

Czy jest możliwe zahamowanie progresji strukturalnej w osiowej spondyloartropatii

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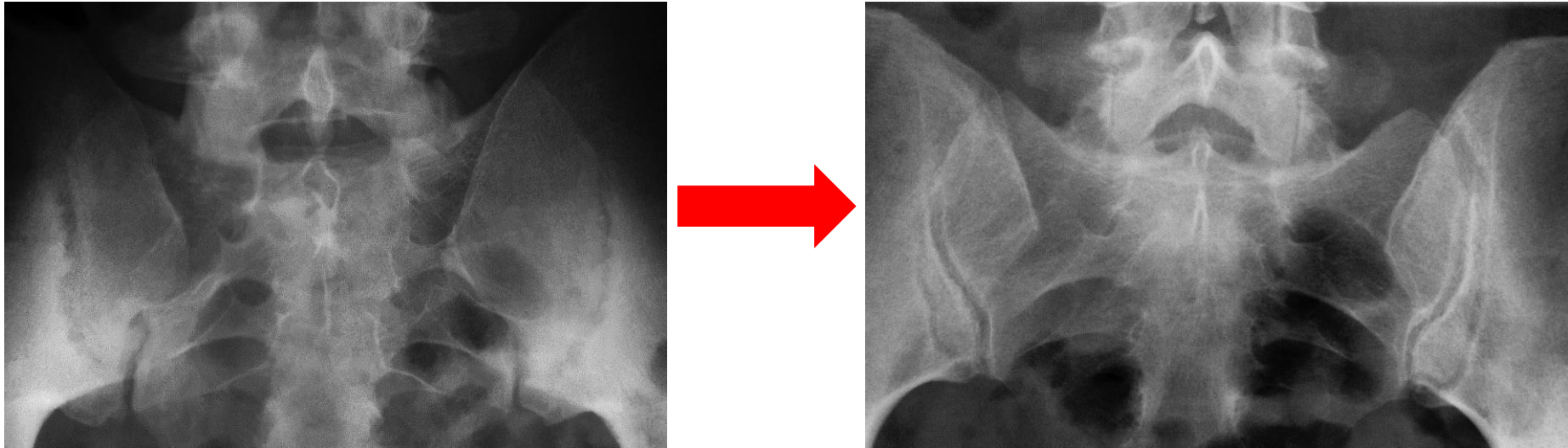
Wykład został przygotowany i jest prezentowany na zlecenie UCB.

W prezentacji wykorzystano materiały przygotowane przez UCB.

Wykład przedstawia poglądy własne Autora i nie może być traktowany jako oficjalne stanowisko lub rekomendacje UCB.

Przed zastosowaniem każdego produktu leczniczego, należy zapoznać się z aktualną Charakterystyką Produktu Leczniczego

Pytanie: czy taka ewolucja obrazu SKB w RTG jest możliwa?



- A. tak – u niektórych pacjentów
- B. tak – pod wpływem niektórych leków
- C. nie

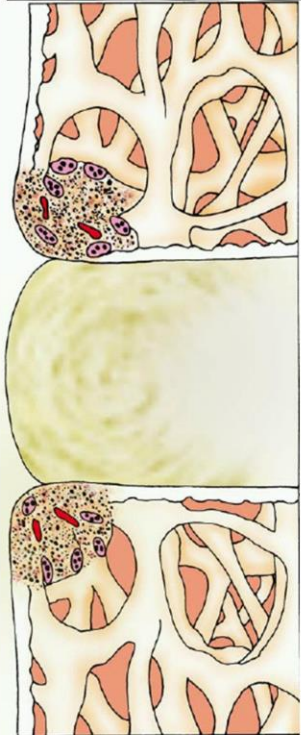
Progression of Cervical Syndesmophytes 2-Year Intervals



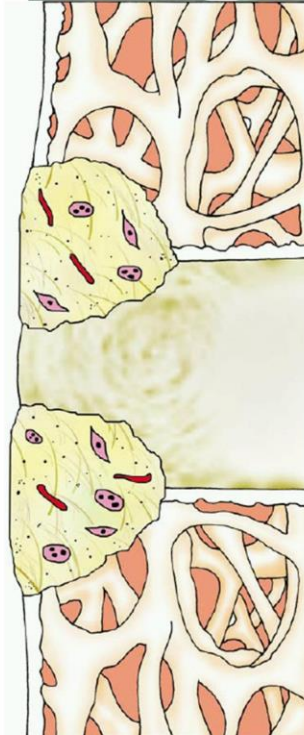
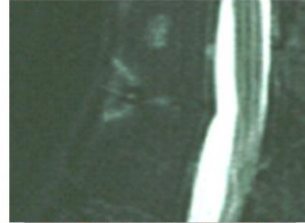
AS, m, 30 y, disease duration 14 y

ASAS handbook, Ann Rheum Dis 2009; 68 (Suppl II) (with permission) PTP, Sarzecin, 22.08.2017

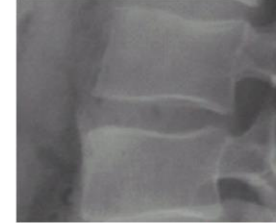
Proposed Sequence of Structural Damage in Ankylosing Spondylitis



Inflammation



Erosive damage
Repair



New bone formation

Progression of Non-radiographic Axial SpA to AS: Data from GESPIC*

Non-radiographic axial SpA



12%
in 2 years



Main predictor:
elevated CRP**

Ankylosing spondylitis



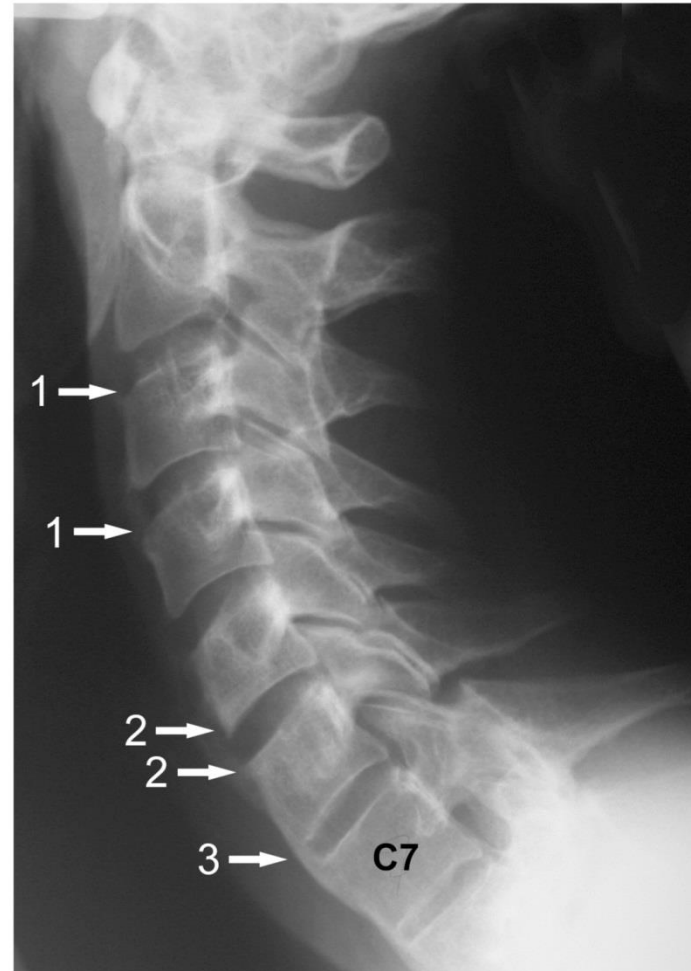
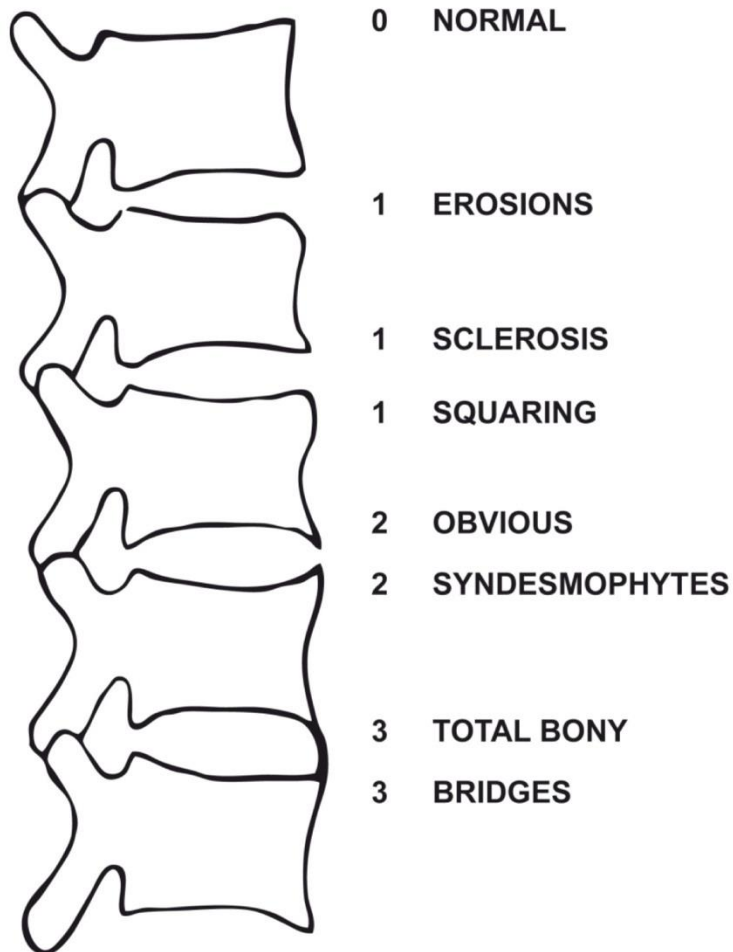
definite radiographic sacroiliitis (grade 2 bilaterally) fulfilling the radiographic criterion of the modified New York criteria

no definite radiographic sacroiliitis (grade 0 at the right side, grade 1 – possible subchondral sclerosis – at the left side)

*GESPIC = GERman Spondyloarthritis Inception Cohort

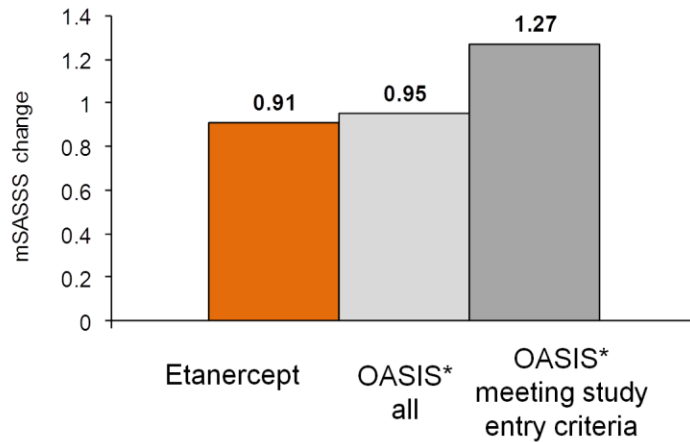
**Odds ratio for progression in patients with elevated serum C-reactive protein level (>6 mg/l) was: 4.11 (95% CI 1.13-14.95).

Modified Stoke Ankylosing Spondylitis Spinal Score (mSASSS)

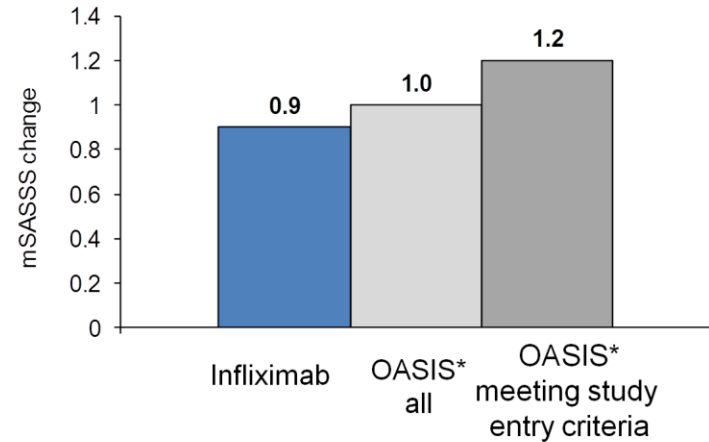


Anti-TNF α -Therapy over 2 Years Does not Inhibit Radiographic Progression in AS

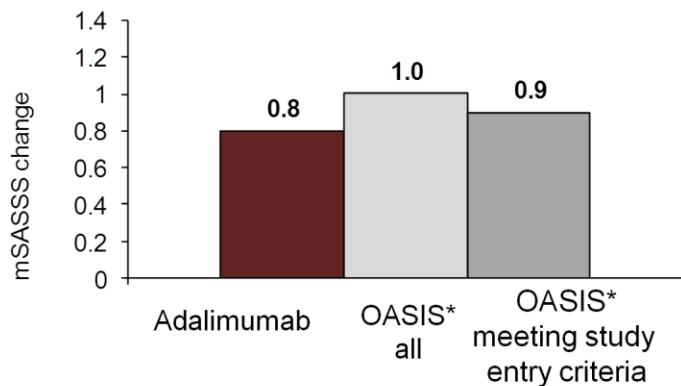
Etanercept¹



Infliximab²



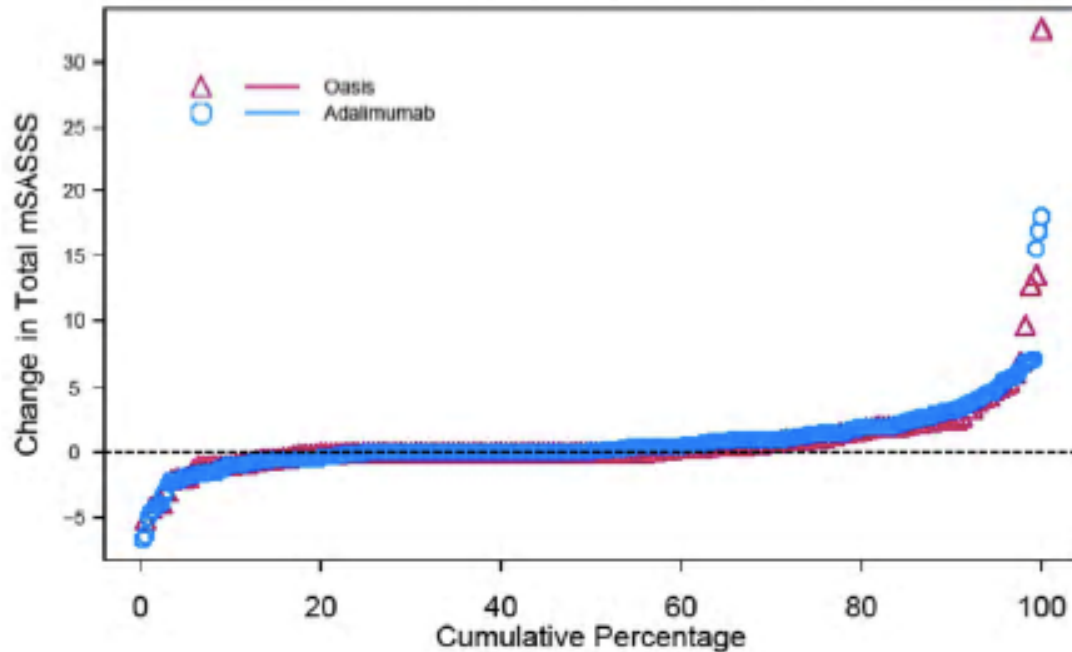
Adalimumab³



*OASIS=historical AS control group without anti-TNF therapy over 2 years
All comparisons p-value NS.

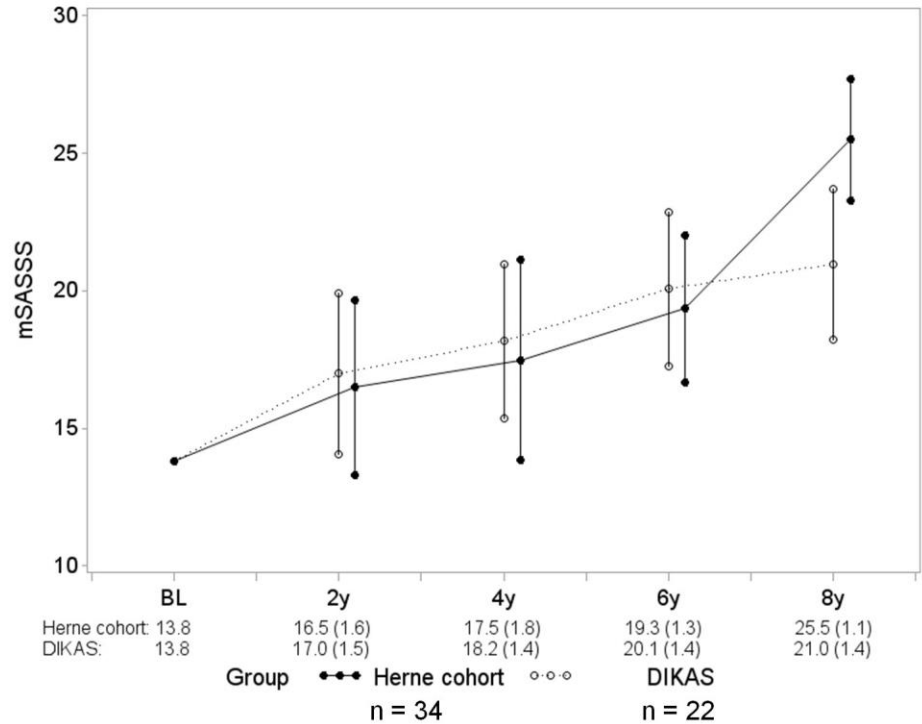
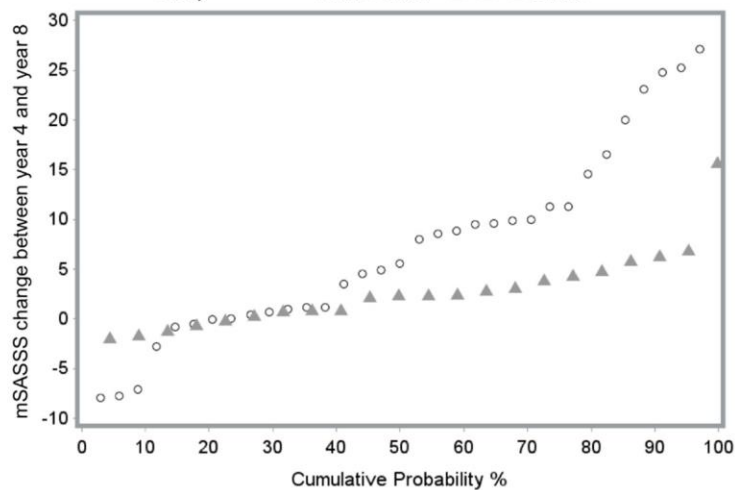
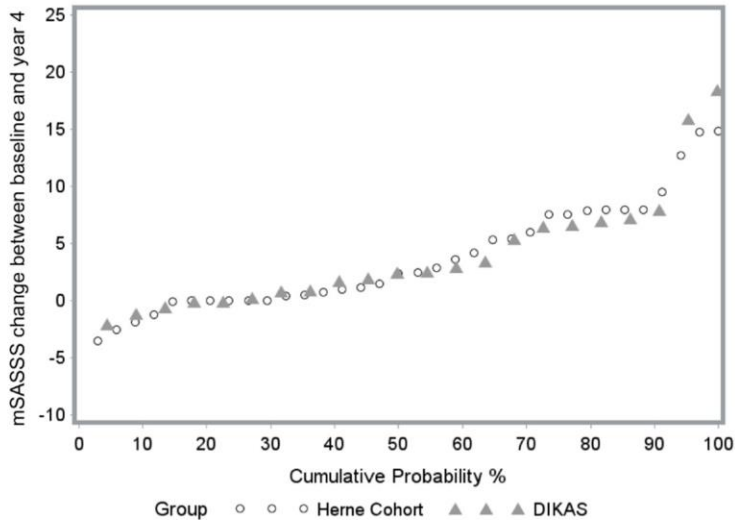
1. van der Heijde D et al. Arthritis Rheum 2008;58:1324-31
2. van der Heijde D et al. Arthritis Rheum 2008;58:3063-70
3. van der Heijde D et al. Arthritis Res Ther 2009;11:R127

ADA 2 lata progresja mSASSS



Probability plot of 2-year progression in the modified Stoke Ankylosing Spondylitis Spine Score (mSASSS). The cumulative probability plot illustrates the change in mSASSS values from baseline to 2 years in the adalimumab cohort (n = 307) and OASIS (n = 169) cohort (patients without total spinal ankylosis). In both cohorts, over 40% of the patients showed some change and about 10% of the patients showed a change of at least 5 in mSASSS from baseline to year 2. No significant differences between the adalimumab and OASIS cohorts were observed. OASIS, Outcome in Ankylosing Spondylitis International Study.

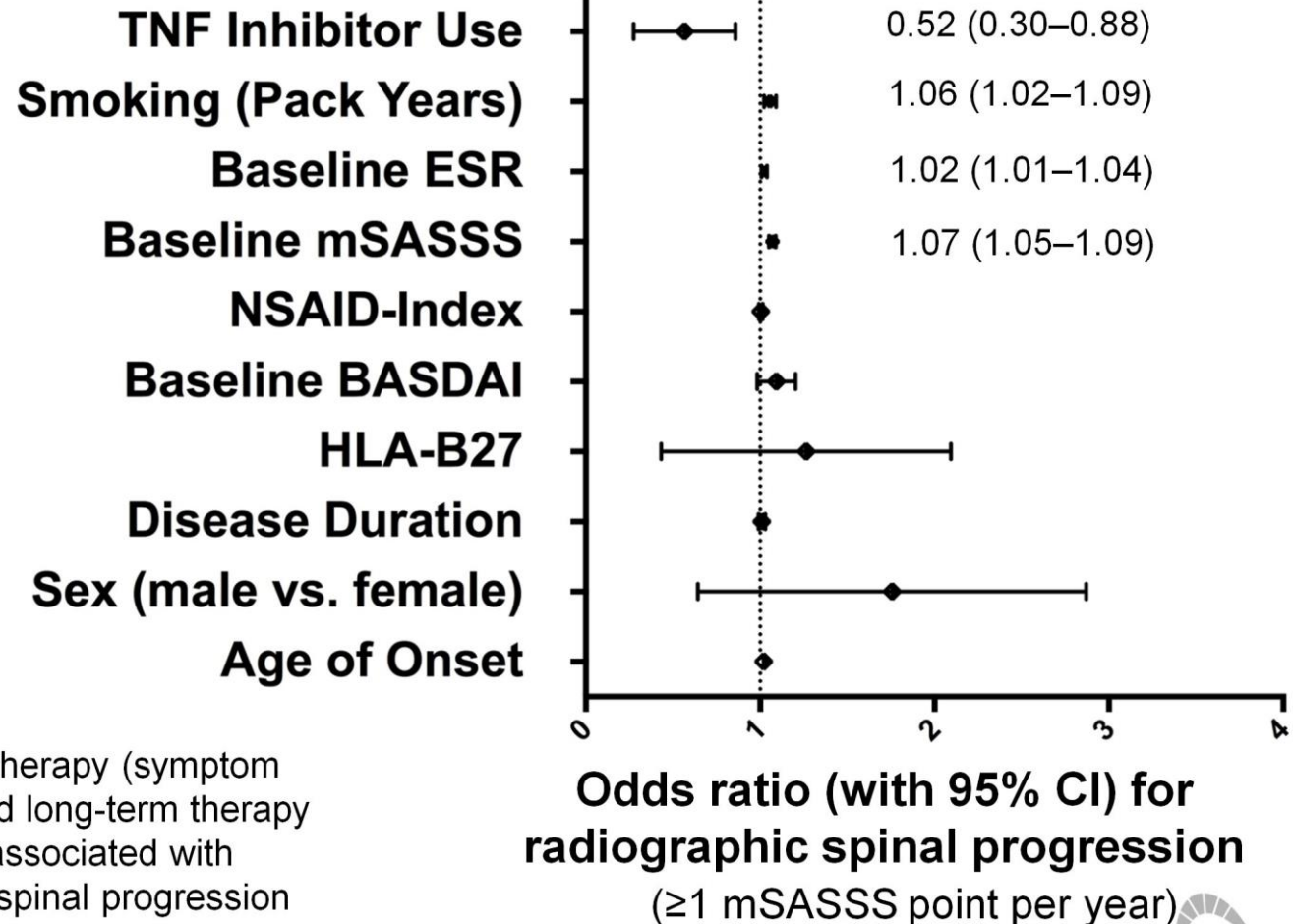
Continuous Long-Term Anti-TNF Therapy Might not Lead to an Increase of New Bone Formation over 8 Years in AS



DIKAS: German Infliximab AS Cohort
Herne cohort: patients on NSAIDs only

Anti-TNF Therapy Might Slow Radiographic Progression in AS: Data from an Observational Study

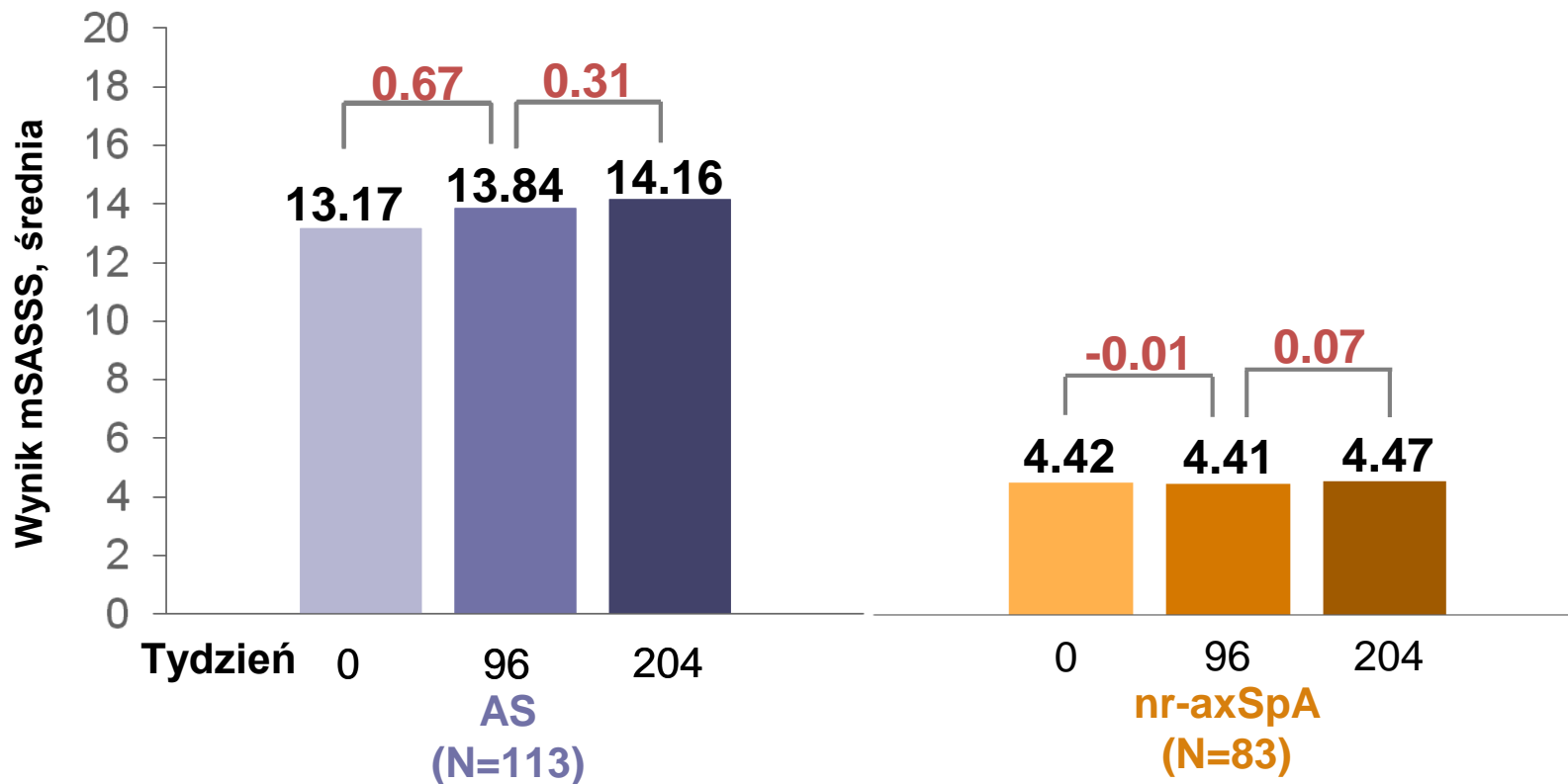
N = 334 AS who had been monitored prospectively in an observational trial and had at least 2 sets of spinal radiographs a minimum of 1.5 years apart



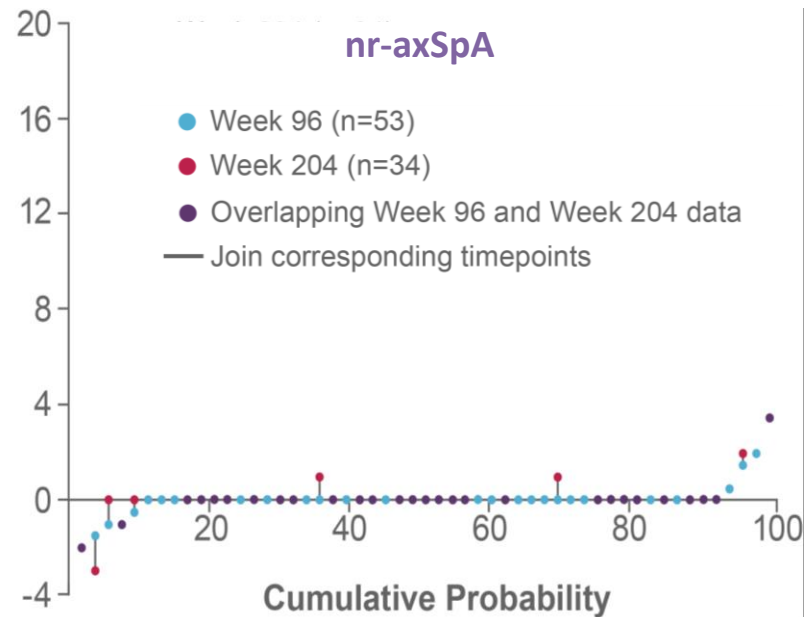
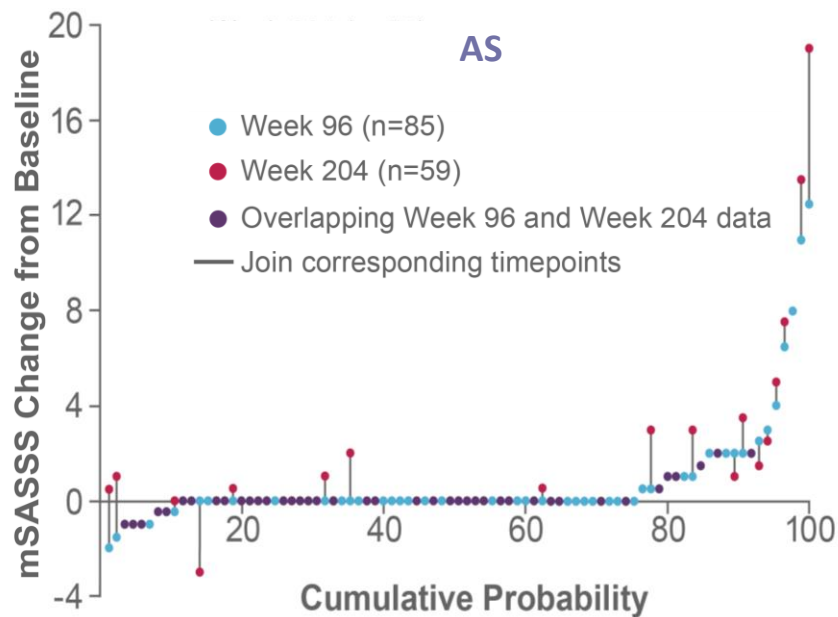
Early initiation of anti-TNF therapy (symptom duration up to 10 years) and long-term therapy (4 years and longer) were associated with retardation of radiographic spinal progression

Ograniczenie progresji zmian radiologicznych w ciągu 4 lat u chorych na ZZSK i nr-SpA

wyniki mSASSS scores; analiza MMRM; wszyscy pacjenci leczeni CZP z ≥ 1 mSASSS na wejściu



Proportion of Patients with Spinal Progression at Years 2 and 4



| | Week 96 (%) | Week 204 (%) |
|---------------|-------------|--------------|
| mSASSS CFB >0 | 24.7 | 37.7 |
| mSASSS CFB ≥2 | 15.3 | 19.7 |

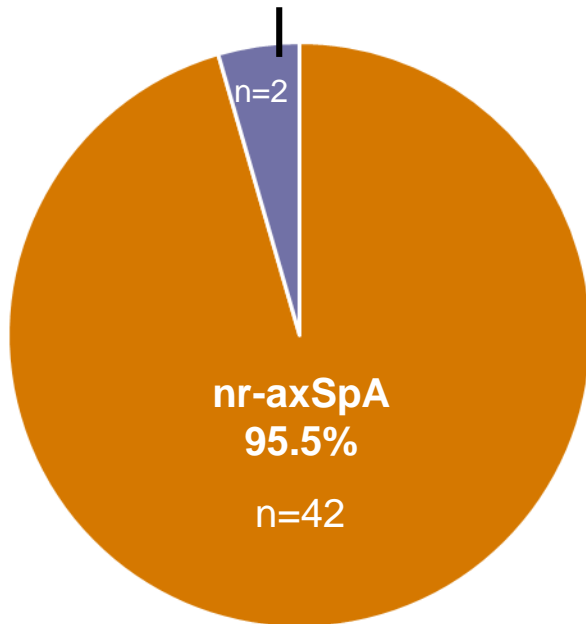
| | Week 96 (%) | Week 204 (%) |
|---------------|-------------|--------------|
| mSASSS CFB >0 | 7.5 | 10.3 |
| mSASSS CFB ≥2 | 3.8 | 5.1 |

n=number of patients with readings both at baseline and the relevant time point(s).
All CZP-treated patients include those re-randomized from placebo; 200 mg + 400 mg dose groups combined.

CFB: Change from Baseline.

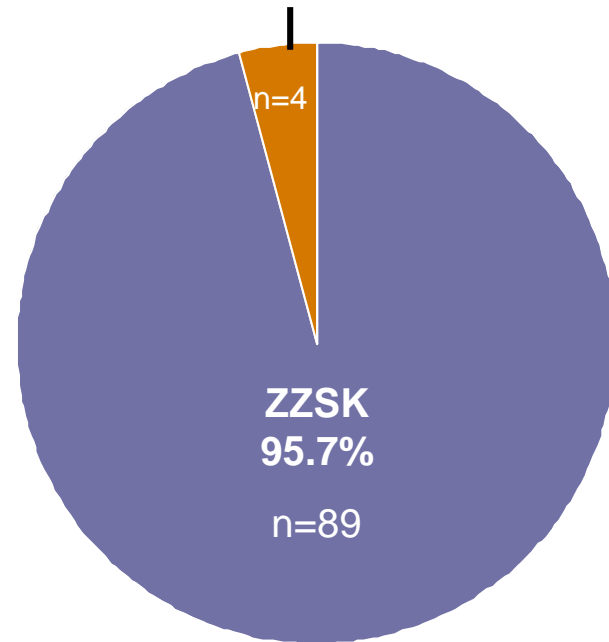
Zmiany w stawach krzyżowo-biodrowych w ciągu 4-letniej obserwacji

4.5% nr-axSpA → ZZSK



nr-axSpA w Tygodniu 0: n=44

4.3% ZZSK → nr-axSpA



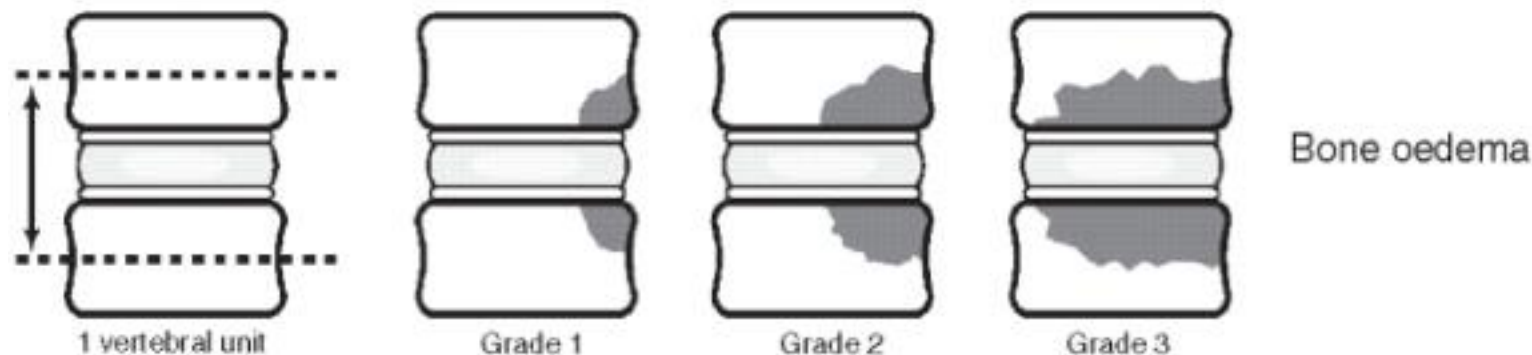
ZZSK w Tygodniu 0: n=93

SI Joint Grading was derived from centrally read data.

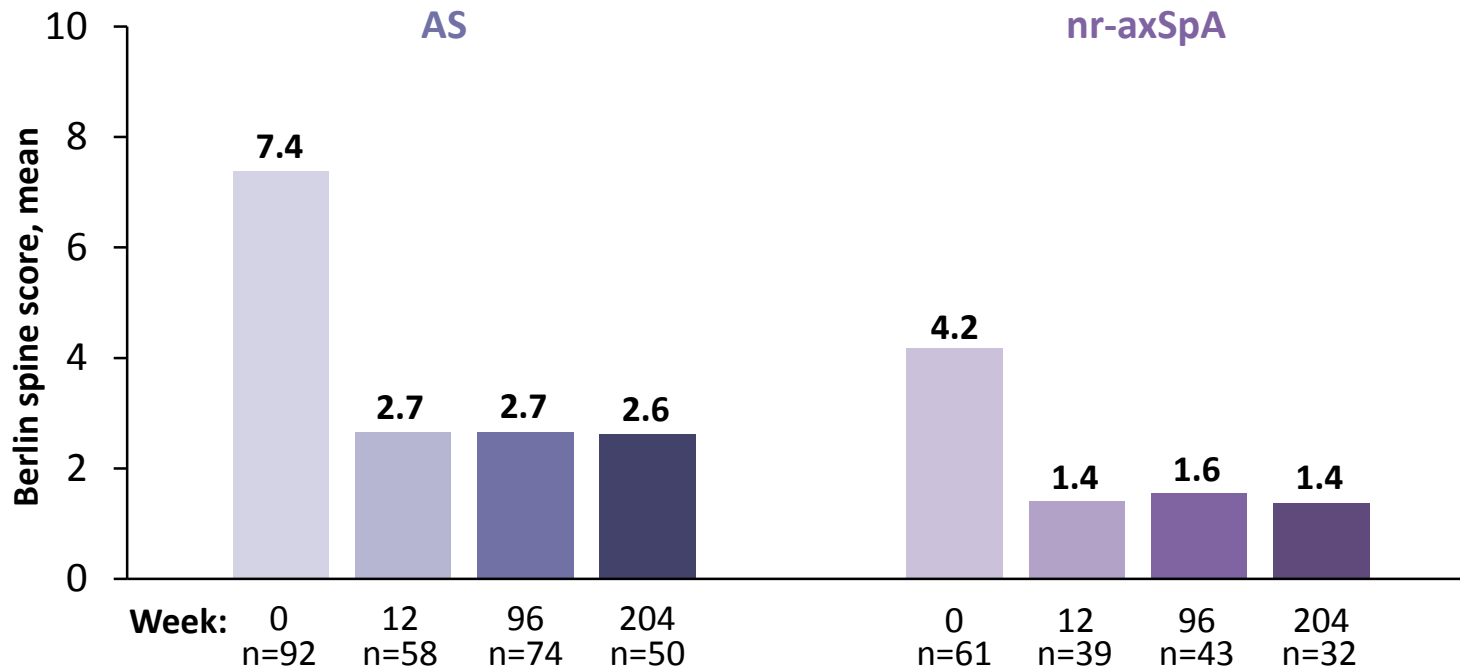
All CZP-treated Pacjenci include those re-randomized from placebo; 200 mg + 400 mg dose groups combined

UCB Data on File, data available on request (van der Heijde et al. ACR 2016. Oral Presentation 1042)

Zmodyfikowany **Berlin Spine Score** dla MRI – obrzęk szpiku (23 pary kręgów)



Utrzymująca się poprawa w Berlin Spine Score do tygodnia 204



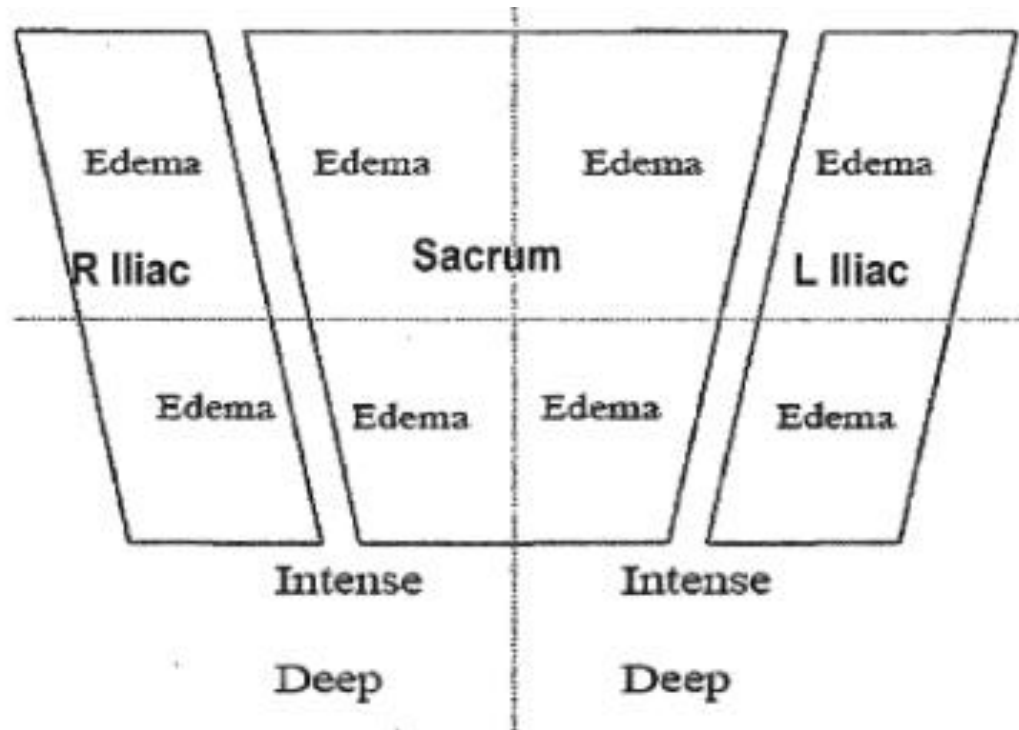
- Observed data; all CZP-treated patients in the MRI set

Patients treated with either CZP 200 mg or 400 mg to Week 12 are presented for Week 12. Overall population data (including patients originally randomized to placebo) are presented for Weeks 0, 96 and 204.

Berlin score: Berlin modification of the ASspiMRI-a.

SPARCC

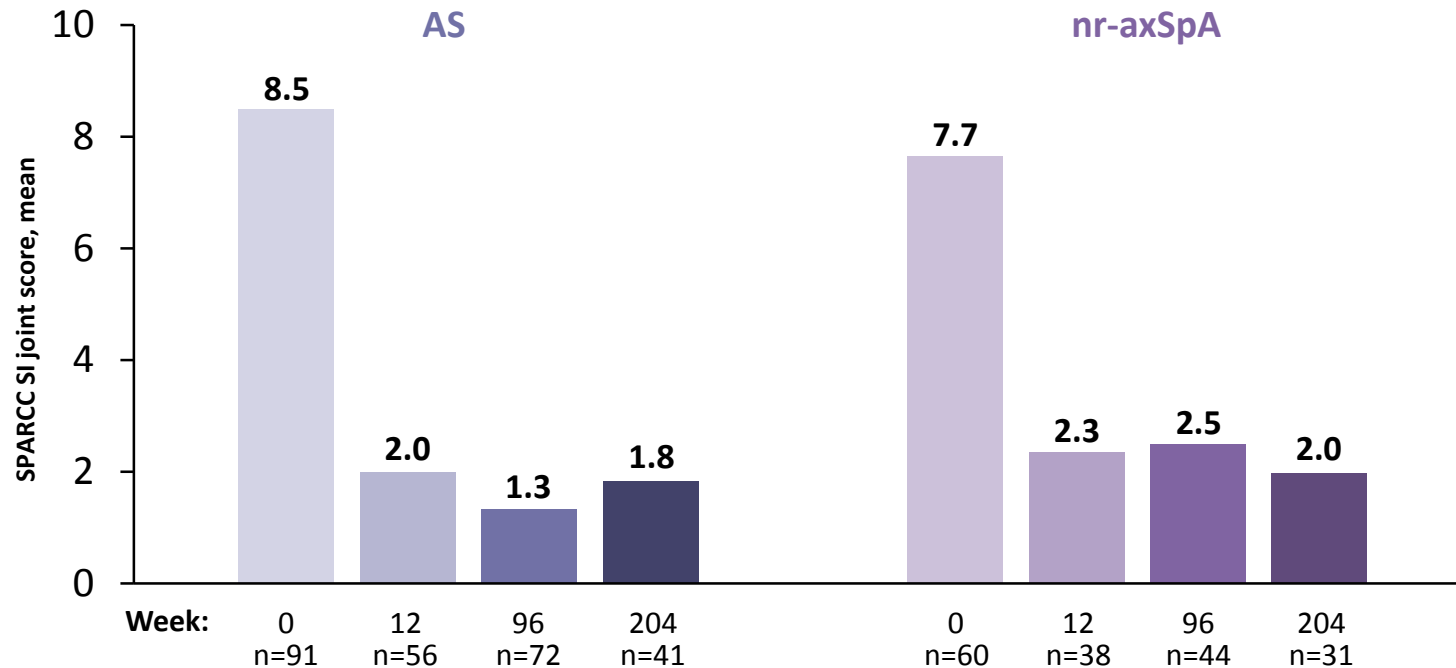
THE SPONDYLOARTHRITIS RESEARCH CONSORTIUM OF CANADA: MAGNETIC RESONANCE IMAGING INDEX FOR SCORING INFLAMMATION IN THE SACROILIAC JOINTS



Total maximum score is 72:

| | |
|---------------------------------|-----------|
| Presence of "bone marrow edema" | = 48 |
| Presence of "intense edema" | = 12 |
| Presence of "deep edema" | = 12 |
| | <u>72</u> |

Utrzymująca się poprawa w wyniku SPARCC SKB do tygodnia 204



- Observed data; all CZP-treated patients in the MRI set

Brak istotnej korelacji remisji klinicznej z „remisją” MRI

A

| | | Clinical Remission (ASDAS <1.3) | |
|--|-----|---------------------------------|-------------------|
| | | Yes N=41; 33.3% | No N=82; 66.7% |
| Absence of SI Joint Inflammation (SPARCC <2) | Yes | 63.4% (n=26) | 79.3% (n=65) |
| | No | 36.6% (n=15) | 20.7% (n=17) |

B

| | | Clinical Remission (ASDAS <1.3) | |
|--|-----|---------------------------------|-------------------|
| | | Yes N=40; 32.3% | No N=84; 67.7% |
| Absence of Spinal Inflammation (Berlin ≤2) | Yes | 92.5% (n=37) | 78.6% (n=66) |
| | No | 7.5% (n=3) | 21.4% (n=18) |

C

| | | Clinical Remission (ASDAS <1.3) | |
|---|-----|---------------------------------|-------------------|
| | | Yes N=40; 32.8% | No N=82; 67.2% |
| Absence of SI Joint and Spinal Inflammation (SPARCC <2 and Berlin ≤2) | Yes | 57.5% (n=23) | 65.9% (n=54) |
| | No | 42.5% (n=17) | 34.1% (n=28) |

Wnioski 1 (RAPID-axSpA, CZP)

- **nieistotny postęp w RTG** zmian strukturalnych w kręgosłupie (mSASSS) i **nieznaczny** w SKB (nr-axSpA → AS) w 204 tyg.
- **wczesne leczenie CZP** w okresie nieradiologicznym axSpA hamuje przebudowę strukturalną

Załącznik B.82.

LECZENIE CERTOLIZUMABEM PEGOL PACJENTÓW Z CIĘŻKĄ, AKTYWNAŁ POSTACIĄ SPONDYLOARTROPATII OSIOWEJ (SpA) BEZ ZMIAN RADIOGRAFICZNYCH CHARAKTERYSTYCZNYCH DLA ZZSK (ICD-10 M46.8)

Załącznik B.82.

LECZENIE CERTOLIZUMABEM PEGOL PACJENTÓW Z CIĘŻKĄ, AKTYWNAŁ POSTACIĄ SPONDYLOARTROPATII OSIOWEJ (SpA) BEZ ZMIAN RADIOGRAFICZNYCH CHARAKTERYSTYCZNYCH DLA ZZSK (ICD-10 M46.8)

Wnioski 2 (RAPID-axSpA, CZP)

- **szybka redukcja w MRI** zapalenia kręgosłupa i SKB (12 tyg.), utrzymana w 96 i 204 tyg.
- **brak korelacji** pomiędzy remisją kliniczną a redukcją objawów zapalenia w MRI