Brainstorming Sessions

Ασθενής με συνυπάρχουσα ψωρίαση και ραγοειδίτιδα

Εσκιτζής Αναστάσιος
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Introduction

Case presentation: man with psoriatic arthritis and uveitis.

Characteristics of and treatment options for PsA-associated uveitis.

Acknowledgement to N. Κούγκας.
Disclosures: Υποστήριξη από την UCB για τη συμμετοχή στο παρόν συνέδριο.

Case presentation

50 yo male patient

- plaque **psoriasis**, moderately severe
- **psoriatic arthritis**, diagnosed 20 years ago: peripheral oligoarthritis, dactylitis

Medication History:

- methotrexate po, discontinued due to hepatotoxicity
- infliximab iv, 2ary failure with flares of arthritis
- adalimumab sc, 2ary failure with flares of skin psoriasis

On secukinumab in the past 2 yrs, with very good response (skin and joints), achieved Minimal Disease Activity.

Episode of acute unilateral anterior uveitis.

↓

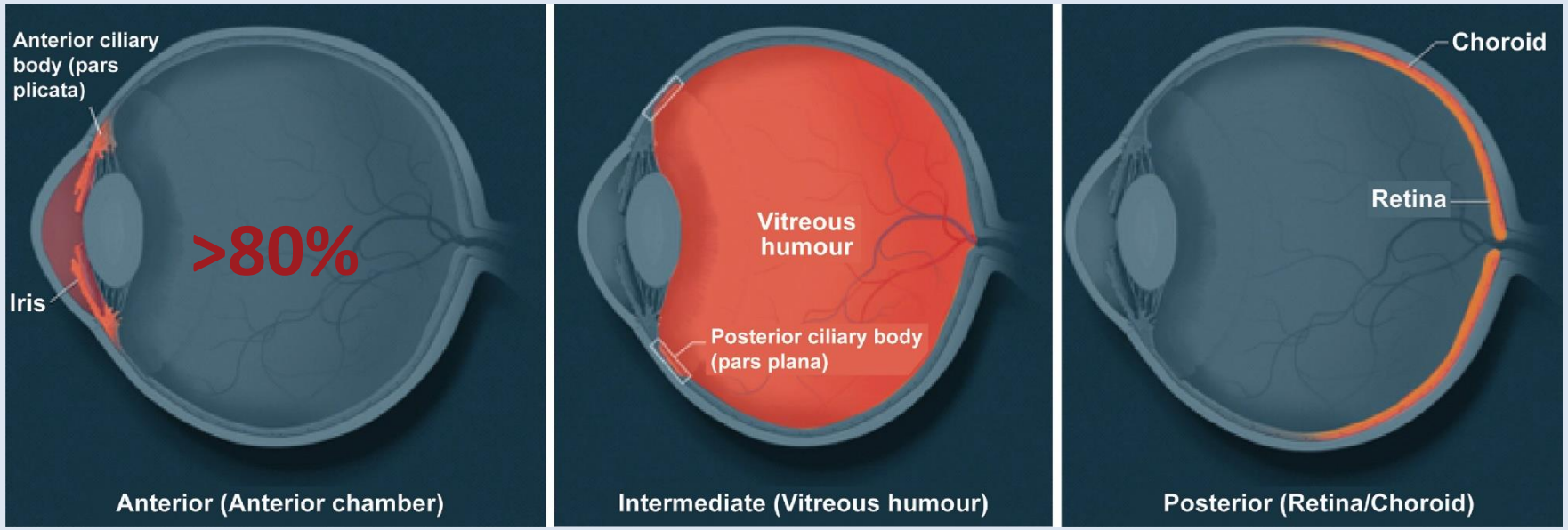
1st line treatment: topical corticosteroids (eye drops)

Recurrence 2 months later

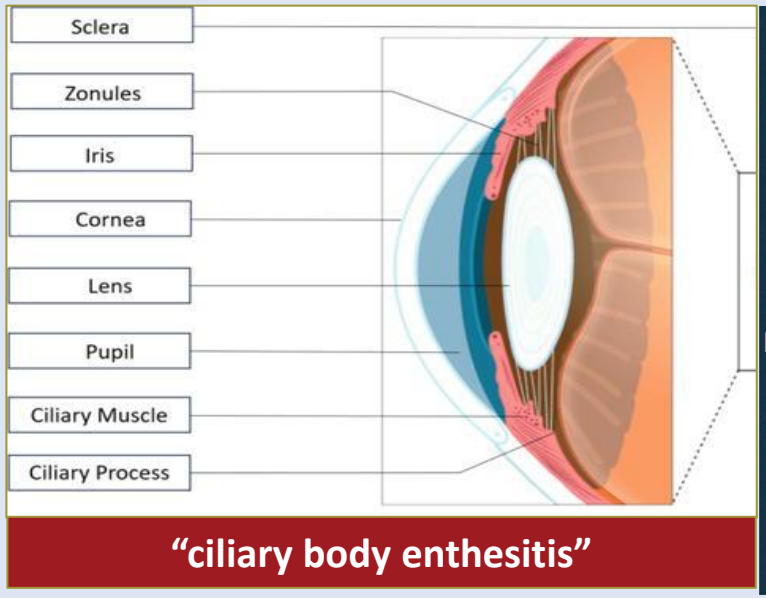
↓

topical corticosteroids + corticosteroids po + ???

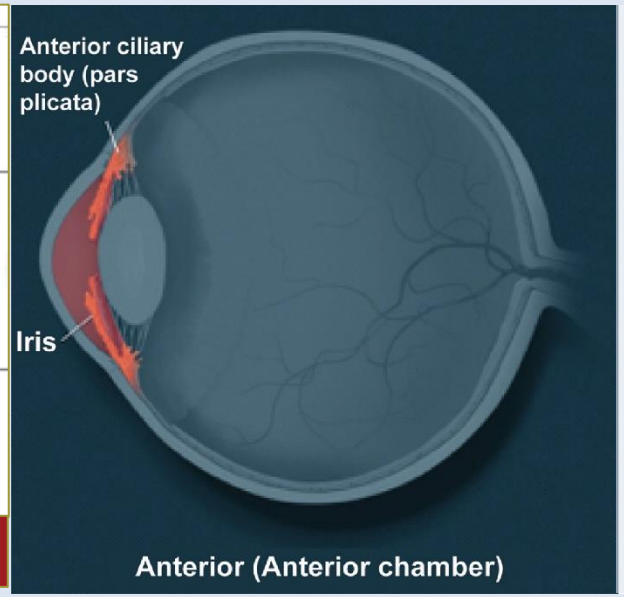
PsA-associated uveitis

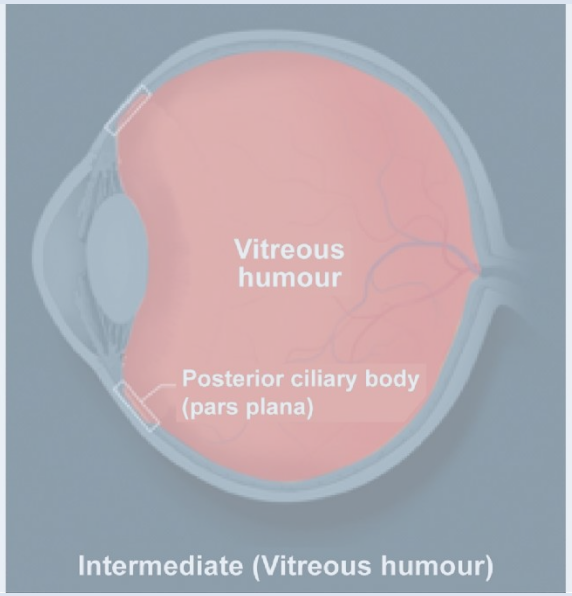


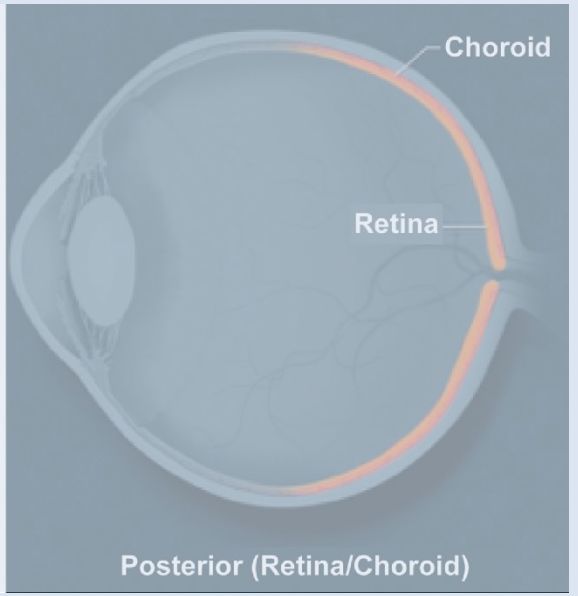
PsA-associated uveitis



"ciliary body enthesitis"







- Uveitis prevalence in PsA: 3-7% (2.7% in a large Greek study) (vs 20-40% in AS).
- Usually acute-onset.
- Can be unilateral (or alternating) or bilateral.
- Frequently recurrent (higher risk for complications).
- Associations (risk factors):

family history of SpA	HLA-B27 (+)	axial disease (or sacroiliitis)	longer disease duration	more severe disease (worse PsAID)

Deligeorgakis, Dimitrios, et al. *Uveitis in Psoriatic Arthritis : A Comprehensive Review*. 2025, doi:10.5152/eurjrheum.2025.24078.
De Vicente Delmás, Ana, et al. "Uveitis in Psoriatic Arthritis: Study of 406 Patients in a Single University Center and Literature Review." *RMD Open*, vol. 9, no. 1, 2023, pp. 1–8.
Kougkas, Nikolaos, et al. "Higher Frequency but Similar Recurrence Rate of Uveitis Episodes in Axial Spondylarthritis Compared to Psoriatic Arthritis. A Multicentre Retrospective Study." *Rheumatology International*, vol. 43, no. 11, 2023, pp. 2081–88.

Treatment principles

Corticosteroids

topical corticosteroids (eye drops)

corticosteroid injections: peribulbar, sub-Tenon, intravitreal

systemic corticosteroids

Conventional synthetic DMARDs

methotrexate, cyclosporine A

sulfasalazine, MMF, azathioprine

Biologic DMARDs / targeted synthetic DMARDs

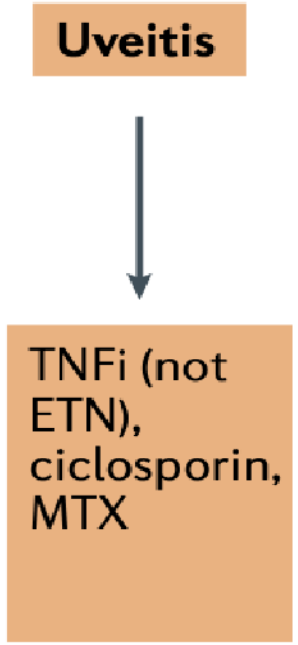
TNF inhibitors (monoclonal antibodies >> etanercept)

IL-17 inhibitors ?, IL 12/23 inhibitors ?

JAK inhibitors ??

Anterior Uveitis

- Effective therapies:
  - Strong recommendations as of July 2022:
    - TNF inhibitors (except etanercept)
  - Conditional recommendations as of July 2022:
    - Methotrexate
    - Cyclosporin
- Therapies not shown to be effective:
  - Etanercept
  - IL-17 inhibitors – studies SHIELD, ENDURE, and INSURE



Y-GRAPPiAns
Young Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

Coates LC, Soriano ER, Corp N, et al. Nat Rev Rheumatol. 2022;18:465–479.

GRAPPA
Group for Research and Assessment of Psoriasis and Psoriatic Arthritis

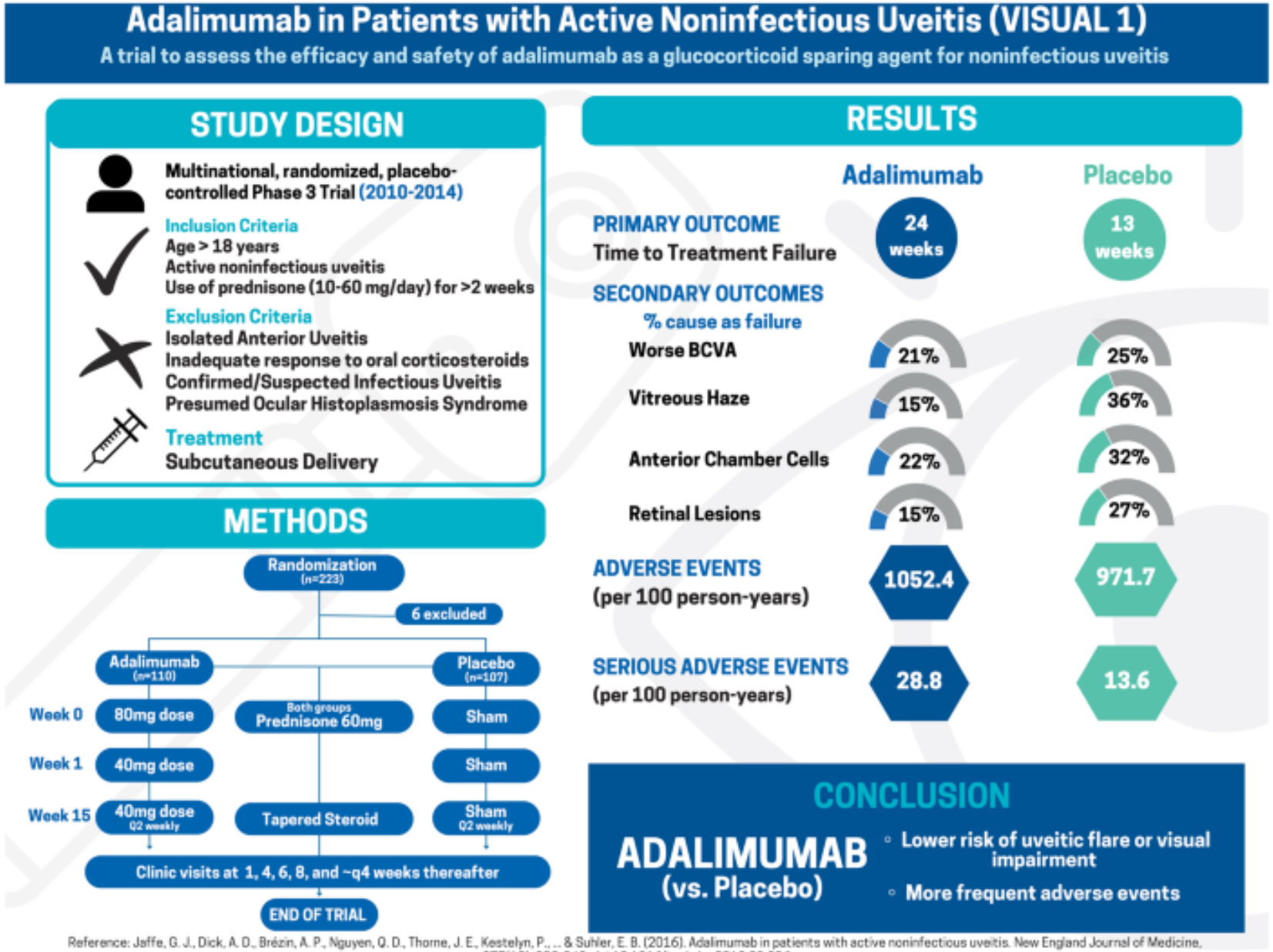
EULAR Recommendations 2023 Update

EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2023 update

Laure Gossec [1,2] Andreas Kerschbaumer [3] Ricardo J O Ferreira [4,5] Daniel Aletaha [3] Xenofon Baraliakos [6] Heidi Bertheussen,[7] Wolf-Henning Boehncke,[8] Bente Appel Esbensen [9,10] Iain B McInnes,[11] Dennis McGonagle,[12,13] Kevin L Winthrop [14] Andra Balanescu,[15] Peter V Balint,[16] Gerd R Burmester [17] Juan D Cañete [18,19] Pascal Claudepierre,[20,21] Lihi Eder [22] Merete Lund Hetland [23,24] Annamaria Iagnocco [25] Lars Erik Kristensen,[26,27] Rik Lories,[28,29] Rubén Queiro [30,31] Daniele Mauro [32] Helena Marzo-Ortega [12,13] Philip J Mease [33,34] Peter Nash [35] Wendy Wagenaar,[36,37] Laura Savage,[38] Georg Schett [39] Stephanie J W Shoop-Worrall [40] Yoshiya Tanaka [41] Filip E Van den Bosch [42] Annette van der Helm-van Mil,[43] Alen Zabotti [44] Désirée van der Heijde [43] Josef S Smolen[3]

The choice of the mode of action should reflect non-musculoskeletal manifestations related to psoriatic arthritis; with clinically relevant skin involvement, preference should be given to an IL-17A or IL-17A/F or IL-23 or IL-12/23 inhibitor; with uveitis to an anti-TNF monoclonal antibody; and with IBD to an anti-TNF monoclonal antibody or an IL-23 inhibitor or IL-12/23 inhibitor or a JAKi*.

Adalimumab



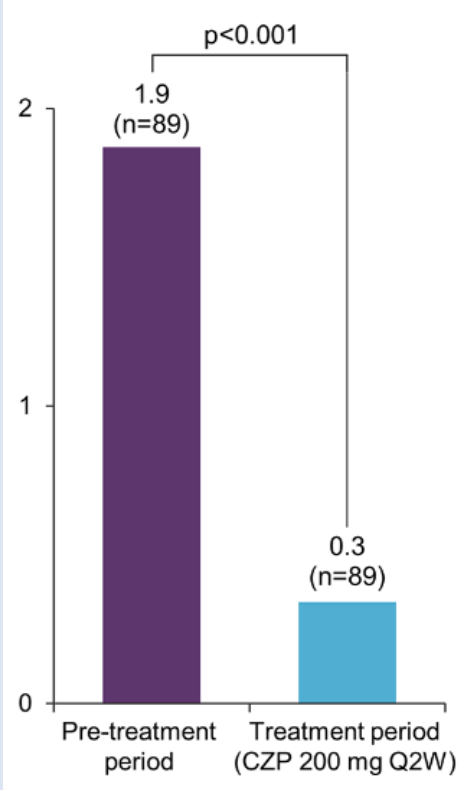
Reference: Jaffe, G. J., Dick, A. D., Brézin, A. P., Nguyen, Q. D., Thorne, J. E., Kestelyn, P., ... & Suhler, E. B. (2016). Adalimumab in patients with active noninfectious uveitis. New England Journal of Medicine, 375(10), 932-943. doi:10.1016/j.ophtha.2012.09.006

Certolizumab pegol – C-VIEW study

Therapeutic Advances in Musculoskeletal Disease

Reduction of anterior uveitis flares in patients with axial spondyloarthritis on certolizumab pegol treatment: final 2-year results from the multicenter phase IV C-VIEW study

Irene E. van der Horst-Bruinsma, Rianne E. van Bentum, Frank D. Verbraak, Atul Deodhar, Thomas Rath, Bengt Hoepken, Oscar Irvin-Sellers, Karen Thomas, Lars Bauer and Martin Rudwaleit



Phase IV study

89 patients with axSpA, HLA-B27 (+) and history of ≥2 episodes of acute anterior uveitis (including 3 patients w psoriasis) received certolizumab pegol for 2 yrs

van der Horst-Bruinsma IE, van Bentum RE, Verbraak FD, et al. Reduction of anterior uveitis flares in patients with axial spondyloarthritis on certolizumab pegol treatment: final 2-year results from the multicenter phase IV C-VIEW study. *Ther Adv Musculoskelet Dis*. 2021;13:1759720X211003803.

Bimekizumab

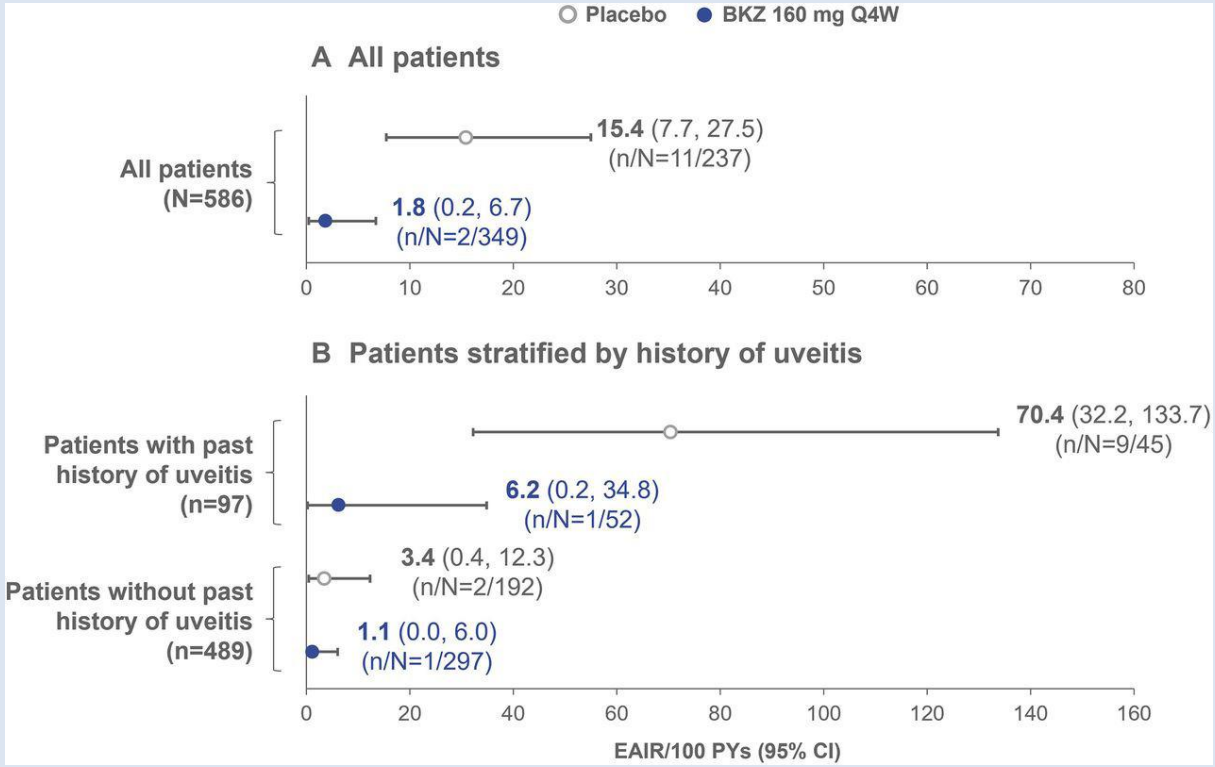
Low uveitis rates in patients with axial spondyloarthritis treated with bimekizumab: pooled results from phase 2b/3 trials

Matthew A Brown [1,2] Martin Rudwaleit [3] Floris A van Gaalen [4] Nigil Haroon [5] Lianne S Gensler [6] Carmen Fleurinck,[7] Alexander Marten,[8] Ute Massow,[8] Natasha de Peyrecave,[7] Thomas Vaux,[9] Katy White,[9] Atul Deodhar [10] Irene van der Horst-Bruinsma[11]

Data from BE MOBILE 1 (non-radiographic axSpA) and BE MOBILE 2 (radiographic axSpA) trials were pooled.

Exposure-adjusted incidence rates of uveitis were significantly lower with bimekizumab vs. placebo.

Separate analyses including all patients and patients with a history of uveitis.



Brown, Matthew A., et al. "Low Uveitis Rates in Patients with Axial Spondyloarthritis Treated with Bimekizumab: Pooled Results from Phase 2b/3 Trials." *Annals of the Rheumatic Diseases*, vol. 83, no. 12, 2024, pp. 1722–30.

Ustekizumab

SHORT COMMUNICATION

Ustekinumab Demonstrates Lower Uveitis Risk in Moderate to Severe Psoriasis Patients Compared with Tumor Necrosis Factor-α Inhibitors

Chul Hwan BANG[1], Hyun Ju OH[1], Yeong Ho KIM[1], Jin-Hyung JUNG[2], Ji Hyun LEE[1], Young Min PARK[1] and Ju Hee HAN[1*]

Data from Korean health insurance database, including >4,000 patients with moderate-to-severe psoriasis receiving ustekinumab or TNFis.

Psoriatic arthritis was adjusted for.

Inverse probability of treatment weighting (IPTW) was used.

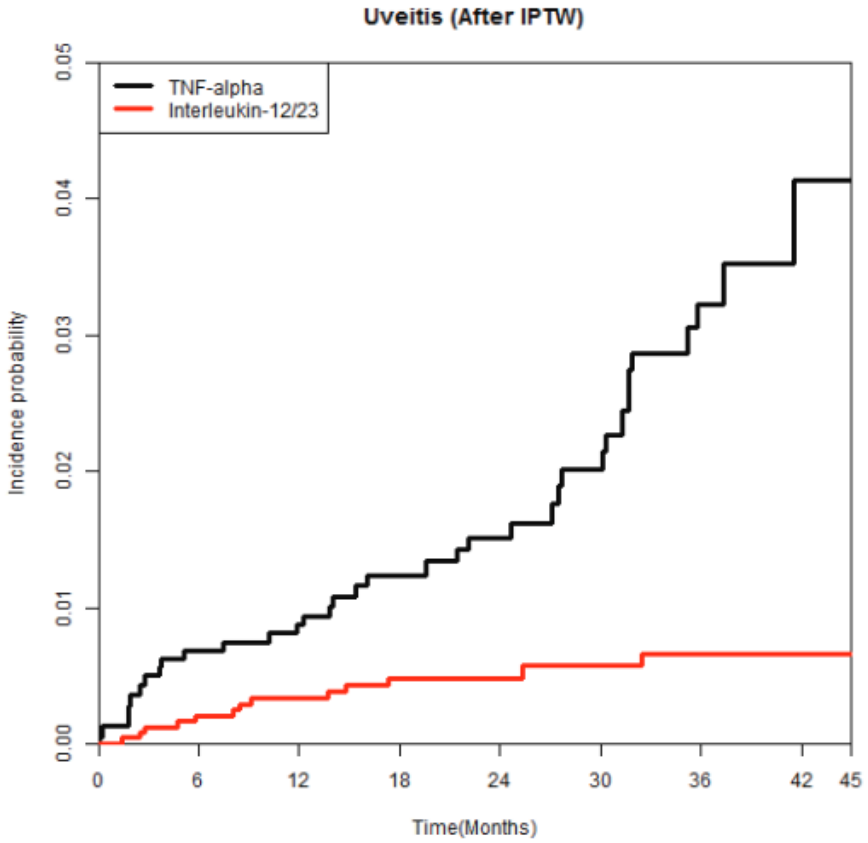


Fig. 1. Weighted cumulative incidence curves of uveitis in patients treated with ustekinumab or tumour necrosis factor-α inhibitors.

Bang CH, Oh HJ, Kim YH, et al. Ustekinumab demonstrates lower uveitis risk in moderate to severe psoriasis patients compared with tumor necrosis factor-α inhibitors. Acta Derm Venereol. 2024;104:adv34206.

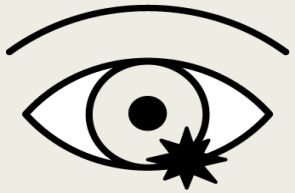
Filgotinib

JAMA Ophthalmology

RCT: Filgotinib in Active Noninfectious Uveitis

POPULATION

29 Men, 43 Women



Adults with active noninfectious intermediate uveitis, posterior uveitis, or panuveitis

Mean age, 46 y

INTERVENTION

66 Participants analyzed

32 Filgotinib
Oral filgotinib, 200 mg, once daily for up to 52 wk

34 Placebo
Oral placebo once daily for up to 52 wk

SETTINGS / LOCATIONS

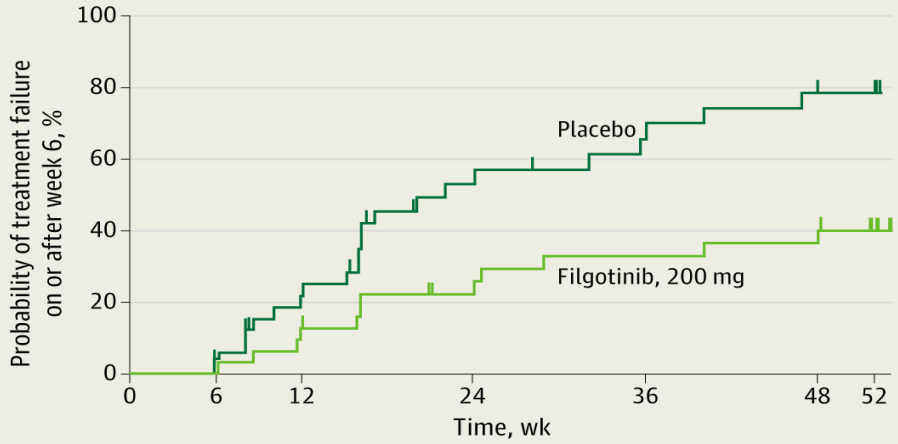
26 Centers in 7 countries

PRIMARY OUTCOME

Treatment failure by week 24: composite end point represented by assessment of the presence of chorioretinal and/or retinal vascular lesions, best-corrected visual acuity, and anterior chamber cell and vitreous haze grades

FINDINGS

Despite early trial termination due to a business decision, a significantly reduced proportion of participants who received filgotinib experienced treatment failure by week 24 vs placebo



Adjusted odds ratio for treatment failure
Filgotinib vs placebo: 0.23; 95% CI, 0.08-0.69; *P* = .008

Srivastava SK, Watkins TR, Nguyen QD, et al. Filgotinib in active noninfectious uveitis: the HUMBOLDT randomized clinical trial. *JAMA Ophthalmology*. Published online July 18, 2024. doi:10.1001/jamaophthalmol.2024.2439

Case conclusion

Switch to certolizumab pegol.

Remission of uveitis, maintenance of minimal disease acitivity in skin and joints.

Concluding remarks

Uveitis is less frequent in PsA than in axSpa.

PsA arthritis patients that resemble more closely axSpA patients (axial involvement, HLA-B27) are at higher risk.

Treatment is similar to axSpA-associated uveitis and monoclonal TNF inhibitors are the drugs of choice for recurrent uveitis (but some unique targets, eg IL12-23, may also be important).

Ευχαριστώ για την προσοχή σας!