

SPARTAN

Spondyloarthritis Research
and Treatment Network

Fall 2020

Volume 6 Issue 3

Greetings!

We are coming to the end of a very unusual, eventful year and gearing up for the imminent virtual ACR conference. Regardless of format, this conference remains an invaluable way to keep abreast of the scientific advances made in Rheumatology. This edition of the newsletter aims to highlight the [Spondyloarthritis sessions at ACR](#) and aid in navigating the marathon 4-day ACR virtual meeting.

I would also like to put in a plug for the post-ACR SPARTAN-GRAPPA-ASAS educational symposium on November 10th. We are very excited to offer an excellent group of distinguished speakers and look forward to their talks. [Register](#) today!

Best Wishes,

Judy



Judy Smith
SPARTAN Chair

SPARTAN referral recommendations for patients with chronic back pain who may have axial spondyloarthritis.

Delayed diagnosis of axial spondyloarthritis (axSpA) continues to be a problem. One approach to improve this situation is to facilitate the early recognition of symptoms and signs of axSpA by non-rheumatology health care providers followed by referral for rheumatology evaluation. While ASAS-endorsed recommendations for the early referral of patients with a suspicion of axSpA were published in 2015, differences in healthcare environment suggest that there is a need for referral recommendations specifically developed for North America.

As a first step in this direction, the SPARTAN Board of Directors has issued a [request for proposals](#) to identify SPARTAN members interested in leading the development of SPARTAN referral recommendations. Letters of intent are due tomorrow 10/30/20.

Next steps will be determined by the board upon review of the received letters. We anticipate that the recommendations will be based on the existing scientific literature. However, the identification a research agenda is an important aspect of the project, which we hope will lead to new collaborations and follow-up research projects.

World Arthritis Day



We observe [World Arthritis Day](#) every October 12th to increase awareness of the prevalence and impact arthritis imparts on patients, reminding all that rheumatologic diseases continue to be a leading cause of disability worldwide. It provides a great opportunity to honor the hard work of scientists and the sacrifices of patients and physicians who have participated in research and clinical trials. As members of SPARTAN we are aware of the challenges faced by both patients and physicians in treating spondyloarthritis. Patient-led organizations like the Arthritis Foundation, the National Psoriasis Foundation, and Spondylitis Association of America, as well as our professional societies SPARTAN, ACR, EULAR, and GRAPPA have been at the forefront in promoting educational and advocacy initiatives. As a

SPARTAN member, you are encouraged to help promote the ideals of World Arthritis Day on this date and throughout the year.

Gopi Penmetsa MD

ACR Convergence 2020

Mark Asquith Study Group on IBD-associated SpA.

Friday Nov 6, 1 pm EST

IL17, IL23, and other cytokine targets.

Saturday Nov 7, 11 am EST

Nomenclature: Classification around AS, Axial Spondyloarthritis, and non-radiographic AxSpA.

Saturday Nov 7, 1 pm EST

Controversies in the Diagnostic Evaluation of axSpA.

Monday Nov 9, 3pm EST

Complete list of SpA Related sessions >> [here](#)

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**Educational Symposium on
Axial Spondyloarthritis (axSpA) and Psoriatic Arthritis (PsA)**

Tuesday, November 10, 2020
4:00 – 7:00 PM Eastern Standard Time

Register Now

Please join us for the latest in the understanding and management of axSpA and PsA. Listen to the experts and earn 3 CME credits.

Welcome

Maureen Dubreuil, MD
Boston University, Boston, USA

Year-in-Review in Psoriatic Arthritis

Deepak Jadon, MBBCh, MRCP, PhD
University of Cambridge, UK

Year-in-Review in Axial Spondyloarthritis

Lianne Gensler, MD
University of California San Francisco, San Francisco, USA

Spondylitis in Psoriatic Arthritis

Dafna Gladman, MD, FRCPC
University of Toronto, Toronto, Canada

MRI of the Sacroiliac Joints – Controversies and Recommendations for Clinical Practice

Denis Poddubnyy, MD
Charité – Universitätsmedizin Berlin, Berlin, Germany

Learning Objectives

Upon completion of this session, participants should be able to:

- Identify salient research articles published during the last year in the field of axial spondyloarthritis (axSpA) and psoriatic arthritis (PsA).
- Discuss current concepts of classification/diagnosis, pathogenesis and treatment in Psoriatic Arthritis
- To understand current research evidence about optimal imaging approach to and interpretation of sacroiliac joint imaging

Target Audience

Rheumatologists, PAs and ARNPs

Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Oregon Health & Science University School of Medicine and NW Arthritis & Osteoporosis Institute.

The OHSU School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit: OHSU School of Medicine designates this live activity for a maximum of **3 AMA PRA Category 1 Credits™**.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SPARTAN (www.spartangroup.org), **GRAPPA** (www.grappanetwork.org) and **ASAS** (www.asas-group.org) are nonprofit organizations dedicated to education, research and treatment of spondyloarthritis and related diseases. The content of the symposium was developed by SPARTAN, GRAPPA and ASAS. This program is supported by an unrestricted educational grant from Abbvie. This is not an official program of the American College of Rheumatology.

Register Now

RECENT PUBLICATIONS

Regula Neuenschwander 1, Monika Hebeisen^{1,2}, Raphael Micheroli¹, Kristina

Differences between men and women with nonradiographic axial spondyloarthritis: clinical characteristics and treatment effectiveness in a real-life prospective cohort. *Arthritis Research & Therapy* (2020) 22:233

<https://doi.org/10.1186/s13075-020-02337-2>

Peer review by Michael Weisman, MD

This carefully done observational cohort study provides another piece of the puzzle that examines potential gender differences between men and women with axSpA. What does it tell us? The cohort examined is unique since much of the previously proposed gender differences (women have more pain, less radiographic damage, later disease onset, more fibromyalgia, take longer to diagnose, and often respond differently to treatment) have been observed in long standing disease. This cohort is defined carefully by the (unfortunate) use of the regulatory term non-radiographic ax-SpA (nr-AxSpA), which means in the broadest sense that these are SpA patients whose x-rays do not meet the old NY-classification standard of, at a minimum, bilateral erosions on pelvis x-rays. All of the above issues were examined in this cohort including a real-world collection of observational data on individual patients' responses to the initiation of their first biologic, a TNFi agent.

They observed that the women with nr-AxSpA, at their baseline evaluation, took longer to diagnose despite having onset of symptoms at similar ages to men. This finding actually does bridge an important gap – it is likely that diagnostic slant or prejudice created this particular distinction rather than actual age-related disease onset. It was interesting (and revealing) that self-reported disease activity, fibromyalgia, and presence of enthesitis was reported higher in women, along with a lower proportion of B-27 positivity, but actual arthritis and dactylitis and objective measures of disease activity such as CRP were not different. Women's BMI were lower than men; how this relates to current theories about body composition causing differences in inflammation and treatment response is not addressed. Although enthesitis differences have been shown by others in early cohorts to aggregate more to women who have peripheral SpA, some of the more subjective measures of disease activity might be a victim of diagnostic bias. Finally, the authors suggest, and they might be correct here, that the small B-27+ difference in frequency between men and women in their cohort might reflect misclassification distortion rather than true genotypic differences.

However, the real bottom line of the study (at least from the authors' perspective) is that response to TNFi were significantly lower in women compared to men. They could not exclude channeling bias (more women would be started on a TNFi if they had a positive B-27) since the proportion of subjects starting TNFi had the same B-27+ proportion between men and women. Nevertheless, this finding needs further examination and documentation. Was it really gender, or B-27+, or even the fault of the study design itself that created these differences? The authors clearly adjusted for all possible confounders and effect modifiers they could find, including a sensitivity analysis of why people stopped their TNFi, and the differences remained. It is likely real. From a practical standpoint in the general care of our early disease patients and when we initiate therapy, does this mean we should back-off from TNFi in this subset of patients and use other biologics with different mechanisms of action? Let us not jump to that conclusion yet, and we should examine this question with more research into why these differences occur in an individual patient as well as on a molecular level.

UPCOMING SPONDYLOARTHRITIS EVENTS



ACR annual conference ACR Convergence
2020: The ACR's All-Virtual Annual
Meeting November 5-9, 2020
[SpA related sessions](#)

SPARTAN GRAPPA ASAS Symposium on
axSpA and PsA will be a virtual event with
ACR Convergence. November 10, 4:00 pm
Eastern. Learn more >> [here](#)

Annual ASAS Workshop January 15-16,
2021. Location/format TBD.

SPARTAN Annual Meeting
May 22-24, 2021
Madison, Wisconsin

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