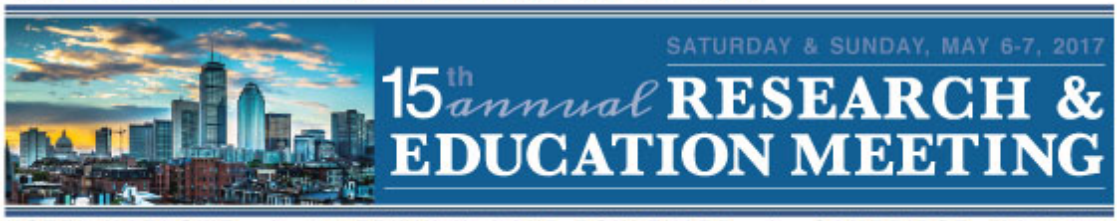
SPONDYLOARTHRITIS RESEARCH AND TREATMENT NETWORK



Annual Meeting Agenda

Friday, May 5
5:30 p.m. - 6:30 p.m.
Welcome Reception

Saturday, May 6
8:00 a.m. - 5:00 pm

8:15 a.m. - 9:45 a.m. Scientific Session: Axial Imaging in SpA

- Michael Ward, NIH, Bethesda
  "Quantification of syndesmophyte growth by CT"
- Aaron Sodickson, BWH, Boston
  "Radiation risks and dose reduction opportunities in CT of the spine"
- Walter Maksymowych, University of Alberta, Edmonton, Canada
  "The future of MR imaging in axial SpA"

10:15 a.m. - 12:15 p.m. Scientific Session: Finding and Defining axial SpA I

- Matthew Brown,Queensland University of Technology, Brisbane, Australia
  "Quantifying the genetic risk for the development of axial SpA - is this a diagnostic tool for the future?"
- Elizabeth Karlson, BWH, Boston
  "The pre-disease concept and risk intervention in rheumatoid arthritis"
- Joachim Sieper, Charité, Berlin, Germany
  "Referral strategies in axial SpA - translating research strategies into clinical practice"
- Panel discussion

1:30 p.m. - 3:00 p.m. Trainee oral abstract presentations
3:30 p.m. - 4:00 p.m. Update on SPARTAN Projects
4:00 p.m. - 5:00 p.m. Challenging Clinical Cases
6:30 p.m. - 10:00 pm Boston Harbor Cruise

Sunday, May 7
8:00 a.m. - 10:00 a.m. Scientific Session: Cellular Disease mechanisms in SpA

- Ellen Gravallese, University of Massachusetts, Worcester
  "Mechanisms of pathological bone formation"
- Robert Inman, University of Toronto, Toronto, Canada
  "In pursuit of pathogenic lymphocytes in axial SpA"
- Maripat Corr, UCSD, San Diego
  "Pain Mechanisms in SpA"

- Robert Colbert, NIH, Bethesda
  "HLA-B27, ERAP1, and ER quality control in experimental spondyloarthritis"

10:15 a.m. - 12:15 a.m. Scientific Session: Finding and defining axial spondyloarthritis II

- Tuhina Neogi, Boston University, Boston
  "Development and application of classification criteria in rheumatology"
- Walter Maksymowych, University of Alberta, Edmonton
  "The CLASSIC Study (CLassification
  of Axial SpondyloarthritiS Inception Cohort Study)
- Panel Discussion

12:30 p.m. Meeting adjourns

Make hotel reservations **here** *by April 1*
Register for annual meeting **here** *by April 1*
Read all the meeting details **here**...

ACR 2016 Abstracts for Spondyloarthritis

- Elizabeth Chang, Communications Committee

Gensler L, Reveille J, Lee M, et al, High Dose Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) and Tumor Necrosis Factor Inhibitor Use Results in Less Radiographic Progression in Ankylosing Spondylitis - a Longitudinal Analysis. Arthr Rheum 2016; Vol 68, Supplement S10, 1956.
-This prospective cohort of 527 patients with at least 2 years of clinical and radiologic follow up demonstrated that slowing radiographic progression was greatest in those using both high-dose NSAIDs and TNFi. (OR 0.17, p=0.0033).

Baraliakos X,Schiff M, Pavelka K,et al, Secukinumab Sustains Individual Clinical Responses over Time in Patients with Active Ankylosing Spondylitis: 2-Year Results from a Phase 3 Randomized Placebo-Controlled Trial. Arthr Rheum 2016; Vol 68, Supplement S10, 695.
-72 patients in MEASURE 2(a phase 3, double-blind, randomized, placebo-controlled study) were randomized to receive secukinumab 150 mg at baseline, 60 patients (83.3%) completed 104 weeks of treatment. The majority of patients on secukinumab treatment the vast majority of patients who achieved either an ASAS 20 or ASAS 40 response at Wk 2 or 16 maintained or improved their response by Wks 16, 52, or 104, respectively.

Walsh J, Song X, Kim G, et al, Prevalence and Incidence of Comorbidities in Patients with Ankylosing Spondylitis versus General Population. Arthr Rheum 2016; Vol 68, Supplement S10,719.
-This retrospective, observational cohort study used administrative claims data from 2007-2015 from the Truven Health MarketScan® Commercial Claims and Medicare Supplemental databases. AS patients had significantly higher rates of cardiovascular disease,depression, uveitis, sleep apnea, Crohn's disease, ulcerative

colitis, osteoporosis, asthma, and gastrointestinal ulcers than controls (p<0.001)

Maksymowych W, Strand V, Nash P, et al, Comparative Effectiveness of Secukinumab and Adalimumab in Ankylosing Spondylitis As Assessed By Matching-Adjusted Indirect Comparison: An Analysis Based on All Pivotal Phase 3 Clinical Trial Data. Arthr Rheum 2016; Vol 68, Supplement S10,1739.
-Pooled Secukinumab (150 mg arms of MEASURE 1 (n=125) and MEASURE 2 (n = 72)) were weighted to match the published baseline characteristics of the Adalimumab 40 mg arm of ATLAS. Secukinumab 150 mg was associated with higher (non-placebo-adjusted) ASAS 20 response rates at weeks 16, 24 and 52 and ASAS 40 at weeks 24 and 52 relative to Adalimumab OR: 1.76 , p = 0.017 and OR: 1.79 p = 0.012, wk 24; week 52 (OR: 1.48 , p = 0.062 and OR: 1.54 , p = 0.023

Vidal C, Lukas C, Combe B, et al, Efficacy of TNF Inhibitors in Axial Spondyloarthritis According to the Presence of Objective Signs of Inflammation: A Multicentric Retrospective Study. Arthr Rheum 2016; Vol 68, Supplement S10, 1736.
-84 nr-axSpA patients without any objective sign and 84 axSpA patients with objective signs. Patients were mostly women (76.2%) with a mean ± standard deviation age of 42 ± 11 years. BASDAI 50 achievement rates were significantly higher in patients with objective signs than in patients without, at 3 months (45.1% versus 13.7%, p<0.0001) and over one year (61.9% versus 21.4% considering all time point for evaluation, p<0.0001). Overweight or obesity and sacroiliitis on MRI were respectively a negative and positive predictive factors of TNFi efficacy in multivariate analysis in the all population [OR = 0.32, p = 0.041 and OR = 6.92, p < 0.0001,

Maksymowych W, van der Heijde D, Baraliakos X, et al, Treatment with Tofacitinib Is Associated with Clinically Meaningful Reductions in Axial MRI Inflammation in Patients with Ankylosing Spondylitis, Arthr Rheum 2016; Vol 68, Supplement S10,1044.
-In this 16-week, Phase 2, double-blind, dose-ranging study, 207 adult AS patients were randomized 1:1:1:1 to PBO or tofacitinib 2, 5, or 10 mg twice daily (BID) for 12 wks. MRI data for 164 patients were evaluated. All tofacitinib doses improved SIJ and spine scores vs PBO; In patients on tofacitinib, ASAS20, ASAS40, ASDAS MI, and ASDAS <1.3 responses were more likely in patients achieving MCID in SIJ, spine, or both SIJ and spine vs not achieving MCID. Patients on tofacitinib achieving MCID in SIJ had larger improvements in BASDAI, BASFI, and back pain.

van der Heijde D, Baraliakos X, Hermann K, et al, Four Year Imaging Outcomes in Patients with Axial Spondyloarthritis Treated with Certolizumab Pegol, Including Patients with Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis. Arthr Rheum 2016; Vol 68, Supplement S10,1042.
-RAPID-axSpA was double-blind, placebo (PBO)-controlled to Wk 24, dose-blind to Wk 48 and open-label to Wk 204 study. Limited spinal radiographic progression was observed in Certolizumab Pegol treated pts with lower progression between Wk 96 and Wk 204, compared to the first 96 wks. Limited change in radiographic sacroiliitis was observed and scores were even similar in both directions. Early reductions in MRI inflammation were maintained to Wk 204.
The RAPID-axSpA trial is the first study to report on the efficacy of an anti-TNF across the broad axSpA population, including both AS and nr-axSpA pts.

Deodhar A, Dougados M, Landewé R, et al, Safety and Efficacy of Certolizumab Pegol over 204 Weeks in Patients with Axial Spondyloarthritis, Including Ankylosing Spondylitis and Non-Radiographic Axial Spondyloarthritis. Arthr Rheum 2016; Vol

68, Supplement S10,687
-218/325 pts were randomized to CZP from Wk 0, of whom 65% (n=142) completed to Wk 204 (AS: 67% [n=81]; nr-axSpA: 63% [n=61]). In the OL period, 9.2% of patients withdrew due to an adverse event and 1.4% due to lack of efficacy. The proportion of patients achieving ASAS20/40 and partial remission (PR) responses at Wk 24 was maintained to Wk 204 in pts remaining in the study with similar improvements in AS and nr-axSpA patients and in both CZP dose regimens. Spinal mobility (BASMI-linear) and function (BASFI) also improved in both subpopulations. 148 pts had BL enthesitis (MASES >0). Increasing proportions of this group achieved complete enthesitis clearance (MASES=0; OC): 39.6% at Wk 12, 52.5% at Wk 24, and 63.5% at Wk 204. No new safety signals were identified from Wk 96 to Wk 204, and no deaths were reported over 4 years.

de Bruin F, van den Berg R, Baraliakos X, et al, Scoring Syndesmophytes on CT Spine Images of Patients with Radiographic Axial Spondyloarthritis from the Sensitive Imaging of Axial Spondyloarthritis (SIAS) Cohort. Arthr Rheum 2016; Vol 68, Supplement S10, 3160.
Sensitive Imaging of Axial Spondyloarthritis (SIAS) cohort had at least 1 syndesmophyte in cervical or lumbar spine on radiographs. Baseline and 2 years follow up CT scans were performed. 58 pts (47 male, mean age 50.4) were included. Both readers use almost the entire possible range, pick up a similar magnitude of change and have high ICCs. Most change is present in the thoracic spine. A change 3SDC is seen in 33.9% of the patients.

Axial Spondyloarthritis and Inflammatory Back Pain Education in the General Medical Community

- Mark Fisher, Education Committee

We all know the importance of improving education in the general medical community about inflammatory back pain and axial spondyloarthritis. The SPARTAN educational committee is creating a lecture for the general medical community to present at local & regional general medical meetings as well as other appropriate medical subspecialty meetings (i.e. physiatry, pain medicine, etc). **In order to identify potential venues, we need your help!** *What local meetings are you aware of that would be appropriate for this?* Please forward any information to lisa@spartangroup.org with the name, location, and a contact person (if possible).

SPARTAN GOVERNANCE COMMITTEE REPORT

- Andreas Reimold, Chair

The Governance Committee recently met to discuss membership status. Seven recent applicants were approved for new full, associate, or trainee membership over the winter, and several more are expected as we get closer to SPARTAN's annual meeting. The committee also reviewed the status of all existing members and identify twenty members to apply for advancement to the next membership category, or in the case of full members, to indicate ongoing involvement with SPARTAN.

WELCOME NEW MEMBERS!

Myriam Guevara, MD | LSU (associate)

Talha Khawar, MD | Loma Linda University Medical Center (trainee)
Daniel Kuo, MD | University of Washington (trainee)
Hillary Norton, MD | Santa Fe Rheumatology (full)
Dilpreett Kaur Singh, MD, B.Sc. (Hons) | MetroHealth Medical Center (trainee)
Tri Mihn Tran, Ph.D. | NIAMS/NIH (full)
Elisheva Weinberger, DO, MetroHealth Medical Center (trainee)

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