

**2° Πανελλήνιο
Θερινό Συμπόσιο
Μυοσκελετικής Υγείας**



Το adalimumab στις σπονδυλοαρθρίτιδες

ΔΗΜΗΤΡΟΥΛΑΣ ΘΕΟΔΩΡΟΣ
ΑΝΑΠΛΗΡΩΤΗΣ ΚΑΘΗΓΗΤΗΣ
ΡΕΥΜΑΤΟΛΟΓΙΑΣ
Δ ΠΑΘΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΑΠΘ

Σύγκρουση Συμφερόντων

Παρούσα παρουσίαση: Genesis Pharma

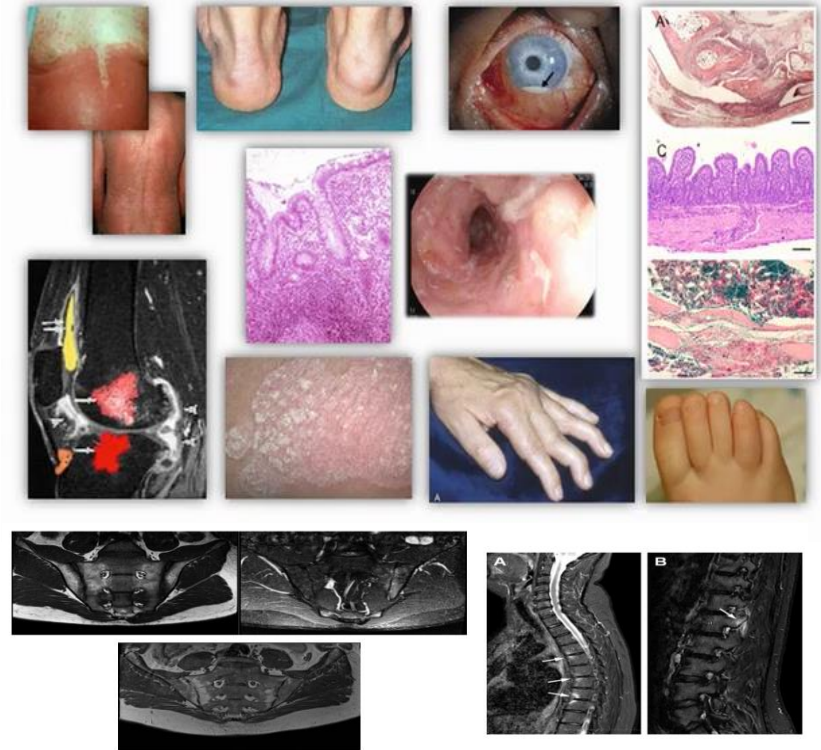
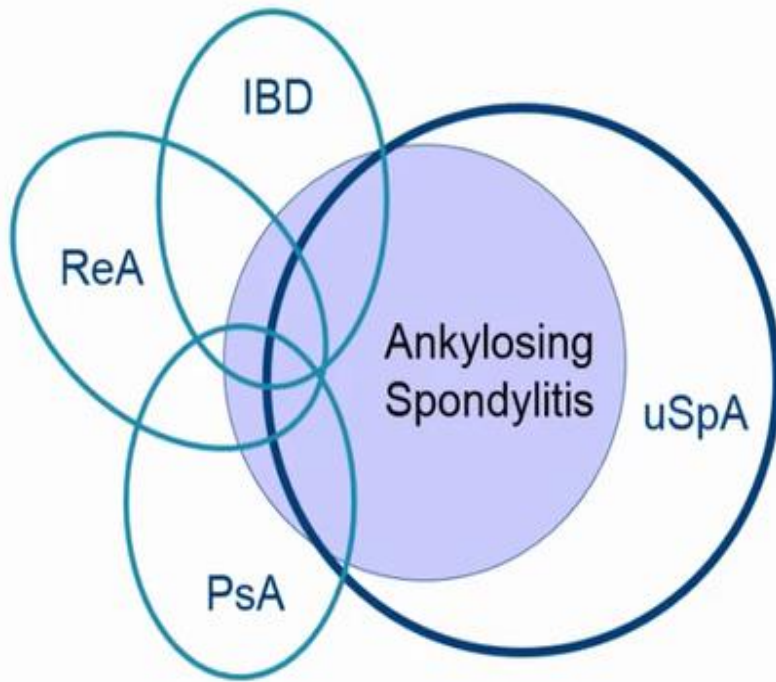
Research support, research grants, clinical trials

AbbVie, Boehringer Ingelheim, Lilly, Amgen, ELPEN, DEMO, UCB, Novartis, Janssen

Consultancy fees, speaker fees, honoraria, advisory boards

AbbVie, Amgen, Boehringer Ingelheim, ELPEN Greece, Aenorasis Greece, Janssen, Gilead, Lilly, Novartis, Pfizer, Mylan, MSD, UCB

Το φάσμα των σπονδυλοαρθρίτιδων



Case 1

- ♀ 53 ετών
- Ιστορικό ΣπΑ με περιφερική αρθρίτιδα/ενθεσίτιδα από 8 ετών
- Φαρμακευτική αγωγή (MTX, Medrol, Golimumab and Etanercept)
- Πόνος στους Αχίλλειους τένοντες άμφω
- Παρούσα αγωγή : Medrol 4mg/ημερησίως

Δερματική ψωρίαση (-)

Δακτυλίτιδα (-)

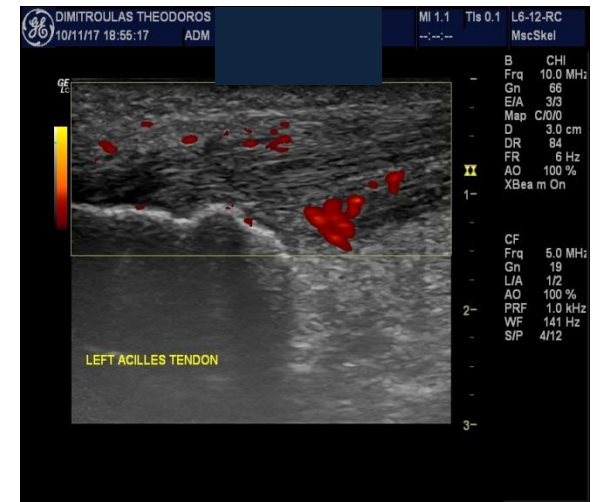
Ιριδοκυκλίτιδα (-)

Ενθεσίτιδα (-)

Συμπτώματα από το έντερο (-)

Οικογενειακό ιστορικό:

ελεύθερο



Case 1

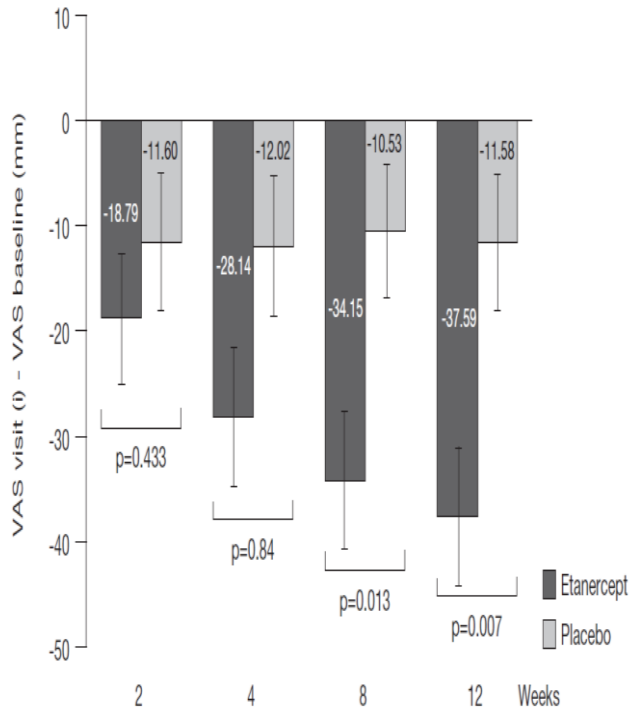
- RF (-)
- ANA (-)
- Anti – CCP (-)
- ANCA (-)
- ASMA (-)
- AMA (-)
- HLAB27 (-)
- C3, C4: κφ
- IgA, IgG, IgM: φυσιολογικά
- Ηλεκτροφόρηση: κφ
- Ανοσοκαθήλωση: κφ

	12/2016	06/2017	12/2017
WBC	7,2	8110	8,8
HB (g	11,0	10,8	11,1
PLT/μl	189000	244000	205000
TKE (mm/h)	59	32	56
CRP (mg/l)	7,3(<5)	6,6(<5)	11,5(<5)
ASDAS	3,7	2,6	3,6
BASDAI	5,0	6,3	6,52

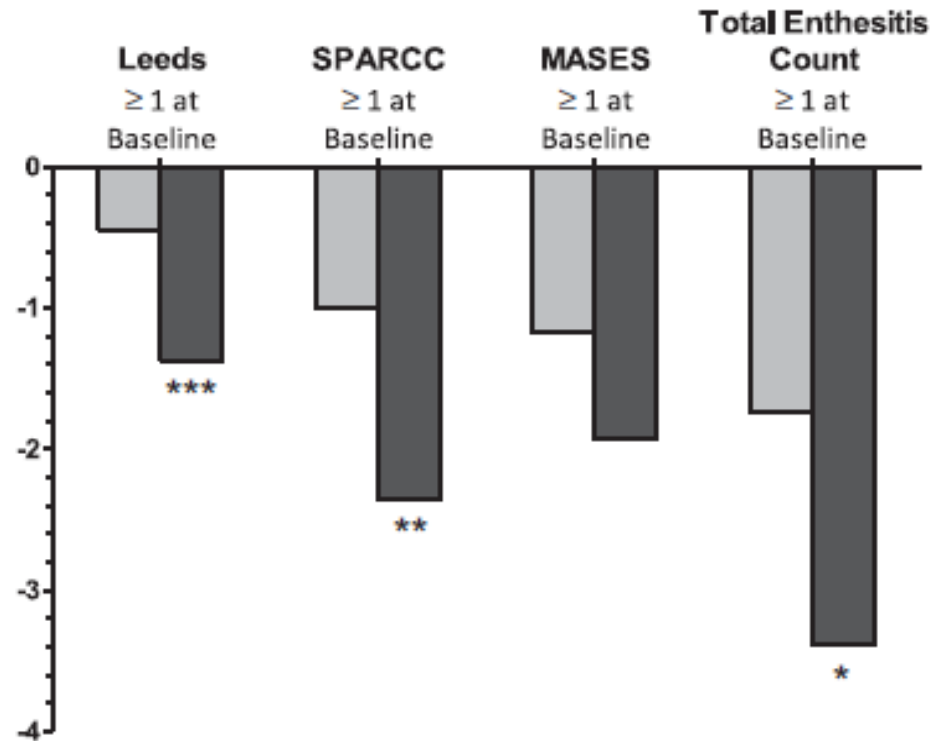
Περιφερική ΣπΑ – Ενθεσίτιδα - Αχίλλειος τενοντίτιδα
Αποτυχία 2 TNF-α αναστολέων

ANT-TNF KAI ENΘΕΣΙΤΙΔΑ

HEEL TRIAL (etanercept)



ABILITY II TRIAL (adalimumab)



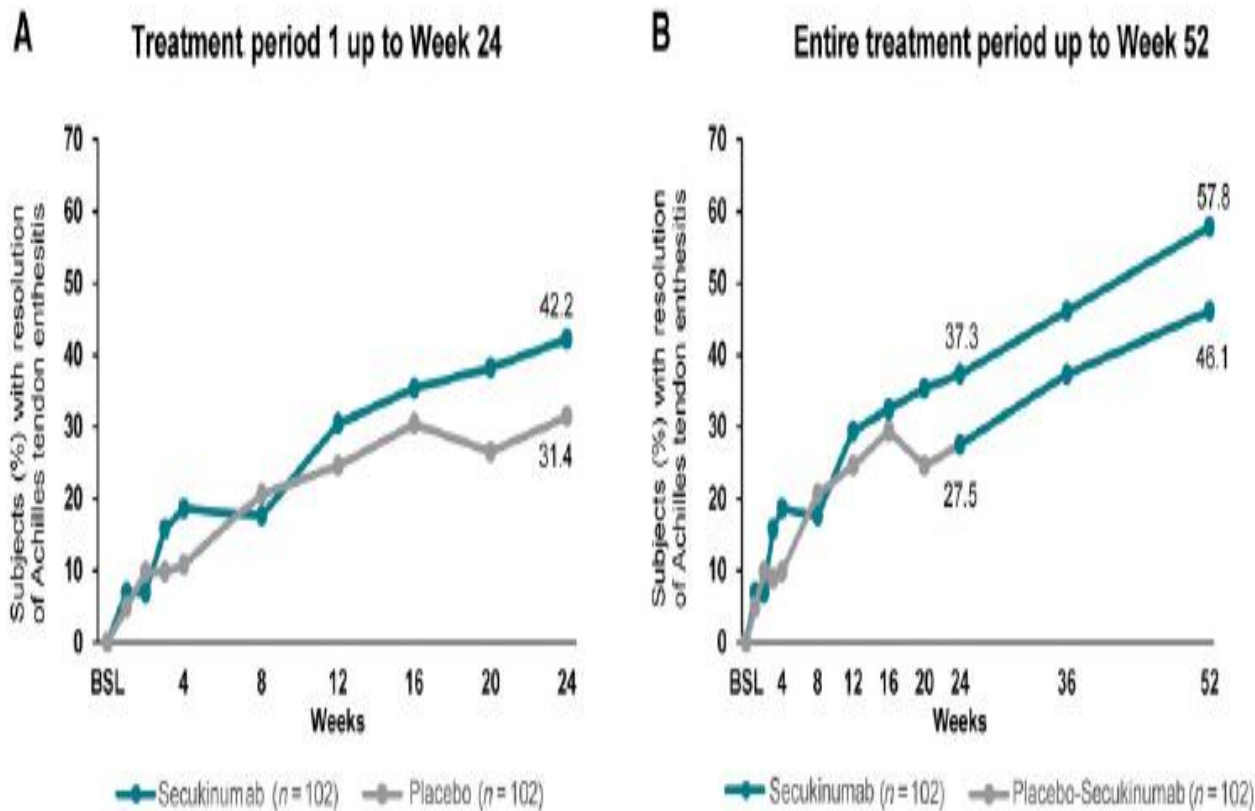
Case 1

ACHILLES S STUDY: Study of Efficacy and Safety of Secukinumab
in Psoriatic Arthritis and Axial Spondyloarthritis Patients
With Active Enthesitis Including **One Achilles Tendon Site**

	12/2016	06/2017	12/2017	3/2018
WBC	7,2	8110	8,8	7,2
HB (g	11,0	10,8	11,1	11,2
PLT/ μ l	189000	244000	205000	253000
TKE (mm/h)	59	45	56	22↓
CRP (mg/l)	7,3(<5)	6,6(<5)	11,5(<5)	3,5(<5) ↓
ASDAS	3,7	2,6	3,6	2,4↓
BASDAI	5,0	6,3	6,52	4,2↓

Efficacy and safety of secukinumab in patients with spondyloarthritis and enthesitis at the Achilles tendon: results from a phase 3b trial

Frank Behrens ¹, Philipp Sewerin ², Eugenio de Miguel ³, Yusuf Patel⁴, Anastas Batalov ⁵, Eva Dokoupilova⁶, Christine Kleinmond⁷, Effie Pournara⁸, Ankita Shekhawat⁹, Claudia Jentzsch¹⁰, Annette Wiedon¹⁰ and Xenofon Baraliakos ¹¹; on behalf of the ACHILLES study group



90/204(44%) patients did not present with tendinitis/oedema.

ACHILLES reveals a discrepancy between the clinical and imaging assessment of heel enthesitis.

RESEARCH

Open Access



Magnetic resonance imaging characteristics in patients with spondyloarthritis and clinical diagnosis of heel enthesitis: post hoc analysis from the phase 3 ACHILLES trial

X. Baraliakos^{1*†}, P. Sewerin^{1,2†}, E. de Miguel³, E. Pournara⁴, C. Kleinmond⁵, A. Shekhawat⁶, C. Jentzsch⁷, A. Wiedon⁷, F. Behrens⁸ and on behalf of the ACHILLES study group

Based on the newly developed HEMRIS, enthesal inflammation and/or structural damage was confirmed in 83.3% of ACHILLES patients.

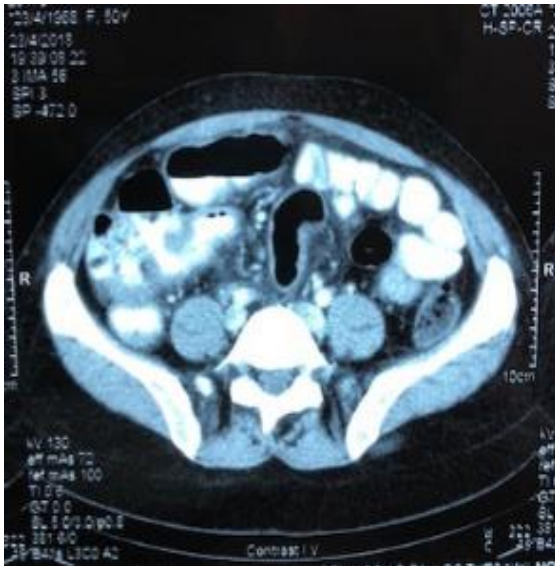
Case 1

- Εμπύρετο (38,5⁰) με κοιλιακό άλγος και διάρροια
- Εισαγωγή Δ' Παθολογική
- Ενυδάτωση
- Αντιβιοτική αγωγή IV
- Διακοπή secukinumab

	12/2016	06/2017	12/2017	3/2018	5/2018
WBC	7,2	8110	8,8	7,2	8,1
HB (g)	11,0	10,8	11,1	11,2	10,2
PLT/μl	189000	244000	205000	253000	249000
TKE (mm/h)	59	45	56	22↓	89/45
CRP (mg/l)	7,3(<5)	6,6(<5)	11,5(<5)	3,5(<5) ↓	123/35
ASDAS	3,7	2,6	3,6	2,4↓	
BASDAI	5,0	6,3	6,52	4,2↓	

Case 1

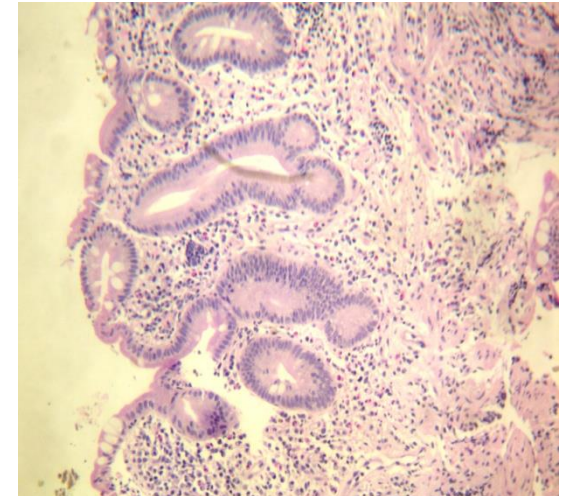
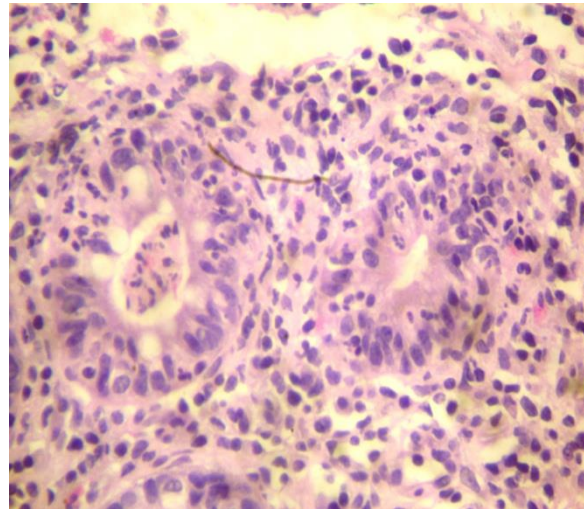
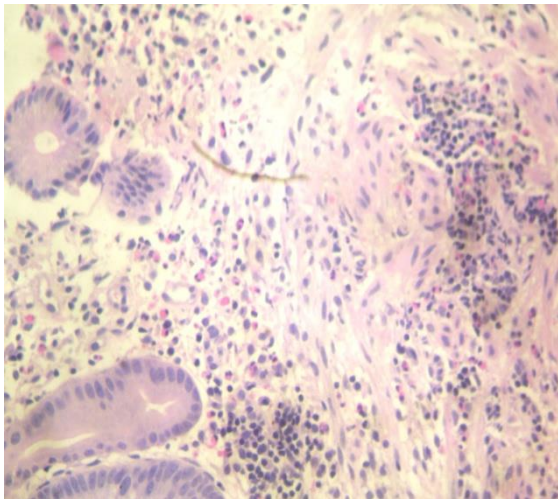
- CT κοιλίας: διάταση εντερικών ελίκων, πάχυνση του τοιχώματος του τελικού ειλεού και της ειλεοτυφλικής βαλβίδας



Case 1

- Ενδοσκόπηση ΚΠΣ: ερυθρότητα του εντερικού βλεννογόνου, με αφθώδη έλκη τελικού ειλεού - ορθού
- Βιοψία: φλεγμονώδης διηθήσεις με ηωσινόφιλα και ουδετερόφιλα, λεμφοκύτταρα και με τη μορφή λεμφοκυτταρικών συλλογών. Διήθηση αδενικού επιθηλίου με τη μορφή κρυπτίτιδας και εστικά με σχηματισμό κρυπτικών αποστηματίων.

Ήπιου βαθμού τελική ειλεΐτιδα και μετρίου βαθμού κολίτιδα

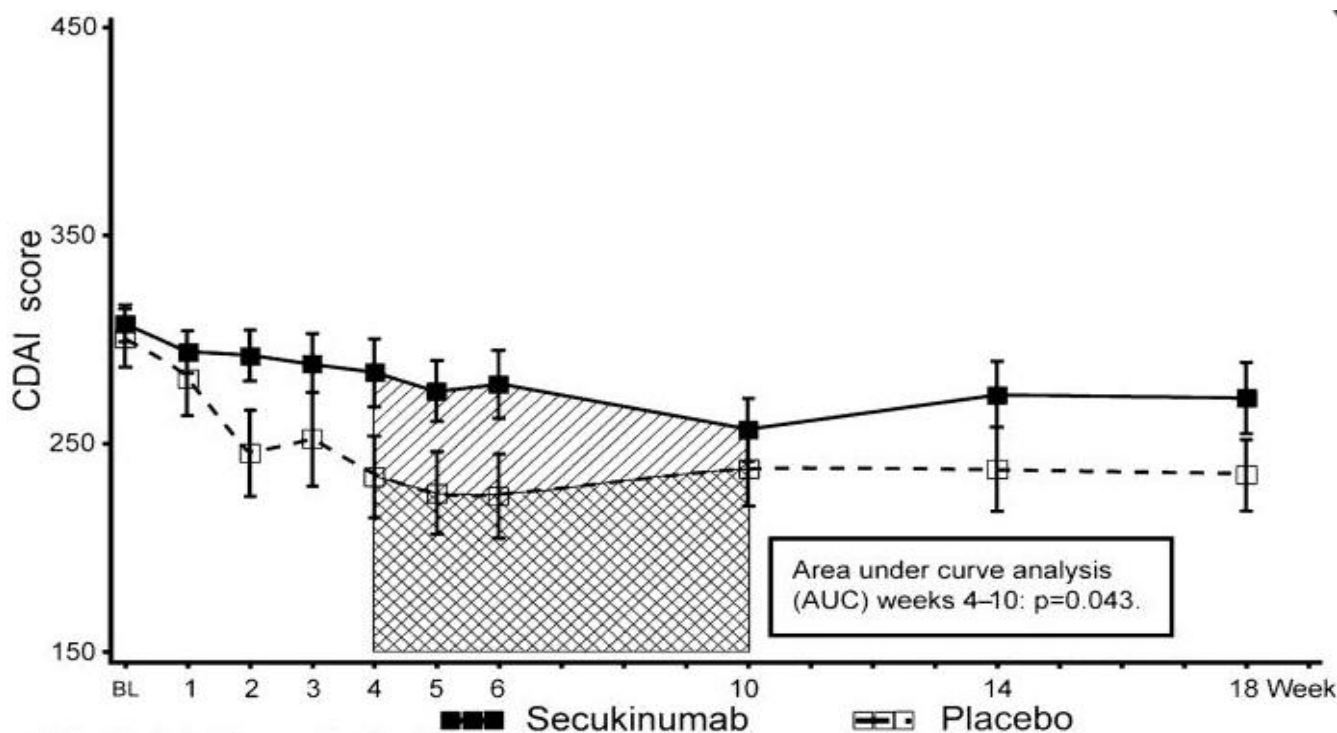


- Καλλιέργειες αίματος – κοπράνων (-)
- CMV (-)
- Clostridium difficile (-)

Secukinumab, a human anti-IL-17A monoclonal antibody, for moderate to severe Crohn's disease: unexpected results of a randomised, double-blind placebo-controlled trial

2012 Dec; 61(12): 1693–1700.

Wolfgang Hueber¹, Bruce E Sands², Steve Lewitzky³, Marc Vandemeulebroecke⁴, Walter Reinisch⁵, Peter D R Higgins⁶, Jan Wehkamp⁷, Brian G Feagan⁸, Michael D Yao⁹, Marek Karczewski¹⁰, Jacek Karczewski¹⁰, Nicole Pezous⁴, Stephan Bek¹, Gerard Bruin¹, Bjoern Mellgard¹, Claudia Berger¹, Marco Londei¹¹, Arthur P Bertolino¹, Gervais Tougas⁴, Simon P L Travis¹², for the Secukinumab in Crohn's Disease Study Group



Ο ΑΞΟΝΑΣ IL-23/IL-17 ΣΤΟ ΕΝΤΕΡΟ

Εξουδετέρωση της IL-23

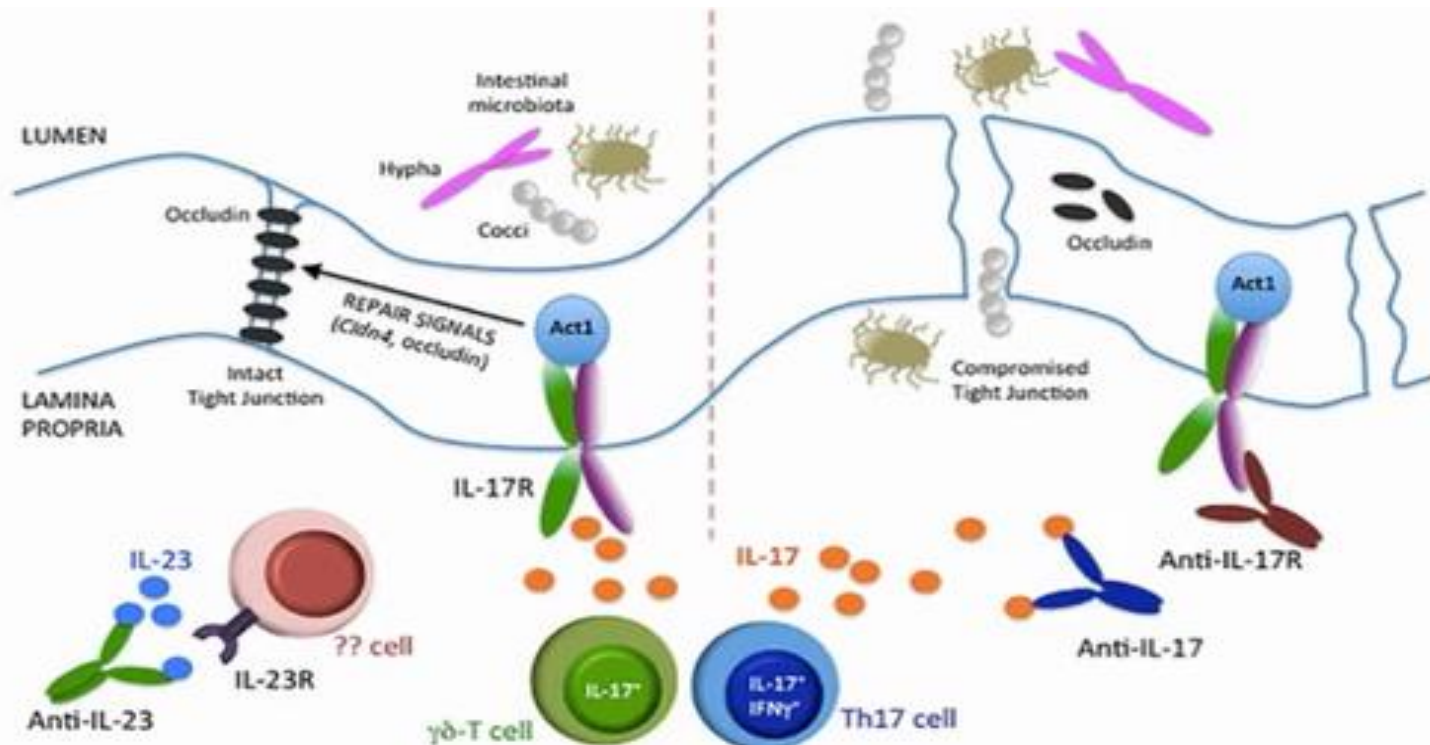
↓ φλεγμονής (↑ Treg, ↓ κυτταροκινών)

↑ ακεραιότητα του εντ. βλεννογόνου

Εξουδετέρωση της IL-17

↑ φλεγμονής (↓ Treg , ↑ κυτταροκινών)

↓ ακεραιότητα του εντ. βλεννογόνου



Lee J et al, Immunity 2015

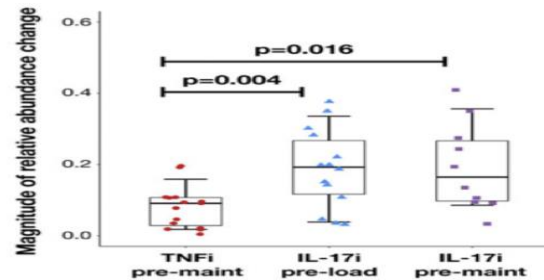
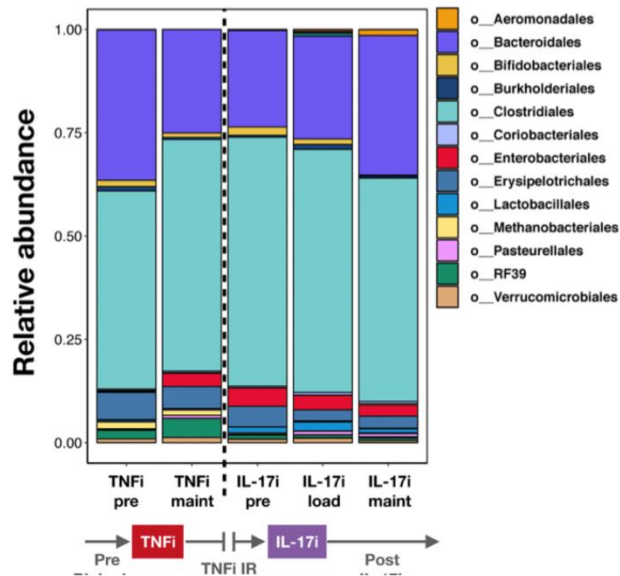
Maxwell J et al, Immunity 2015

IL-17 Inhibition in Spondyloarthritis Associates with Subclinical Gut Microbiome Perturbations and a Distinctive IL-25-Driven Intestinal Inflammation

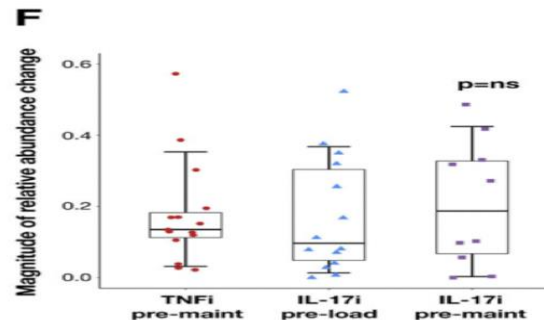
Julia Manasson, MD¹, David S. Wallach, BA², Giuliana Guggino, MD, PhD³, Matthew Stapylton, BA², Michelle H. Badri, BS⁴, Gary Solomon, MD¹, Soumya M. Reddy, MD¹, Roxana Coras, MD⁵, Alexander A. Aksenov, PhD⁶, Drew R. Jones, PhD⁷, Parvathy V. Girija, MS¹, Andrea L. Neimann, MD, MSCE⁸, Adriana Heguy, PhD⁹, Leopoldo N. Segal, MD¹⁰, Pieter C. Dorrestein, PhD⁶, Richard Bonneau, PhD^{4,11,12}, Monica Guma, MD, PhD⁵, Francesco Ciccia, MD, PhD¹³, Carles Ubeda, PhD^{14,15}, Jose C. Clemente, PhD^{2,*}, Jose U. Scher, MD^{1,*}

Fecal samples from PsA/SpA patients pre- and post-treatment with tumor necrosis factor inhibitors (TNFi; n=15) or an anti-interleukin (IL)-17A monoclonal antibody inhibitor (IL-17i; n=14) underwent sequencing (16S, ITS and shotgun metagenomics)

D



- ✓changes in metabolic pathways
- ✓levels of PsA/SpA-related cytokines
- ✓pro-inflammatory molecules
- ✓fatty acid production



Furthermore, IL-17i-induced CD in human SpA differs from 'idiopathic' CD and appears to be driven by diverging IL-17 family pathways (i.e. IL25/IL-17E)

Incidence rates of inflammatory bowel disease in patients with psoriasis, psoriatic arthritis and ankylosing spondylitis treated with secukinumab: a retrospective analysis of pooled data from 21 clinical trials

Stefan Schreiber,¹ Jean-Frederic Colombel,² Brian G Feagan,³ Kristian Reich,⁴ Atul A Deodhar,⁵ Iain B McInnes,⁶ Brian Porter,⁷ Ayan Das Gupta,⁸ Luminita Pricop,⁹ Todd Fox⁷

7355 ασθενείς από 21 μελέτες με PsO (n=5181), PsA (n = 1380), and AS (794) που έλαβαν secukinumab με συνολική έκθεση στο φάρμακο 16226,9 PY

Table 4 Incidences of exacerbations/new-onset cases of IBD in patients with/without a history of IBD at baseline, respectively

	PsO cohort (n=5181)	PsA cohort (n=1380)	AS cohort (n=794)
History of IBD at baseline*			
History of CD, n (%)†	5 (0.1%)	2 (0.14%)	5 (0.63%)
Exacerbation of CD during study treatment, n	2	0	3
History of UC, n (%)†	10 (0.19%)	2 (0.14%)	3 (0.38%)
Exacerbation of UC during study treatment, n	4	1	1
History of IBDU, n (%)†	0	4 (0.29%)	17 (2.14%)
Exacerbation of IBDU during study treatment, n	0	0	0
New onset cases of IBD‡			
Total number of new-onset cases of CD, n (%)§	3 (0.06%)	3 (0.22%)	5 (0.63%)
Relapses, n	1	0	0
Total number of new-onset cases of UC, n (%)§	10 (0.19%)	2 (0.14%)	3 (0.38%)
Relapses, n	0	0	0
Total number of new-onset cases of IBDU, n (%)§	1 (0.02%)	2 (0.14%)	1 (0.13%)
Relapses, n	0	0	0

IBD Across Indications in All IXE Treated Adults: Cases Confirmed by Adjudication (Definite, Probable)

Data for All Ixekizumab Set Cut off: **PsO and PsA (March 2019); axSpA (April 2019)**

	All PsO (adult) ¹	All PsA ¹	All axSpA ¹
N	5898	1401	929
PY	17331.1	2228.6	1336.2
IBD			
n (%)	29 ^a (0.5)	3 ^b (0.2)	13 (1.4)
IR/100 PY (95% CI)	0.2 (0.1, 0.3)	0.1 (0.0, 0.4)	1.0 (0.6, 1.7)
Crohn's Disease			
n (%)	12 (0.2)	2 (0.1)	7 (0.8)
IR/100 PY (95% CI)	0.1 (0.1, 0.1)	0.1 (0.0, 0.4)	0.5 (0.2, 1.1)
Ulcerative Colitis			
n (%)	17 (0.3)	1 (0.1)	6 (0.6)
IR/100 PY (95% CI)	0.1 (0.1, 0.2)	0.0 (0.0, 0.3)	0.4 (0.2, 1.0)
Background CD and UC incident rate by disease state²⁻⁶			
IR/100 PY	PsO ²⁻⁵	PsA ²⁻⁴	AS ⁶
CD	0.02-0.25	0.04-0.06	0.99
UC	0.02-0.31	0.03-0.11	1.05

- ^{b1} additional patient in Q2W SPIRIT-P2 had anal abscess and anal fistula; this event was considered consistent with IBD⁷ but was not confirmed by adjudication as CD or UC due to insufficient information¹
- There were 2 IBD cases in PBO arm patients:
 - 1 patient from COAST-W with history of UC was reported as UC⁸ and later confirmed by adjudication as CD¹
 - 1 patient from COAST-X with history of UC was reported as UC⁹ but was not confirmed by adjudication due to “insufficient information”¹

^a25 cases from the adult PsO trials were listed as treatment-emergent adverse events (TEAE) of IBD. 4 additional cases were listed as adverse events (AEs) of IBD, and these occurred when patients were not on ixekizumab (either occurring when patients were on PBO during the randomized withdrawal period of UNCOVER-2 [n=2], or during follow-up [1 patient each from UNCOVER-2 and UNCOVER-3]).

Notes: Suspected IBD cases classified as ‘possible’ are not included when determining IR. IR was calculated as the total of ‘definite’ and ‘probable’ cases/Total Patient Years and multiplied by 100.

1. Genovese MC, et al. *Rheumatology (Oxford)*. 2020;59:3834-3844. 2. Li WQ, et al. *Ann Rheum Dis*. 2013;72:1200-1205. 3. Egeberg A, et al. *Br J Dermatol*. 2016;175:487-492. 4. Charlton R, et al. *Ann Rheum Dis*. 2018;77:277-280.

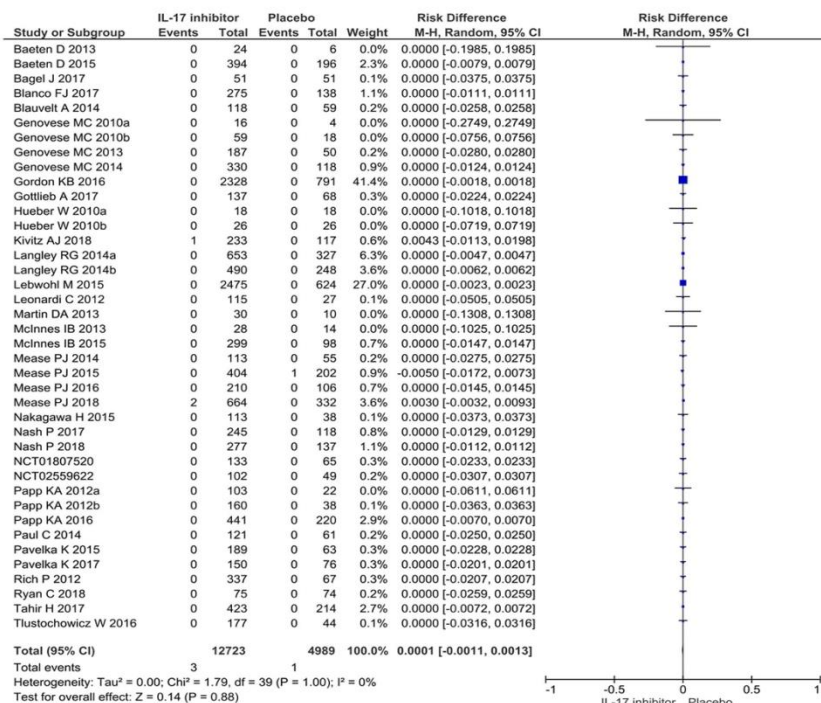
5. Scosyrev E, Primates P. *J Eur Acad Dermatol Venereol*. 2016;30(Suppl 6):3-105. P068. 6. Walsh J, et al. *Clin Rheumatol*. 2018;37:1869-1878. 7. Nash P, et al. *Lancet*. 2017;389:2317-2327.

8. Dougados M, et al. *Ann Rheum Dis*. 2020;79:176-185. 9. Deodhar A, et al. *Lancet*. 2020;395:53-64.

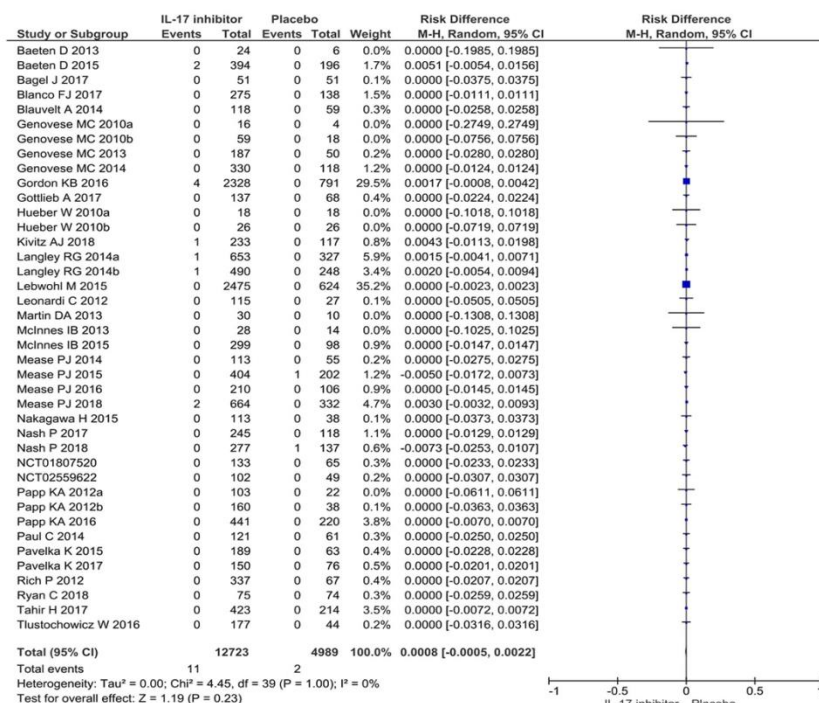
Risk for development of inflammatory bowel disease under inhibition of interleukin 17: A systematic review and meta-analysis

14.390 ασθενείς από 21 μελέτες (2010-2018) με PsO , PsA , and AS που έλαβαν IL-17 inhibitors

A



B



Ο κίνδυνος για ανάπτυξη ΙΦΝΕ στους ασθενείς που λαμβάνουν IL-17 αναστολείς δεν είναι αυξημένος σε σχέση με το Placebo



Dig Dis Sci. 2016 Jun;61(6):1772-4. doi: 10.1007/s10620-015-4007-z. Epub 2016 Jan 4.

Inflammatory Bowel Disease Provoked by Etanercept: Report of 443 Possible Cases Combined from an IBD Referral Center and the FDA.

O'Toole A¹, Lucci M², Korzenik J².



Semin Arthritis Rheum. 2009 Dec;39(3):176-81. doi: 10.1016/j.semarthrit.2008.06.004. Epub 2008 Aug 15.

Emergence of Crohn's disease during treatment with the anti-tumor necrosis factor agent etanercept for ankylosing spondylitis: possible mechanisms of action.

Haraoui B¹, Krelenbaum M.



Joint Bone Spine. 2012 Oct;79(5):457-63. doi: 10.1016/j.jbspin.2011.10.001. Epub 2011 Nov 15.

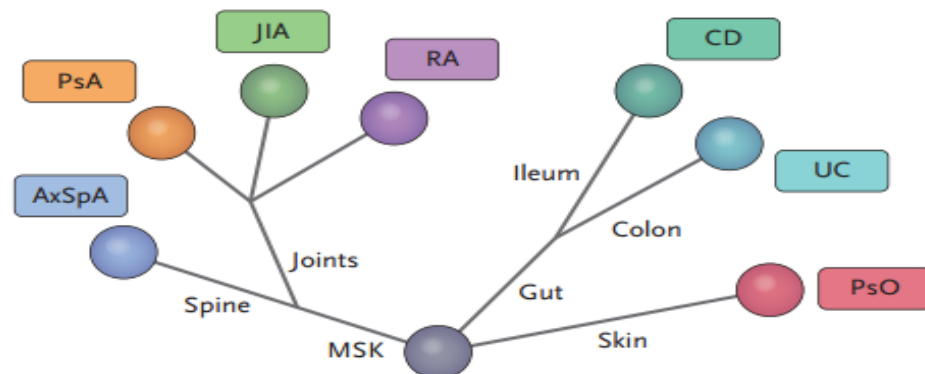
Development of inflammatory bowel disease during anti-TNF- α therapy for inflammatory rheumatic disease: a nationwide series.

Toussiroit É¹, Houvenagel É, Goëb V, Fouache D, Martin A, Le Dantec P, Dernis E, Wendling D, Ansemant T, Berthelot JM, Bader-Meunier B, Kantelip B; Le CRI.

Reframing Immune-Mediated Inflammatory Diseases through Signature Cytokine Hubs

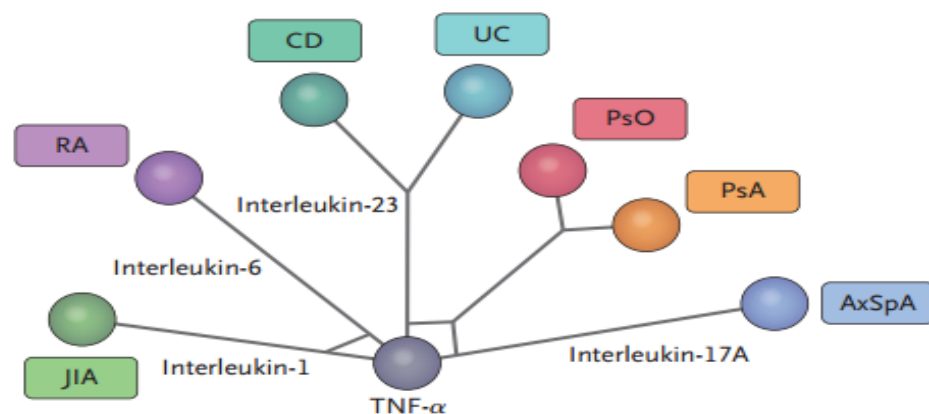
Georg Schett, M.D., Iain B. McInnes, M.D., Ph.D., and Markus F. Neurath, M.D.

Organ-Based Concept



	Joints	Spine	Ileum	Colon	Skin
RA					
PsA					
JIA					
AxSpA					
CD					
UC					
PsO					

Signature Cytokine-Based Concept

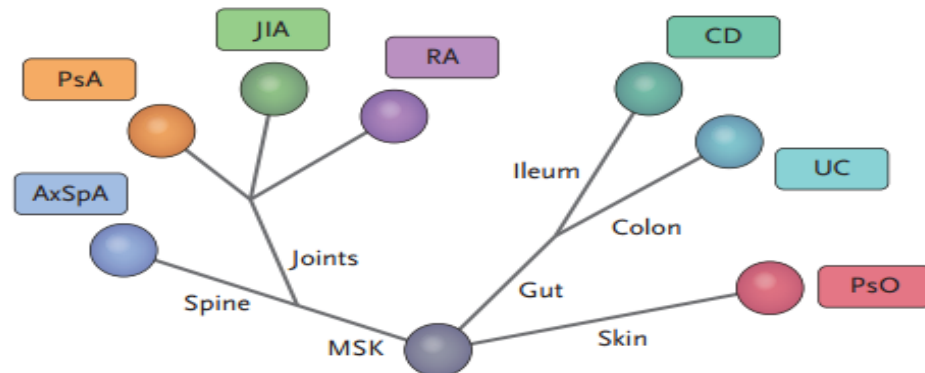


	TNF- α	Interleukin-6	Interleukin-23	Interleukin-17A	Interleukin-1
RA					
PsA					
JIA					
AxSpA					
CD					
UC					
PsO					

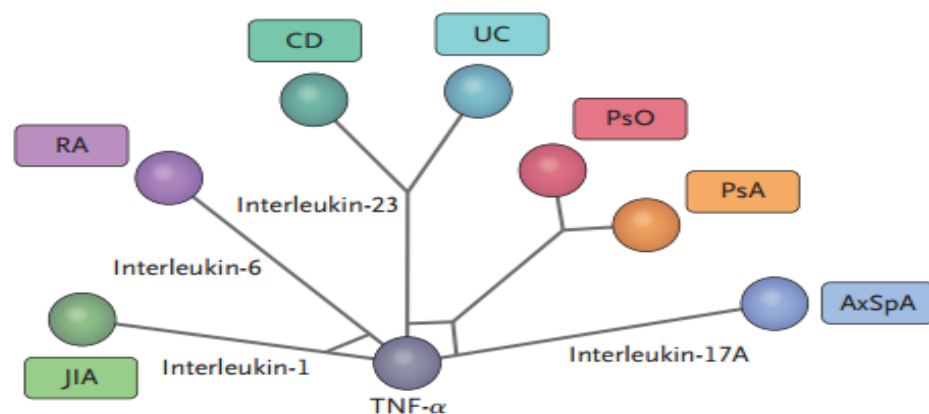
Reframing Immune-Mediated Inflammatory Diseases through Signature Cytokine Hubs

Georg Schett, M.D., Iain B. McInnes, M.D., Ph.D., and Markus F. Neurath, M.D.

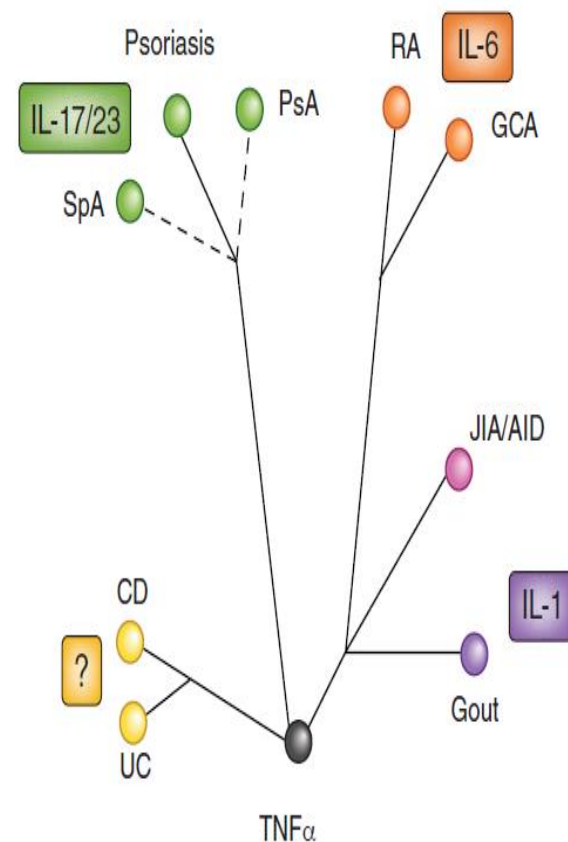
Organ-Based Concept



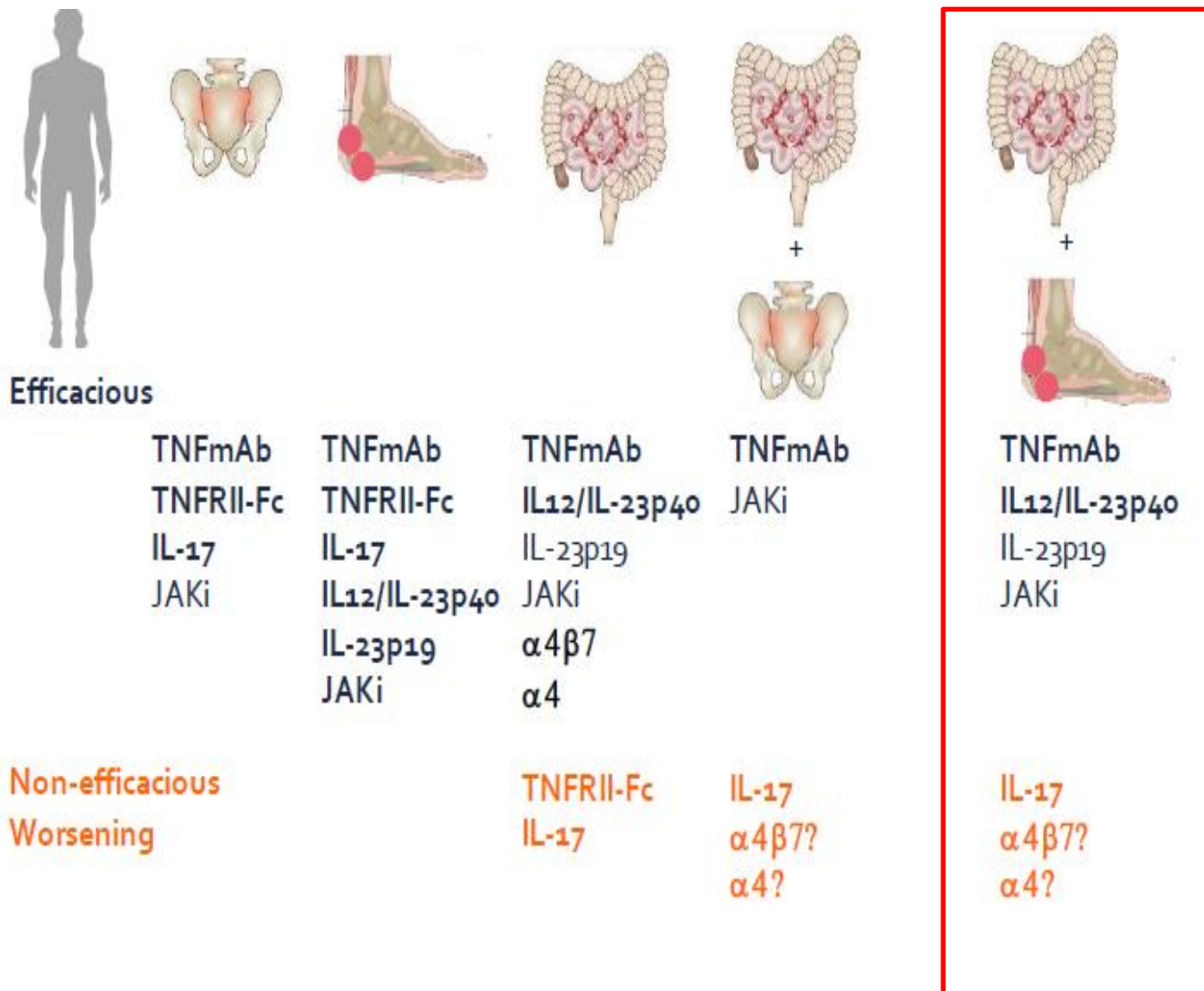
Signature Cytokine-Based Concept



a



ΔΙΑΦΟΡΕΤΙΚΗ ΔΡΑΣΗ ΚΥΤΑΡΟΚΙΝΩΝ ΣΕ ΔΙΑΦΟΡΕΤΙΚΟΥΣ ΙΣΤΟΥΣ ΕΞΑΤΟΜΙΚΕΥΜΕΝΗ ΑΝΤΙΜΕΤΩΠΙΣΗ



Case 1

- Αντιβιοτική αγωγή (Flagyl - Ciproxin)
- Prezolon 25mg IV
- Έναρξη Infliximab (10mg/kg κάθε 6 εβδομάδες)
- Salopyrine

	12/16	06/17	12/17	3/18	5/18	1/19	12/19	3/20
WBC	7,2	8110	8,8	7,2	8,1	6,3	7,3	6,3
HB (g/L)	11,0	10,8	11,1	11,2	10,2	12,1	13,0	12,8
PLT/ μ l	189	240	205	253	249	213	231	231
TKE (mm/h)	59	45	56	22↓	89/45	33	22	32
CRP (mg/l)	7,3(<5)	6,6(<5)	11,5(<5)	3,5(<5)	123/35	2(<5)	8(<5)	10(<6)
ASDAS	3,7	2,6	3,6	2,4↓		2,1	2,2	2,9
BASDAI	5,0	6,3	6,52	4,2↓		4,1↓	4,2	4,5

Διακοπή SLZ λόγω ηπατοτοξικότητας
Infliximab κάθε 4-6 εβδομάδες

Case 1

15 μήνες αργότερα...

Κοιλιακό άλγος (ΔΕ λαγόνιος βόθρος) με αύξηση των δεικτών φλεγμονής

Χωρίς συμπτωματολογία ΙΦΝΕ (διάρροιες κτλ)

CT κοιλίας (φλεγμονή σκωληκοειδούς απόφυσης)

? Έξαρση της νόσου

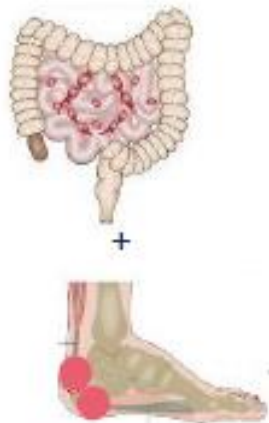
? Σκωληκοειδίτιδα

Νοσηλείες με IV χορήγηση αντιβιοτικών (παθολογική/χειρουργική κλινική)

Ύφεση των συμπτωμάτων χωρίς χειρουργική επέμβαση

Ενδοσκόπηση ΚΠΣ: ενδείξεις ενεργότητας ν. Crohn

ΔΙΑΦΟΡΕΤΙΚΗ ΔΡΑΣΗ ΚΥΤΑΡΟΚΙΝΩΝ ΣΕ ΔΙΑΦΟΡΕΤΙΚΟΥΣ ΙΣΤΟΥΣ ΕΞΑΤΟΜΙΚΕΥΜΕΝΗ ΑΝΤΙΜΕΤΩΠΙΣΗ



TNFmAb

IL12/IL-23p40

IL-23p19

JAKi

Επιλογές

-↑ infliximab

-Adalimumab

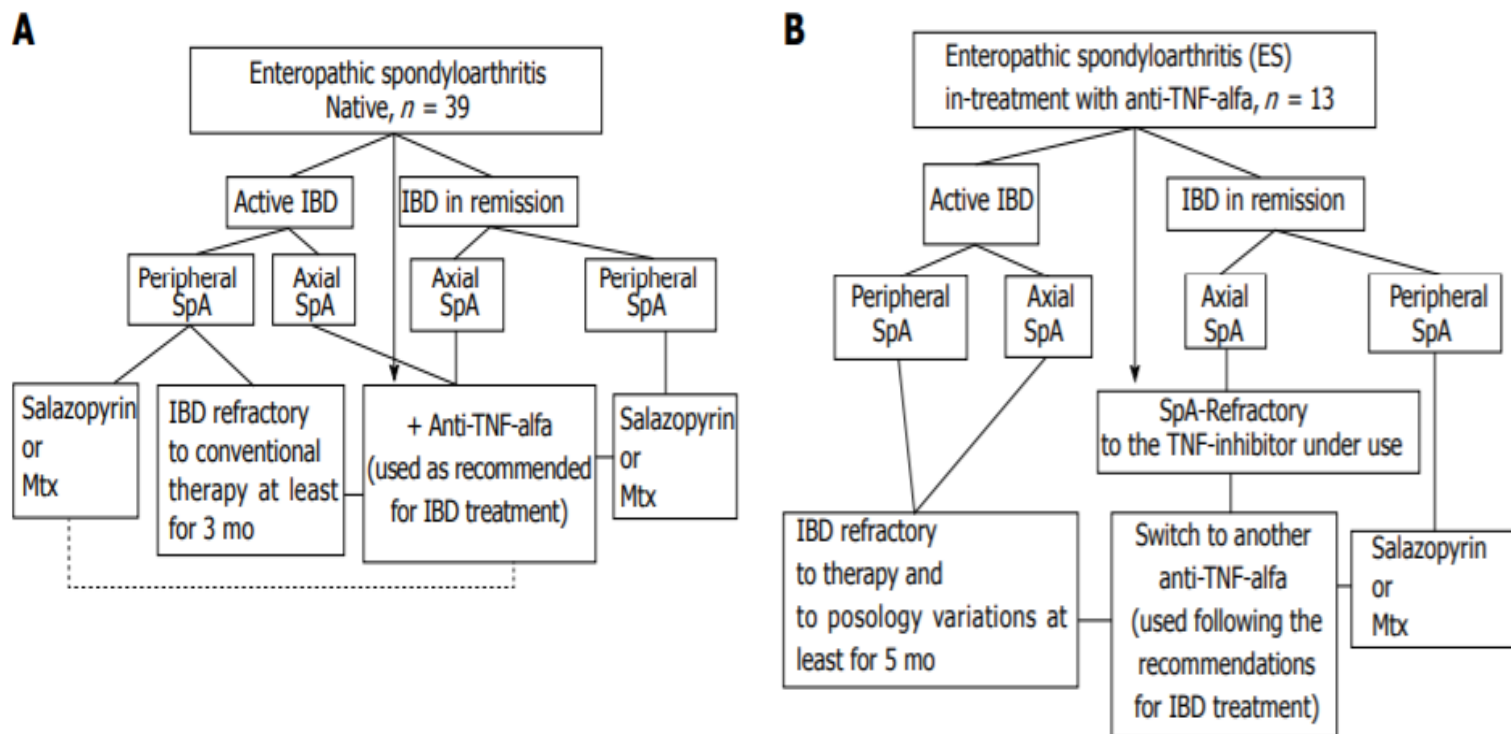
-Ustekinumab

-JAKi

Adalimumab 80MG every 2 weeks

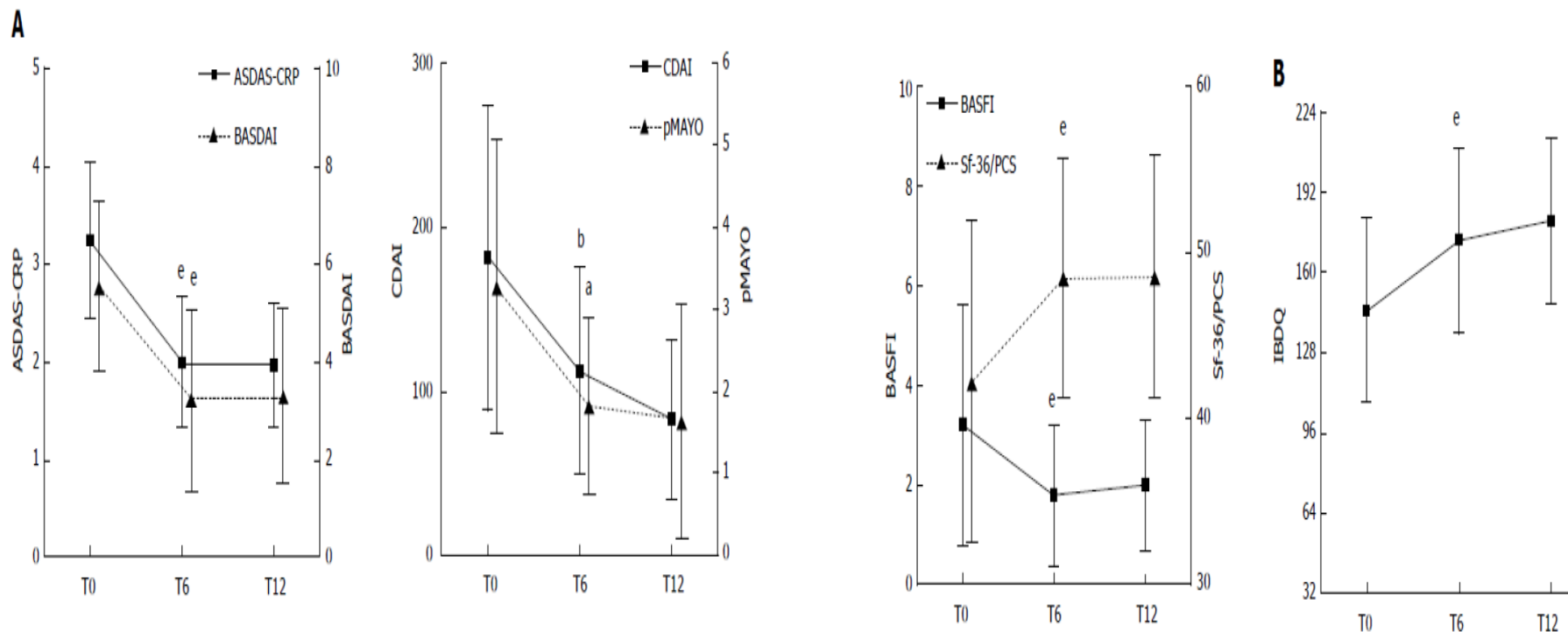
Adalimumab efficacy in enteropathic spondyloarthritis: A 12-mo observational multidisciplinary study

Από κοινού παρακολούθηση και θεραπεία Γαστρεντερολόγου- Ρευματολόγου



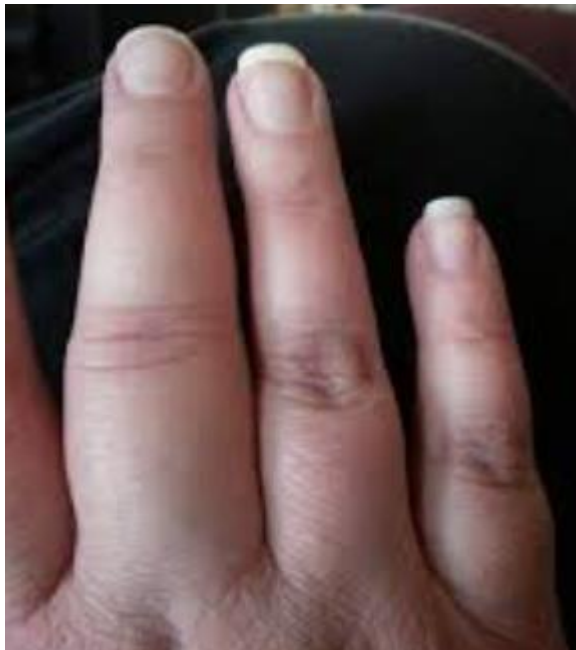
Adalimumab efficacy in enteropathic spondyloarthritis: A 12-mo observational multidisciplinary study

Από κοινού παρακολούθηση και θεραπεία Γαστρεντερολόγου- Ρευματολόγου



Case 2

- ♀ Ασθενής 28 ετών
- Προσέρχεται για άλγος/οίδημα 1^{ης} ΜΤΦ, μεγάλου δακτύλου ποδός από 4μήνου
- Χωρίς ανταπόκριση στα ΜΣΑΦ
- Αναφέρει αγωγή με Prezolon 5-10mg για 1 εβδομάδα χωρίς ανταπόκριση
- Χωρίς άλλα συνοδά συμπτώματα (αρθρίτιδα, πυρετό κτλ)



Χειρουργική επέμβαση για τενοντοελυτρίτιδα
μέσου δακτύλου προ 3 εβδομάδων



Ψωρίαση τριχωτού κεφαλής

ΨΩΡΙΑΣΙΚΗ ΑΡΘΡΙΤΙΔΑ

Case 2

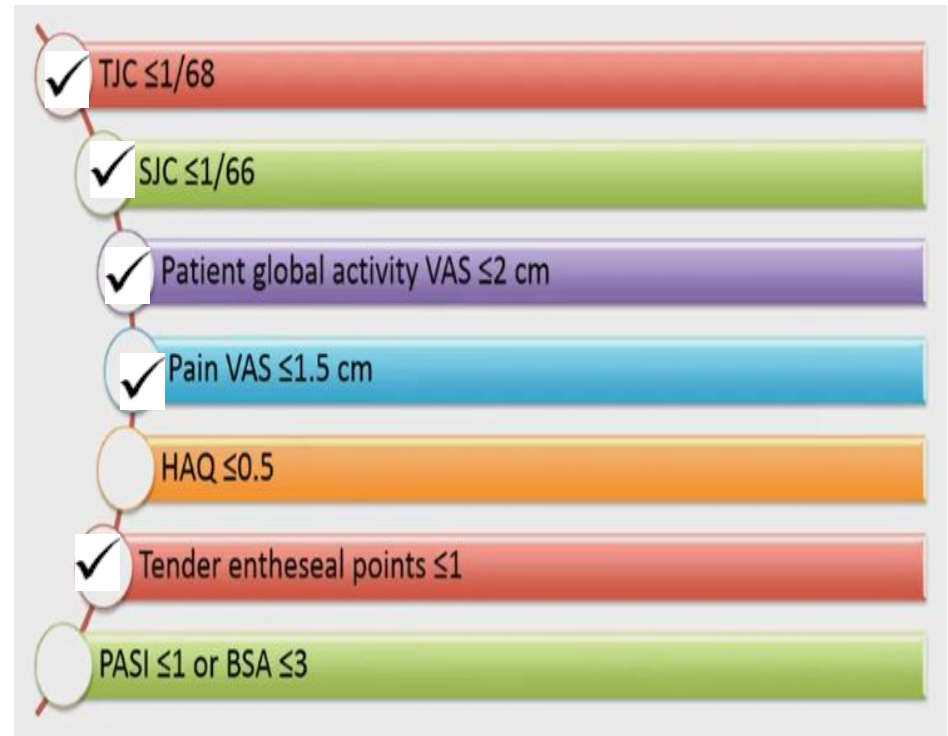
Ιριδοκυκλίτιδα (-)

Συμπτώματα από το έντερο (-)

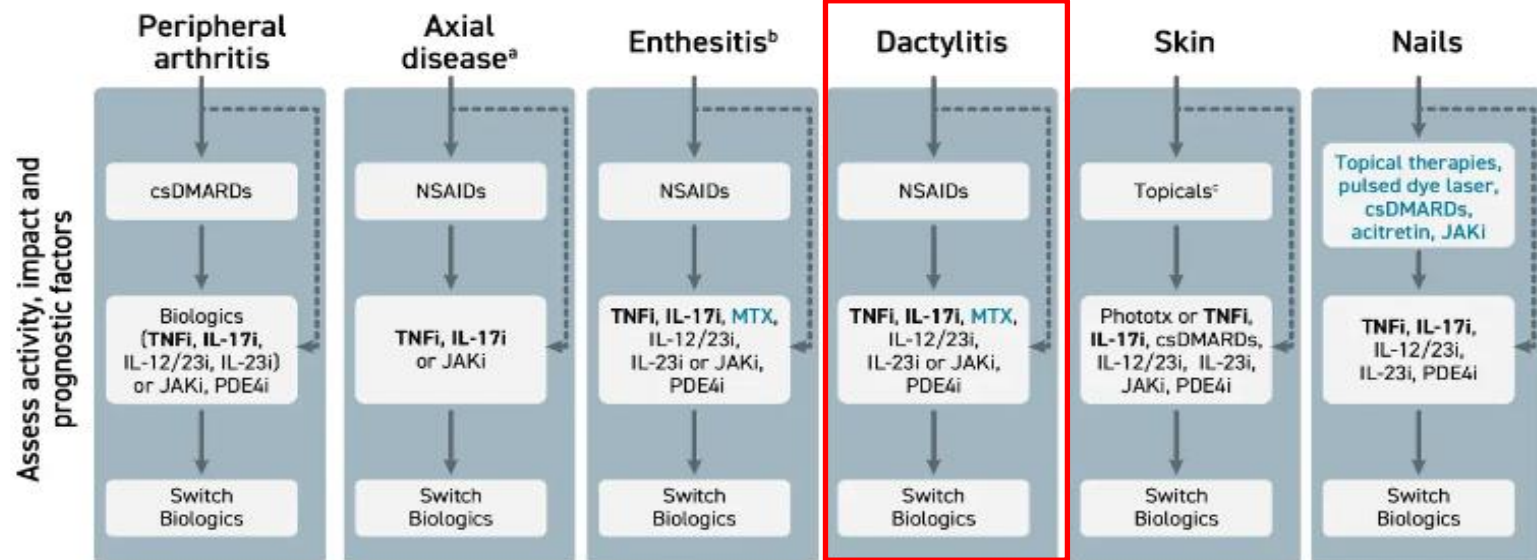
Οικογενειακό ιστορικό: ελεύθερο

TKE (mmHg)	13
CRP (mg/l) ($\phi\tau < 0.5$)	1,2
RF	(-)
ANTI-CCP	(-)
HLA B27	(-)
DAPSA	15

Υψηλή ενεργότητα νόσου (MDA)



2021 GRAPPA Treatment Recommendations



- Consider which domains are involved, patient preference, previous/concomitant therapies; choice of therapy should address as many domains as possible
- Comorbidities and associated conditions may impact choice of therapy and/or guide monitoring
- Treat, periodically re-evaluate treatment goals and modify therapy as required



Expedited Therapeutic Route



Standard Therapeutic Route

Black text = strong recommendation;

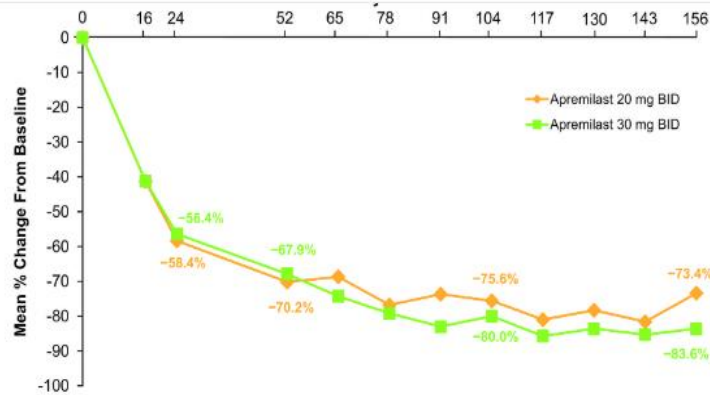
Blue text = conditional recommendation

^aLimited direct evidence for therapies in axial PsA, recommendations based on axial SpA literature;

^bCorticosteroid injections: consider on an individual basis due to potential for serious side effects; no clear evidence for efficacy.

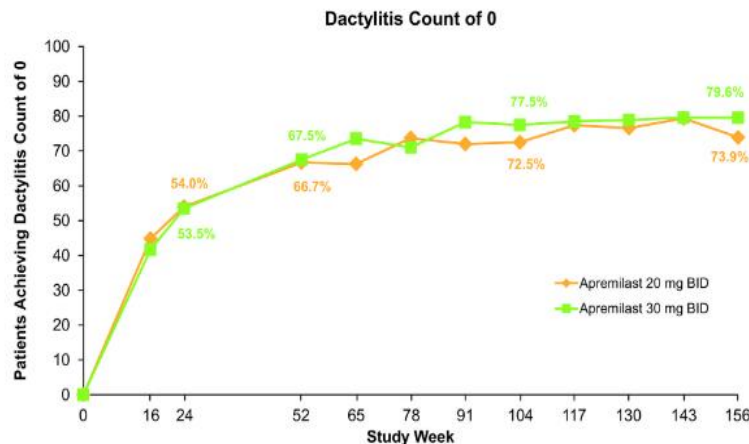
^cKeratolytics, steroids, vitamin D analogues, emollients, calcineurini.

Apremilast and dactylitis



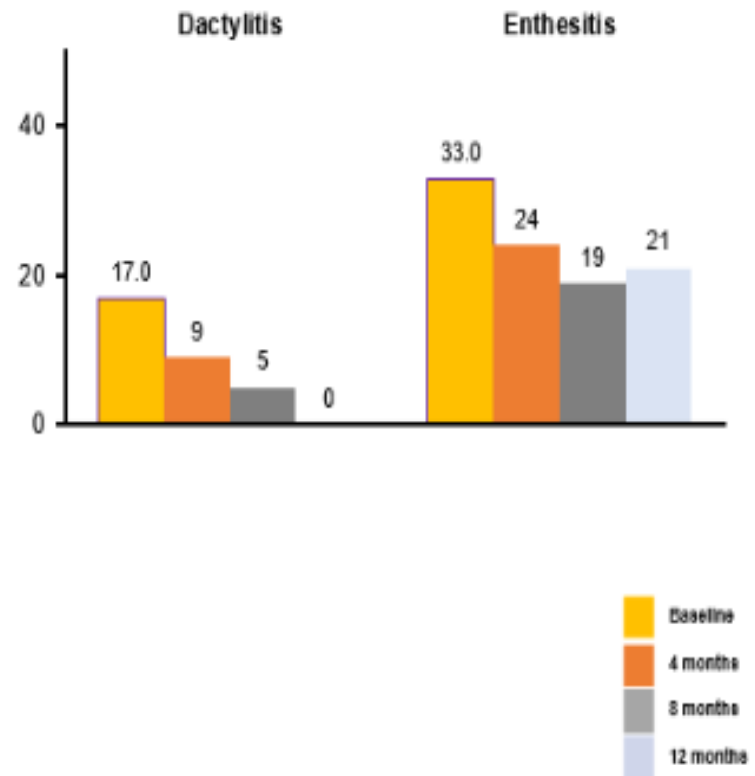
Apremilast 20 mg BID, n	281	272		225	208	198	193	182	177	171	165	157
Apremilast 30 mg BID, n	290	286		249	226	221	207	200	195	194	186	181

B



Apremilast 20 mg BID, n/m	126/281	147/272		150/225	138/208	146/198	136/193	132/182	137/177	131/171	131/165	116/157
Apremilast 30 mg BID, n/m	121/290	153/286		168/249	166/226	157/221	162/207	155/200	153/195	153/194	148/186	144/181

APRAISE study: change in the prevalence of dactylitis / enthesitis



Case 2

Έναρξη Apremilast 30mg 1x2
Πολύ καλή ανταπόκριση

TKE (mmHg)	13
CRP (mg/l) ($\phi\tau < 0.5$)	0,2
DAPSA	2
MDA	>1



Case 2

12 μήνες μετά την έναρξη της αγωγής

Ύδραρθρος (AP) γόνατος

-Παρακέντηση, ενδοαρθρική ένεση κορτιζόνης

Υποτροπή

Προσθήκη υποδόριας μεθοτρεξάτης 20mg/week + Filicine

Apremilast 30mg 1x2

MTX 20mg/week

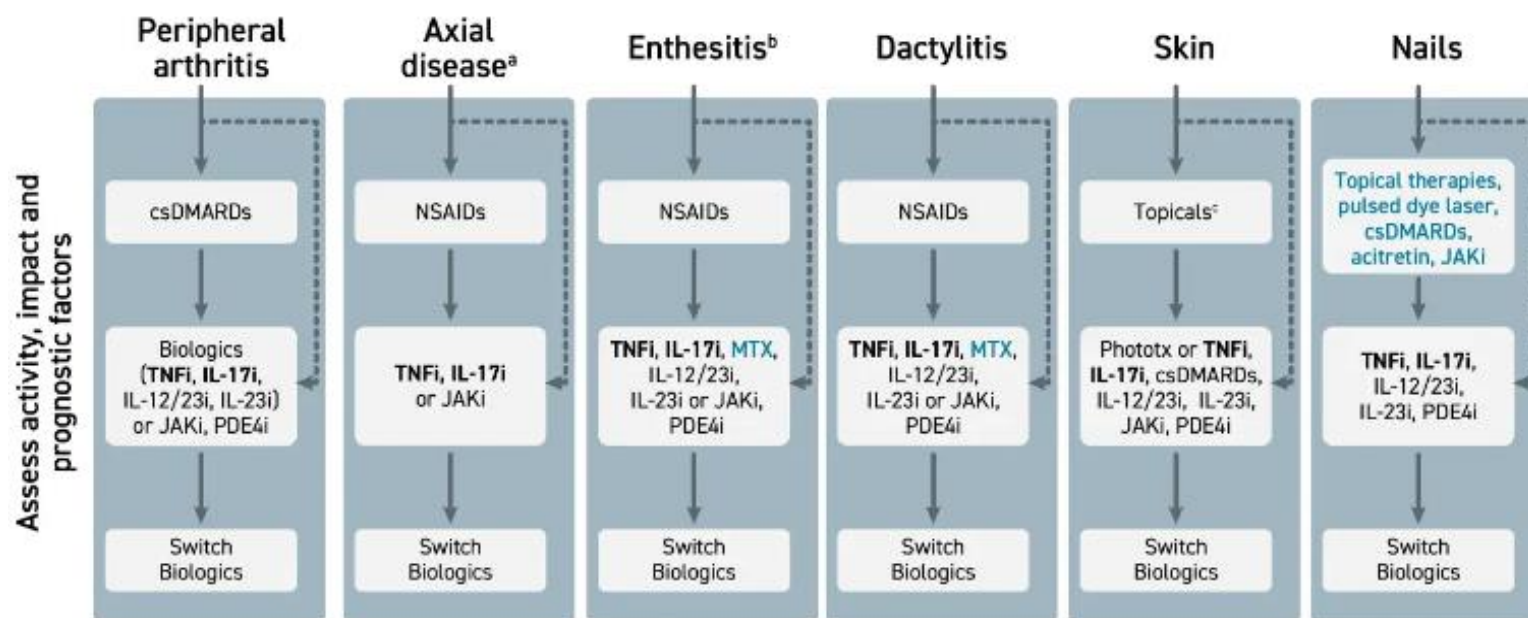
Ύφεση για 8-9 μήνες



TKE (mmHg)	13
CRP (mg/l) (φτ<0.5)	0,4
DAPSA	1-3
MDA	>1

ΥΠΟΤΡΟΠΗ

2021 GRAPPA Treatment Recommendations



- Consider which domains are involved, patient preference, previous/concomitant therapies; choice of therapy should address as many domains as possible
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Expedited Therapeutic Route



Standard Therapeutic Route

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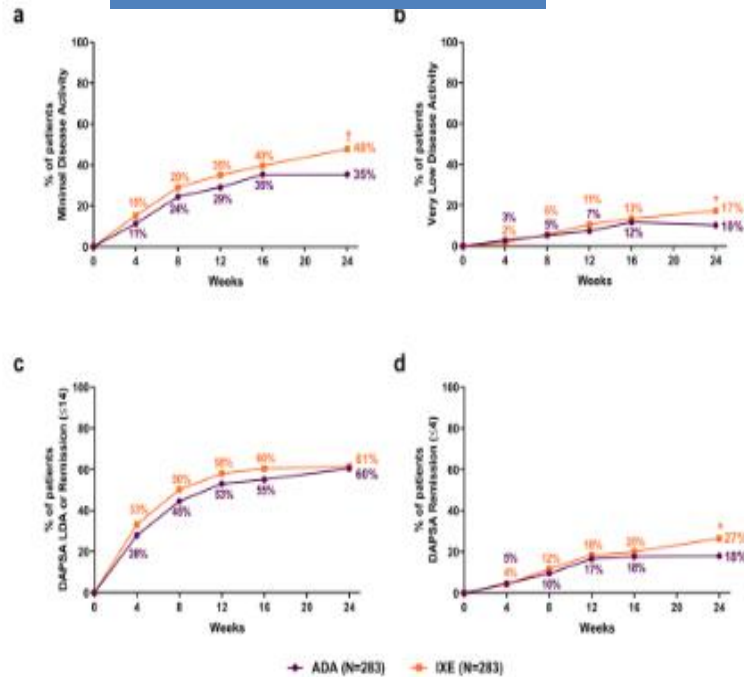
^cKeratolytics, steroids, vitamin D analogues, emollients, calcineurini.

CLINICAL SCIENCE

A head-to-head comparison of the efficacy and safety of ixekizumab and adalimumab in biological-naïve patients with active psoriatic arthritis: 24-week results of a randomised, open-label, blinded-assessor trial

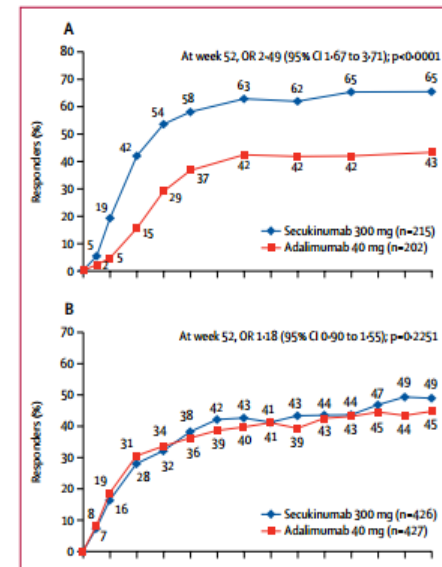
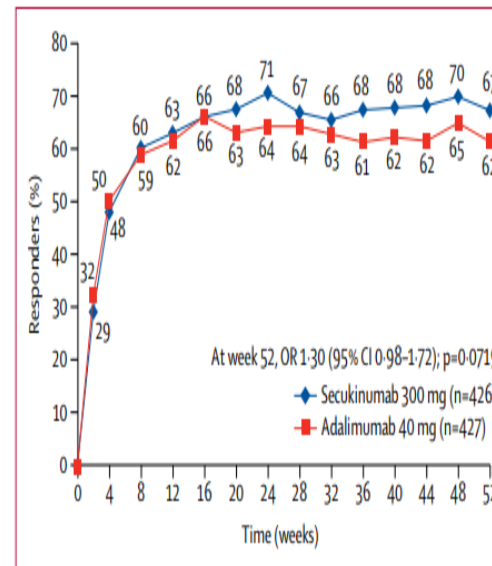
Philip J Mease¹,² Josef S Smolen,² Frank Behrens,³ Peter Nash,⁴ Soyi Liu Leage,⁵ Lingnan Li,⁵ Hasan Tahir,⁶ Melinda Gooderham,⁷ Esvar Krishnan,⁵ Hong Liu-Seifert,⁵ Paul Emery^{1,8,9}, Sreekumar G Pillai,⁵ Philip S Helliwell,¹⁰ The SPIRIT H2H study group

combined ACR50 and PASI 100 response



Secukinumab versus adalimumab for treatment of active psoriatic arthritis (EXCEED): a double-blind, parallel-group, randomised, active-controlled, phase 3b trial

Iain B McInnes, Frank Behrens, Philip J Mease, Arthur Kavanaugh, Christopher Ritchlin, Peter Nash, Jordi Gratacós Masmitja, Philippe Goupille, Tatiana Korotaeva, Alice B Gottlieb, Ruvie Martin, Kevin Ding, Pascale Pellet, Shephard Mpofo, Luminita Pricop, on behalf of EXCEED Study Group



Case 2

- Διακοπή Apremilast
- Έναρξη Adalimumab 40mg/2 weeks

Ευρύ φάρμα μυοσκελετικών εκδηλώσεων ΨΑ

✓Μονοαρθρίτιδα

✓Δακτυλίτιδα

✓Ήπια ψωρίαση τριχωτού της κεφαλής

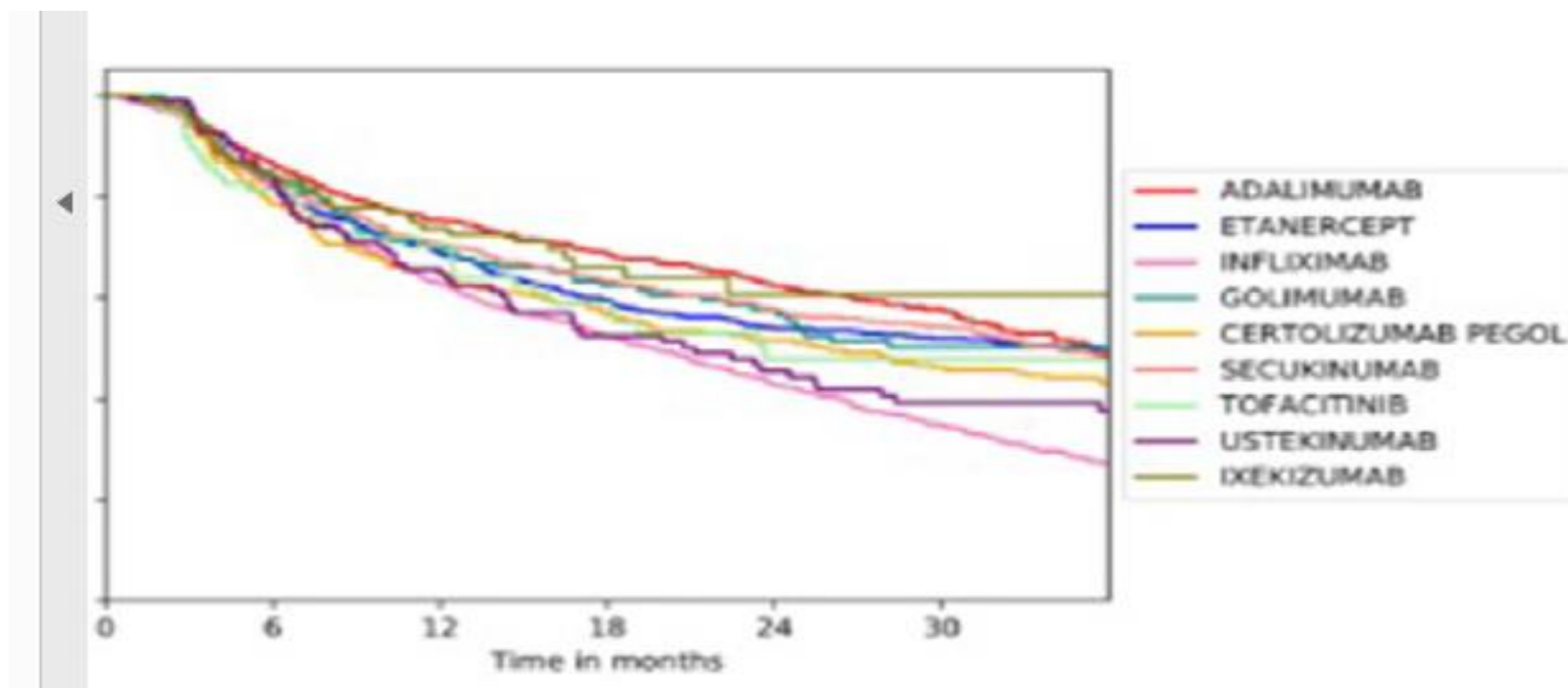
Υφέση της αρθρίτιδας με συνχορήγηση
ADA και MTX



Drug survival of biologics and novel immunomodulators for rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis, and psoriasis - A nationwide cohort study from the DANBIO and DERMBIO registries

Alexander Egeberg^{a,b,*}, Nana Aviaaja Lippert Rosenø^a, David Aagaard^a, Erik Hillo Lørup^a, Mia-Louise Nielsen^a, Lea Nymand^a, Lars Erik Kristensen^c, Jacob P. Thyssen^a, Simon Francis Thomsen^a, Rene Lindholm Cordtz^d, Nikolai Loft^e, Lone Skov^{b,e}, Lars Erik Bryld^{b,f}, Mads Kirchheiner Rasmussen^{b,g}, Pil Højgaard^h, Salome Kristensen^d, Lene Dreyer^{d,i}

All patients treated with biologics or novel small-molecule therapies for RA, AxSpA, PsA, and psoriasis between January 2015 through May 2021 (DANBIO) (PsA n=2,551 (3,313 series))

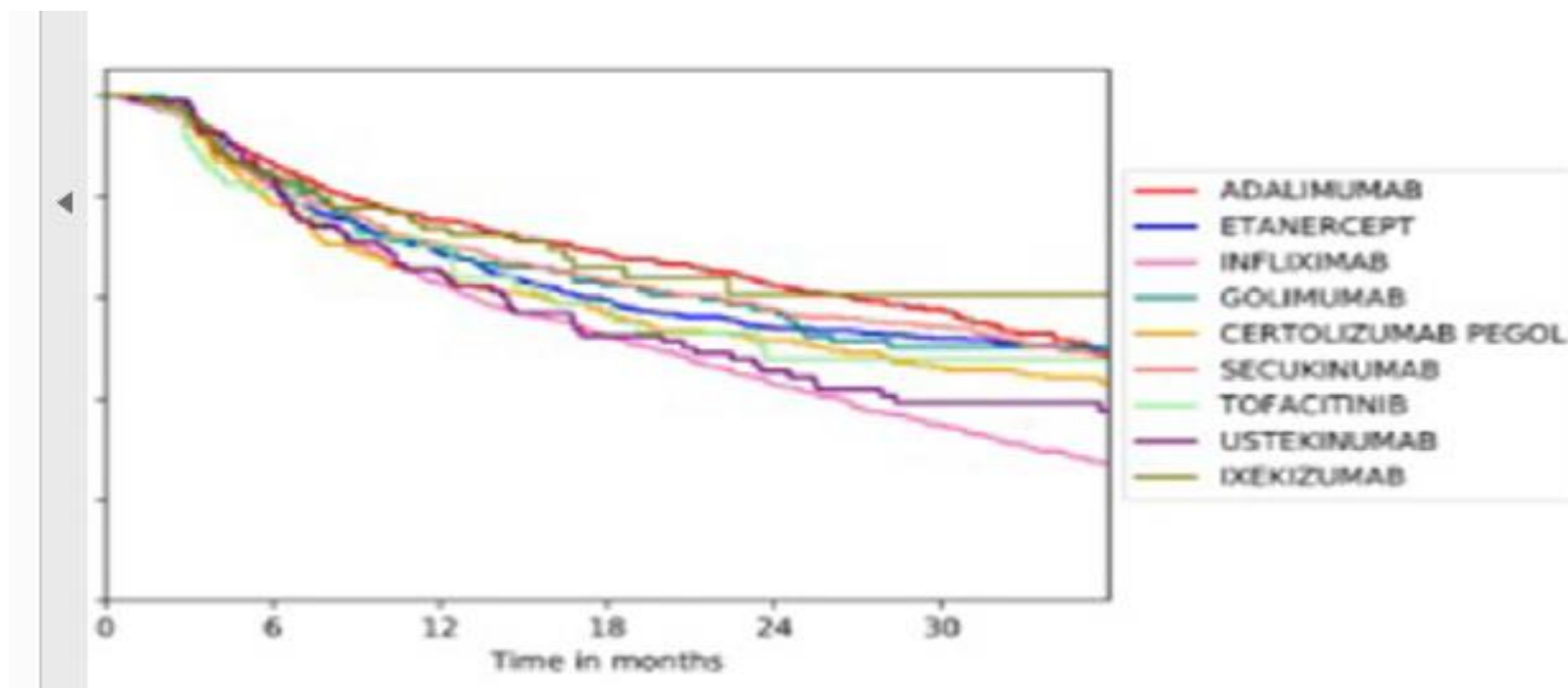




Drug survival of biologics and novel immunomodulators for rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis, and psoriasis - A nationwide cohort study from the DANBIO and DERMBIO registries

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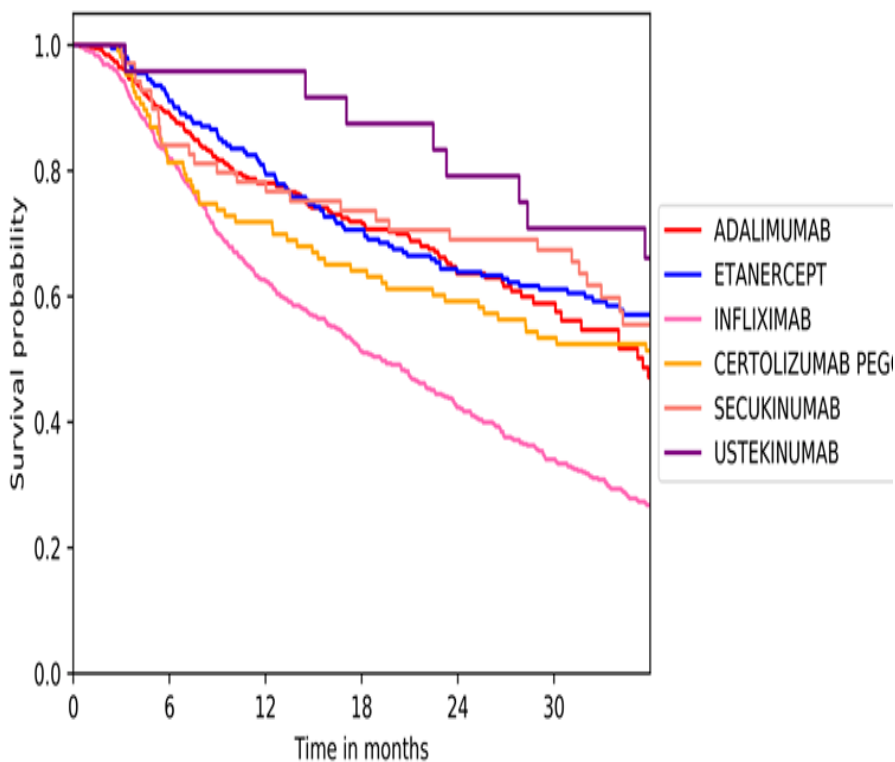




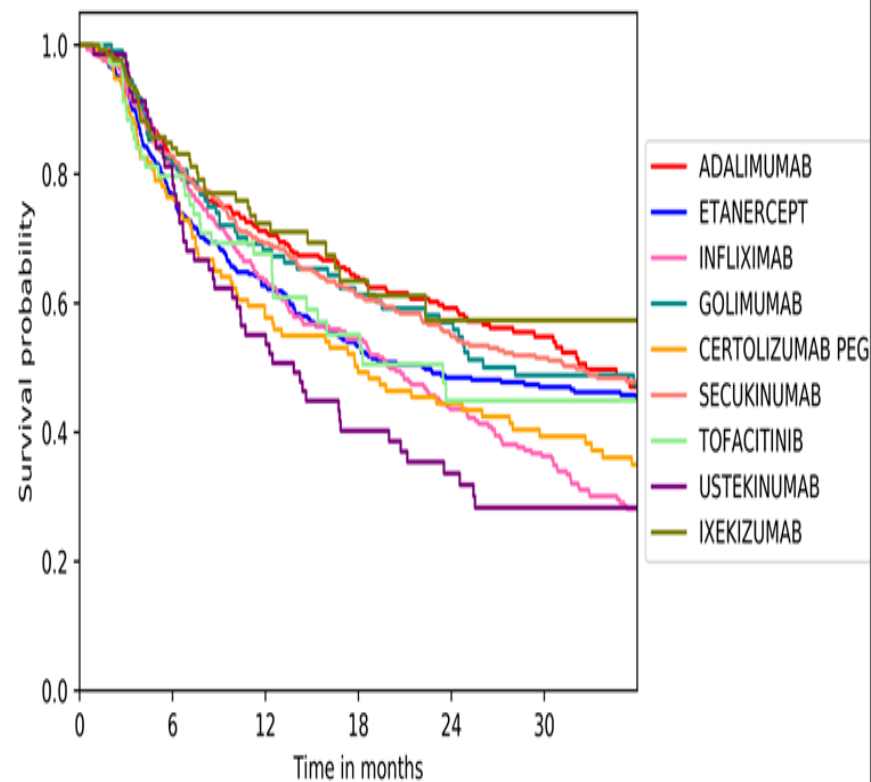
Drug survival of biologics and novel immunomodulators for rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis, and psoriasis - A nationwide cohort study from the DANBIO and DERMBIO registries

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bDMARDs naïve



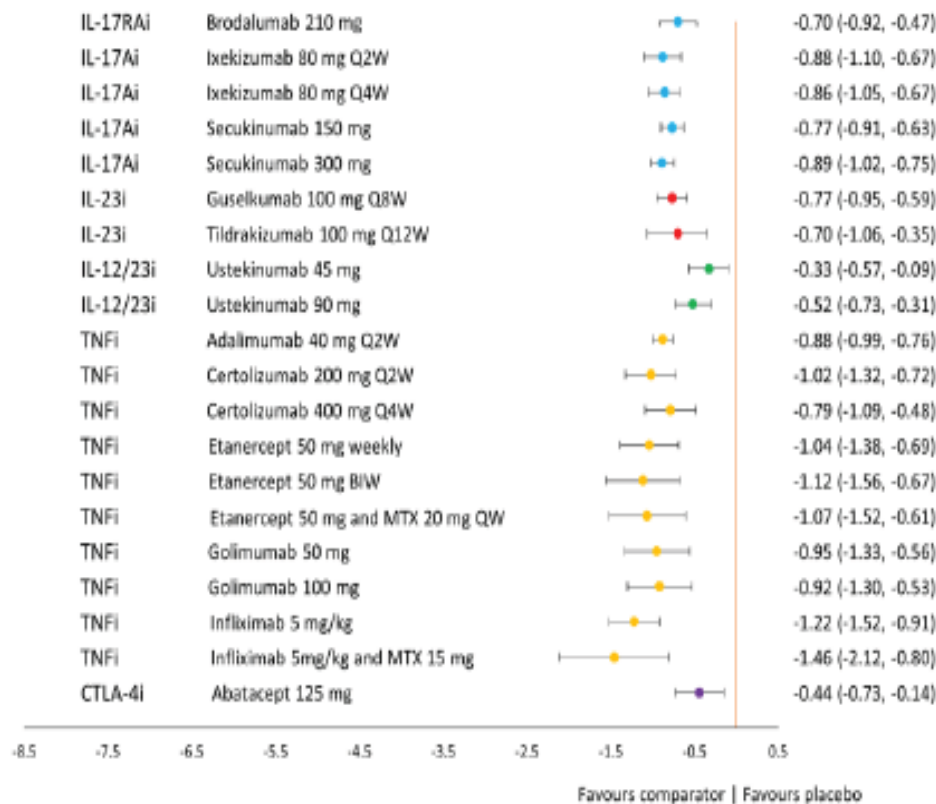
bDMARDs- IR



Targeted systemic therapies for psoriatic arthritis: a systematic review and comparative synthesis of short-term articular, dermatological, enthesitis and dactylitis outcomes

2022;8: 002074. doi:10.1136/rmdopen-2021-002074

Iain B McInnes ¹, Laura M Sawyer ², Kristen Markus,² Corinne LeReun,³ Celia Sabry-Grant,² Philip S Helliwell ⁴

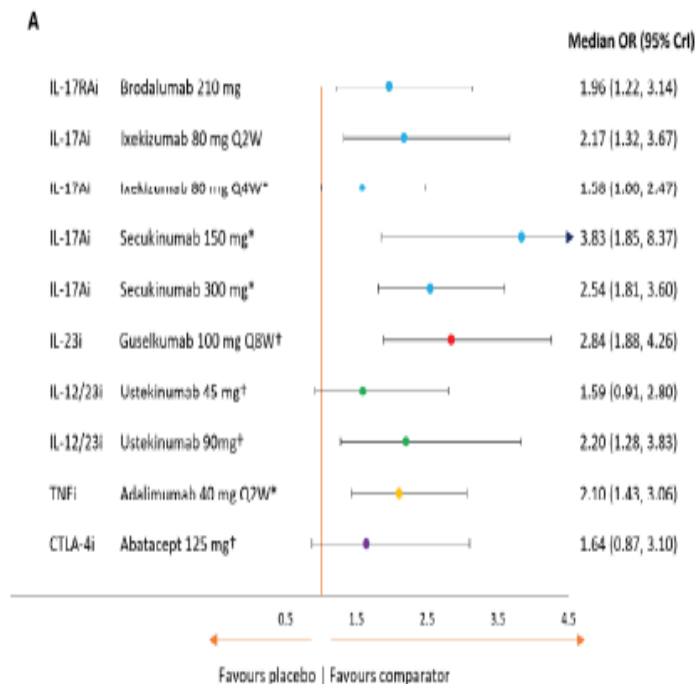


Targeted systemic therapies for psoriatic arthritis: a systematic review and comparative synthesis of short-term articular, dermatological, enthesitis and dactylitis outcomes

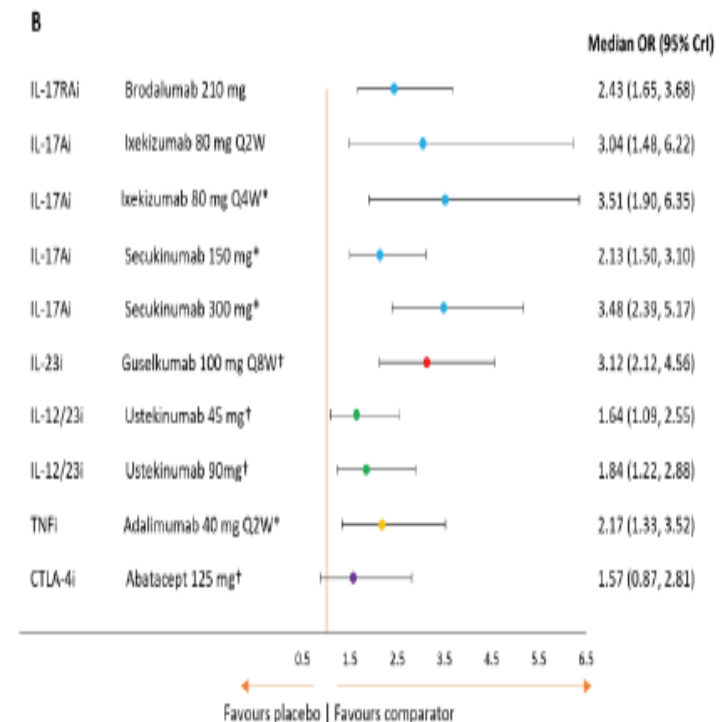
2022;8: 002074. doi:10.1136/rmdopen-2021-002074

Iain B McInnes ¹, Laura M Sawyer ², Kristen Markus ², Corinne LeReun ³,
Celia Sabry-Grant ², Philip S Helliwell ⁴

Enthesitis

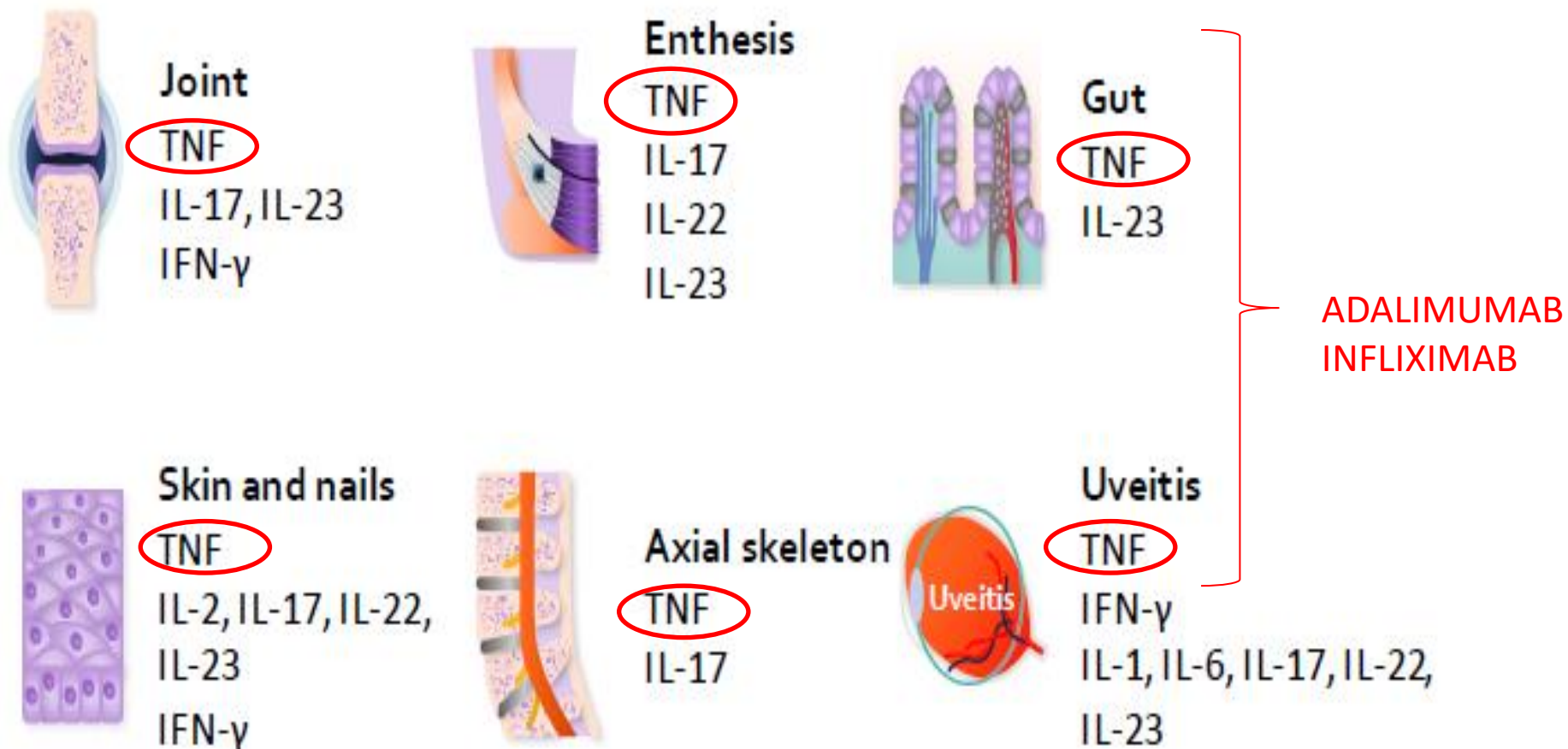


Dactylitis



ΔΙΑΦΟΡΕΤΙΚΗ ΔΡΑΣΗ ΚΥΤΑΡΟΚΙΝΩΝ ΣΕ ΔΙΑΦΟΡΕΤΙΚΟΥΣ ΙΣΤΟΥΣ

ΕΞΑΤΟΜΙΚΕΥΜΕΝΗ ΑΝΤΙΜΕΤΩΠΙΣΗ



ΣΥΜΠΕΡΑΣΜΑΤΑ

- Το φάσμα των σπονδυλοαρθριτίδων περιλαμβάνει μεγάλη ετερογένεια κλινικών εκδηλώσεων με συμμετοχή και υπεροχή διαφορετικών κυτταροκινών ανάλογα με τον ιστό που προσβάλλεται
- Ο TNF-α αποτελεί μία από τη σημαντικότερες κυτταροκίνες που εμπλέκονται σε όλους τους κλινικούς φαινοτύπους των σπονδυλοαρθριτίδων και η αναστολή του αποτελεί σταθερή θεραπευτική στρατηγική για τους ασθενείς με σπονδυλοαρθρίτιδες
- Το adalimumab έχει δεδομένα από τις κλινικές μελέτες και την καθημερινή κλινική πράξη που το καθιστούν τη βασική και αξιόπιστη επιλογή για την αντιμετώπιση **όλων** των κλινικών πεδίων και διαφορετικών οργάνων που προσβάλλονται
- Η συνεργασία διαφορετικών ειδικοτήτων είναι επιβεβλημένη για τη διάγνωση και την παρακολούθηση της ανταπόκρισης στη θεραπευτική αγωγή που βελτιώνεται με τη συνδυαστική προσέγγιση των ασθενών και τις νεώτερες θεραπείες.