



Lilly







ESPONDILOARTROPATÍAS Conclusiones de la ACR 2017

Dr. Julio Ramírez García







BIG DATA



Association of Venous Thromboembolism with Spondyloarthopathies Among Hospitalized Patients – Data from National Inpatient Sample

Dilli Poudel

ABSTRACT NUMBER: 883

The Risk of Deep Venous Thrombosis and Pulmonary Embolism in Ankylosing Spondylitis: A General Population-Based Study

Jonathan Chan





Do TNF Inhibitors Alter the Natural History of Ankylosing Spondylitis By Impacting the Incidence and Prevalence of Comorbidities and Extra-Articular Manifestations?

Atul A. Deodhar

Retrospective cohort study using three commercial insurance claims databases

Results:

- Out of nearly 40 million beneficiaries, 63,052 patients were included.
- Despite the possibility of patients with more severe disease receiving TNFi treatment, their crude incidence of certain cardiac, pulmonary and neurologic comorbidities was lower compared to those treated with NSAIDs or DMARDs alone, although they had higher incidence of some EAMs.







ESTUDIOS COMPARATIVOS ENTRE TERAPIAS BIOLÓGICAS



Ustekinumab Is Superior to TNF Inhibitor Treatment in Resolving Enthesitis in Psa Patients with Active Enthesitis- Results from the Enthesial Clearance in Psoriatic Arthritis Study

Elizabeth G. Araujo

Purpose:

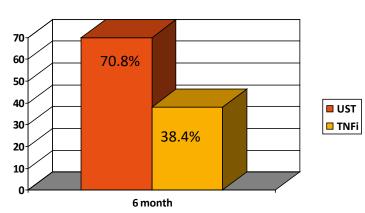
To compare the efficacy of UST with TNFi in clearing enthesitis in PsA.

Methods:

- ECLIPSA is a prospective, observational, open study.
- 1:1, UST:TNFi.

Results:

47 patients (UST=23; TNFi= 24).







Comparison of Ixekizumab and Ustekinumab Efficacy in the Treatment of Nail Lesions of Patients with Moderate-to-Severe Plaque Psoriasis: 24-Week Data from a Phase 3 Trial

Pierre-Dominique Ghislain

Methods:

- Phase 3b, multicenter, randomized, double-blinded, parallel-group trial (IXORA).
 HEAD TO HEAD
- Pts with moderate-to-severe plaque psoriasis were randomized (1:1) to receive either IXE (N=136) or UST (N=166).

Results:

At week 12, a significantly higher proportion of patients treated with IXE achieved PASI 90 relative to UST (72.8% [n=99] vs 42.2% [n=70], p<0.001, respectively), thereby achieving the primary endpoint of IXORA-S.</p>





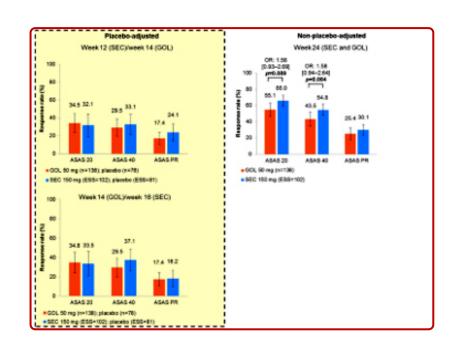
- NAPSI=0 at Week 16,
 - 26 (31.0%) IXE-treated patients
 - → 18 (17.1%) UST-treated patients (p=0.037)
- NAPSI=0 At Week 24
 - 41 (48.8%) IXE
 - 24 (22.9%) UST (p=0.012)
- Conclusion:
 - Complete resolution of nail psoriasis was seen in significantly greater percentages of patients treated with IXE compared to UST at Week 24, even though improvement was observed in both groups over 24 weeks.





Comparative Effectiveness of Secukinumab and Golimumab in Ankylosing Spondylitis: Assessed By Matching-Adjusted Indirect Comparison Using Pivotal Phase 3 Clinical Trial Data

Walter P. Maksymowych



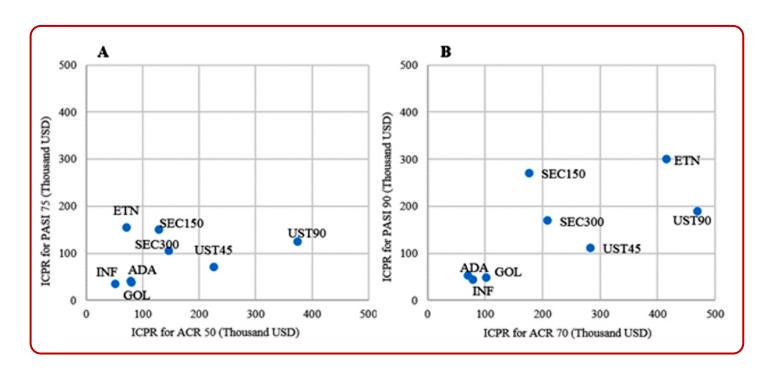


ACR-REVIEW SER ES



Network Meta-Analysis of Targeted Immunomodulators in the Treatment of Biologic-NaïVe Psoriatic Arthritis

Vibeke Strand









ESTUDIOS DE IMAGEN

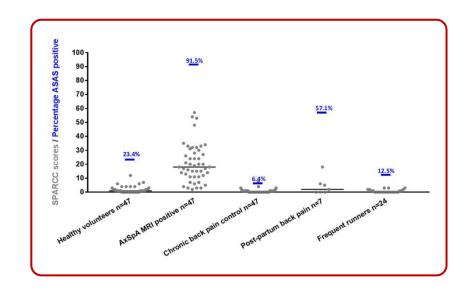


A Positive MRI of the Sacroiliac Joints Is Not Specific for Axial Spondyloarthritis but Frequently Occurs in Healthy Individuals

Janneke de Winter (Robert Landewé oral presenter)

Purpose:

To compare MRI-SI of healthy individuals and those with known mechanical strain acting upon SIJ.







Erosions at the Sacroiliac Joints and Fatty Lesions at the Spine Are the Most Discriminant Lesions for Recent Onset Axial Spondyloarthritis Recognition Anna Moltó

Results:

- A total of 98 patients with recent onset CBP were included, and compared to 100 recent onset axSpA patients.
- The presence of at least 3 subchondral bone erosions at the SIJ performed the best for axSpA discrimination.
- Prevalence of chronic lesions of the spine was comparable in the two groups, with high prevalence of fatty lesions; erosions were rare in both groups.
- The presence of at least 5 fatty lesions in spine was the most discriminant, with a high specificity.



CR-REVIEW SER ES



Radiographic Progression of Structural Joint Damage in Patients with Active Psoriatic Arthritis Treated with Ixekizumab over 52 Weeks

Désirée van der Heijde

