



Spondyloarthritis Research
and Treatment Network

Spring 2021

Volume 7 Issue 2

Greetings!

We are excited for next week's annual SPARTAN conference and trainee symposium, which has a great line up of scholars who will present their ongoing research and provide updates on Spondyloarthritis. In addition to the scientific sessions, we will also be providing opportunities to interact and network. Please [register](#) if you have not done so already. Congratulations to all SPARTAN colleagues who had their work recognized at the annual SPARTAN meeting and the EULAR symposium in the summer.

We welcome everyone to view the ongoing GRAPPA-SPARTAN global seminars that are providing up-to-date knowledge in managing patients with psoriatic arthritis, psoriasis, and axial Spondyloarthritis. There are two more upcoming seminars in the series, in May and June, and previous sessions are available through the SPARTAN website.

This edition of the newsletter will also provide updates about the CLASSIC study and highlight the important events scheduled over the year.

Respectfully,

Judy



Judith A. Smith
SPARTAN Chair

SPARTAN PROJECTS

CLASSIC STUDY

Here is a brief update about the CLASSIC study. There has been steady progress reaching the milestone of 200 enrollments and addition of new sites.



CLASSIC

Recruitment Update

TOTAL RECRUITMENT BY SITE (activated sites) Total = 192



MARCH 2021 was our highest recruiting month to date with 51 participants enrolled!

TOP MONTHLY RECRUITERS

JANUARY 2021:

Dr. Atul Deodhar, SC Kim Nguyen

4 participants recruited

FEBRUARY 2021:

Dr. Atul Deodhar, SC Kim Nguyen

Dr. Lianne Gensler, SC Diana Paez

Dr. John Chan, SC Makshada Kowlessur

Each recruited 4 participants

MARCH 2021:

Dr. John Chan, SC Makshada Kowlessur

10 participants recruited

Dr. Burgos-Vargas, SC Graciela Meza

10 participants recruited

SPARTAN REFERRAL RECOMMENDATIONS

Under final development, we will soon launch a project to develop recommendations for referral of patients with chronic back pain who may have axial spondyloarthritis to rheumatologists.

NON-RHEUMATOLOGY HCP EDUCATION PROJECT – EARLY IDENTIFICATION AND DIAGNOSIS OF AxSpA

Educating non-rheumatology health care providers (HCPs) about axial spondyloarthritis (axSpA) and its clinical presentation has been a longstanding goal and are excited to create a new educational program towards this goal.

The primary objective of this project is to educate non-rheumatology HCPs about clinical features that suggest the presence of axSpA and

should prompt consideration of referral to a rheumatologist. A secondary but equally important objective of this project is to build relationships between axSpA experts (SPARTAN members) and non-rheumatology HCPs that will lead to enduring benefits beyond the limited duration of this program.

Our ultimate goal is to improve long-term outcomes in axSpA by reducing the time from symptom onset to diagnosis of axSpA and giving patients the benefits of early effective therapy.

SPARTAN BIOREPOSITORY

SPARTAN will soon establish a biorepository in tandem with the CLASSIC trial for subjects with axSpA and chronic low back pain. The proposals are currently undergoing outside review.



The SPARTAN annual meeting will occur 11:00 am – 4:00 pm ET on Thursday, May 20th and Friday, May 21st. Here's the [full schedule](#).

[Register](#) by Monday!

Our keynote speaker is Dr. Robert Colbert of NIH/NIAMS discussing how HLA-B27 affects bone formation and mineralization. Other noteworthy sessions include SpA in pediatrics, women, and global populations. The meeting will be rounded out with research abstracts from trainees and grant award winners, updates on the CLASSIC study and imaging, and finally the popular Year-in-Review.

SPARTAN would like to recognize the following presenters:

2021 Oral abstracts

- o Yuliya Afinogenova, MD, Yale University

- o Adam Lefferts, PhD Candidate, University of Colorado
- o Maricela Haghiac, PhD, Metrohealth Medical Center

Seed Grant for Junior Faculty Awardees

- o Shao-Hsien Liu, PhD, MPH, University of Massachusetts
- o Jean Liew, MD, Boston University

2020 Fellowship Grants for Pilot Projects

- o Yuliya Afinogenova, MD, Yale University
- o Pamela Diaz, MD, University of Toronto
- o Rouhin Sen, MD, University of Colorado

Congratulations!

Trainee Symposium

May 19th

The annual Trainee Symposium will once again provide attendees with overviews of the pathophysiology, manifestations, evaluation, and treatment of SpA. The sessions will occur Wednesday, May 19th from 12:00 noon to 3:25 pm ET. See complete schedule [here](#).

Follow us on  twitter

@SPARTAN_Updates

Please join us for the final two GRAPPA SPARTAN Educational Seminars

Upcoming Seminars

Global Perspectives and New Therapies in Development

Tuesday, May 25: 4:00 – 5:30 p.m. PT
Thursday, May 27: 12:00 – 1:30 p.m. GMT +1 (UK/BST)

Race, Age and Sex Considerations in Psoriatic Disease

Tuesday, June 22: 4:00 – 5:30 p.m. PT
Thursday, June 24: 12:00 – 1:30 p.m. GMT +1 (UK/BST)

JOURNAL CLUB

Similar biologic drug response regardless of radiographic status in axial spondyloarthritis: data from the BSRBR-AS registry by Michelena, et al.
Rheumatology (Oxford). 2021 Jan 27;keab070. doi:
10.1093/rheumatology/keab070.

By Jean Liew, MD

This study uses the BSRBR-AS registry, a UK-based registry of participants with axSpA meeting the ASAS criteria who were starting their first biologic between 2012–2017. The authors compared r-axSpA to nr-axSpA for the following: 1) baseline characteristics; 2) biologic response at one year as measured by ASDAS low disease activity, ASDAS-CII, and ASDAS-MI; and 3) drug survival.

They included 1145 from the registry. At baseline, the r-axSpA group had a higher proportion who were male, were older, and had a longer disease duration. This is expected, based on prior studies. There were no difference between axSpA groups in either of the three outcomes for biologic response at one year. Finally, drug survival was similar between two groups, after adjusting for important confounders (age, sex, baseline ASDAS, HLA-B27 status, smoking status, disease duration, and biologic type), with adjusted HR 0.94 (95% CI 0.69, 1.28) for first biologic discontinuation.

This study provides similar data to a prior study conducted in the Danish registry, DANBIO, which looked at a similar number of participants (n=1250) and also found similar response rates between r-axSpA and nr-axSpA. Another similar study in the Swiss registry, SCQM (n=1090), however, found that r-axSpA participants had higher response rates (measured by ASAS40) compared

to nr-axSpA. Study heterogeneity may be a factor here, especially in terms of which people are able to get biologics, and when, as determined by country-specific factors.

Limitations of the current study included use of a complete case analysis for the outcome of biologic response at one year. As there were many missing follow-up ASDAS values, this cut the study sample down to 290. However, the authors were able to use most of the study sample for survival analysis assessing biologic response. They did not note that any imputation needed to be done for this last analysis.

Comparison of an online self-referral tool with a physician-based referral strategy for early recognition of patients with a high probability of Axial SpA by Proft et al (Semin Arthritis Rheum, Oct 2020)

By Delamo Bekele, MD

This study explores an important question of finding ways to reduce the incredibly long diagnostic delay in patients with axial SpA. The study was conducted at the Spondyloarthritis clinic of the Charite Hospital in Berlin, Germany. The authors compared two groups:

(1) Physician referred patients using the Berlin referral tool: performed by Orthopedics and Primary Care Physicians requiring: chronic back pain for > 3 months, back pain onset < 45 years and at least one of the following three parameters: inflammatory back pain, HLA B27 positivity and sacroiliitis on imaging (radiographs or MRI).

(2) Self referred patients using an online tool developed based on the Assessment in SpondyloArthritis international Society (ASAS) referral recommendations chronic back pain for > 3 months, back pain onset < 45 years and one out of 13 parameters (inflammatory back pain features or other clinical or serologic parameters indicative of SpA).

Over a 12 month period, 361 patients who met the study criteria was evaluated (180 via the online self-referral tool and 181 via the physician referral tool). 35 (19.4%) of the self-referred and 71 (39.2%) in the physician-referred group were finally diagnosed with ax SpA. The online self-referred group was more likely HLA-B27 negative, female sex and non-radiographic (12.8% versus 6.7%).

The strength of this study is providing data on an alternate/additional referral

system which can address delays due to access, and lack of . A positivity rate of 19% eclipses the estimated prevalence of SpA (0.5–1.5%) and assumed prevalence of 5% in patients with chronic back pain. Further studies replicating these findings and in different populations are needed before it could be implemented into clinical practice. Consideration of more rigid entry criteria (2 or more parameters) for online referral patients may increase the utility. A limitation was the lack of evaluation of individual who filled out the online tool and did not meet study criteria. Application of similar online tools may not be as feasible in areas with lower socio-economic status and advanced education.

NEWS AND EVENTS



June 1, 2021 ACR Convergence abstracts
due

June 2–5, 2021 EULAR Congress

GRAPPA Annual Meeting July 8–10, 2021.

SAA's Jane Bruckel Early Career Investigator
Award 2021 grant application due (read
more [here](#))

The 12th International Congress on Spondylarthritides September 9–11, 2021

ACR CONVERGENCE

November 3–5: Global Rheumatology Summit, Basic and Clinical Research Conference, and Radiology Bootcamp

November 5–9 ACR Convergence scientific programming and special events

November 10: ACR Review Course

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