Biologics Highlighted in Joint AS Guidelines

ASAS and EULAR collaborated to revise this document on ankylosing spondylitis management.

BY MITCHEL L. ZOLER

FROM THE ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY

ROME — Revised recommendations for the management of ankylosing spondylitis from two international societies set tumor necrosis factor inhibitors as the cornerstone of treatment for patients who fail to have an adequate response to treatment with nonsteroidal anti-inflammatory drugs.

The new recommendations also put new emphasis on the extra-articular manifestations of ankylosing spondylitis (AS)—including psoriasis, uveitis, and inflammatory bowel disease (IBD)—and stress that these manifestations should be managed in collaboration with other specialists, along with recognition that AS patients also face increased risks for cardiovascular disease and osteoporosis, Dr. Jürgen Braun said at the annual congress.

AS patients who present with psoriasis, uveitis, or inflammatory bowel disease may do better on a monoclonal antibody–based TNF inhibitor because those forms seem to work better on the extra-articular manifestations than do soluble receptor–based TNF inhibitors, Dr. Braun said in an interview.

On the other hand, soluble receptor–based anti-TNF drugs appear to be somewhat safer, in that they appear to pose a reduced risk for activating either latent tuberculosis or herpes zoster infections, he said.

In the treatment of AS, the main difference "compared with rheumatoid arthritis is that conventional disease-modifying antirheumatic drugs [DMARDs] do not work for axial symptoms," which exist in the majority of AS patients. "This makes TNF inhibitors almost first-line agents, after [NSAIDs]. All TNF inhibitors work similarly well for the spine, peripheral joints, and entheses." For AS patients whose major problem is peripheral joint disease, a conventional DMARD—specifically sulfasalazine—can be effective, said Dr. Braun, director of the Center for Rheumatic Diseases in Herne, Germany.

Certain subsets of AS patients with uveitis, psoriasis, or IBD do better on monoclonal antibody-based TNF blockers.

DR. BRAUN

The new treatment guidelines complement the new classification criteria for AS and axial spondyloarthritis that were published by the ASAS (Assessment of Spondyloarthritis International Association) last year (Ann. Rheum. Dis. 2009;68:777-83).

The new classification criteria mean that rheumatologists can "treat when they see inflammation on MRI" instead of having to wait for patients to develop radiographic changes, Dr. Braun noted.

The new classification criteria—coupled with the new treatment recommendations—put treatment on a faster track, and give physicians backup to put those AS patients who don't respond within a few weeks to NSAID therapy on a TNF inhibitor relatively early in the course of their disease.

A panel of 18 rheumatologists, two orthopedic surgeons, one physiotherapist, and four patients formed by ASAS and EULAR (European League Against Rheumatism) devised the new treatment recommendations over 2 days in February in Zurich.

The panel of physicians based their decisions on a review of the published literature since 2005.

The recommendations consist of 11 specific AS management directives that cover everything from general treatment to surgery, and rule out other causes in patients who do respond to standard care.

They will appear in an article the EULAR journal, Annals of the Rheumatic Diseases, in the near future. ■

To view an interview with Dr. Braun, go to www.youtube.com/elsglobalmedicalnews, and click on "Playlists." Then click on RHEUMATOLOGY NEWS.

VITALS

Major Finding: A panel organized by the ASAS and EULAR issued recommendations for the management of ankylosing spondylitis.

Data Source: A series of 11 specific management recommendations developed by a 25-member panel that met for 2 days in February in Zurich.

Disclosures: Dr. Braun has received research support from, been a consultant to, and served as a speaker for Abbott Laboratories, Amgen Inc., Bristol-Myers Squibb Co., Centocor Inc., Merck/Schering-Plough Pharmaceuticals, Merck Sharp & Dohme Corp., Novartis, Pfizer Inc./Wyeth, and Roche.

New Score Aims to Improve AS Evaluation and Care

BY SHARON WORCESTER

FROM THE ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY

The Ankylosing Spondylitis Disease Activity Score now has established, clinically relevant cutoff values for disease activity states and improvement scores.

The validated criteria will be useful in clinical practice, epidemiologic studies, and clinical trials, according to Dr. Pedro Machado, a rheumatologist who is now a doctoral student at Leiden (the Netherlands) University Medical Center and Coimbra (Portugal) University Hospital, and who presented the validation findings.

The validated cut-off values for the disease activity score help clinicians distinguish between patients who are responding to therapy and those whose disease is worsening.

The development and characteristics of the Ankylosing Spondylitis Disease Activity Score (ASDAS) have recently been described (Ann. Rheum. Dis. 2009;68:18-24;1811-8). The score is based on questions about back pain, duration of morning stiffness, and peripheral pain/swelling and scores from the patient global assessment, as well as findings from an acute phase reactant (either C-reactive protein level or erythrocyte sedimentation rate). However, the clinically relevant cutoff values for disease activity states and improvement for this composite index had not yet been determined. The ASDAS was developed by the Assessment of Spondyloarthritis International Society (ASAS).

Dr. Machado and his colleagues performed ROC (receiver operating characteristic) analysis against several external criteria to determine the optimal cutoffs, using data from the large Norwegian disease-modifying antirheumatic drug (NOR-DMARD) registry. Included in the registry are data on patients with ankylosing spondylitis who started treatment with either a conventional DMARD or a tumor necrosis factor blocker. The investigators cross-validated those data with information from the ASSERT (Ankylosing Spondylitis Study for the Evaluation of Recombinant Infliximab Therapy) patient database.

ASAS members voted to define distinct disease activity states: inactive disease, and moderate, high, and very high disease activity. In the ROC analysis, both patient and physician global assessments at predefined levels were used as external constructs for inactive disease, to separate moderate from high disease activity, and for very high disease activity, respectively. ASAS partial remission was also used as a criterion for determining the cutoff for inactive disease. Based on these findings, the investigators established the following cutoff ASDAS scores for separating inactive disease, moderate, high, and very high disease activity: 1.3, 2.1, and 3.5, respectively.

Selected cutoffs for improvement scores were a change of at least 1.1 units for clinically important improvement, and a change of at least 2.0 units for major improvement, Dr. Machado explained.

The cutoff values then were validated in an 80% random sample of the 6-month ASSERT (n = 219). Findings showed a clear shift of treated patients from higher and toward lower disease activity states. Moreover, the longitudinal differences between the infliximab and placebo groups clearly discriminated between the two treatment arms.

"Results of our cross-validation strongly supported these cutoffs," he said. The scores perform better than existing criteria for evaluating clinical disease activity and improvement. The ASDAS is a composite index with continuous measure ment properties that avoids redundancy and allows for more thorough evaluation of disease activity, he said. ■

Disclosures: *Dr. Machado reported that he has received grant or research support in the form of a fellowship from ARTICULUM. Other researchers involved with this study reported receiving grant or research support from Centocor Inc. and/or serving as a consultant or employee for Centocor.*

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To see an interview with Dr. Machado, go to www.youtube/elsglobalmedicalnews and click on "Playlists." Then click on Rheumatology News.