ACR REVIEW 2026

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PATROCINADO POR: AstraZeneca · Gebro Pharma · Lilly A MEDICINE COMPANY

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VASCULITIS, MIOPATÍAS Y OTRAS CONECTIVOPATÍAS

Juan Molina Collada

Servicio de Reumatología, Hospital General Universitario Gregorio Marañón.

Instituto de Investigación Sanitaria Gregorio Marañón (IiSGM)

Universidad Complutense de Madrid

Sociedad Española de Reumatología

PATROCINADO POR: AstraZeneca Gebro Pharma Lilly A MEDICINE COMPANY

0164: Comparative Performance of Four Frailty Tools in PMR: Outcome Specific Utility for predicting Severe Infection, Disability and Relapse.

Patricia Harkins et al. Dublin, Ireland

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0164: Comparative Performance of Four Frailty Tools in PMR: Outcome Specific Utility for predicting Severe Infection, Disability and Relapse.

Methods

76 participants with newly diagnosed isolated PMR, and at least 12 months follow-up

SHARE-FI, FRAIL Scale, Comprehensive Rheumatologic Assessment of Frailty [CRAF], and Fried phenotype

Primary outcome: Severe infection requiring hospitalisation, disability at 12 months (HAQ-DI), relapse within 12 months, and time to first relapse

Results

All instruments demonstrated moderate-to-strong correlations (ρ=0.53-0.68; all $p<0.001$).

Agreement ranged from moderate to substantial (κ=0.47-0.66).

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0164: Comparative Performance of Four Frailty Tools in PMR: Outcome Specific Utility for predicting Severe Infection, Disability and Relapse.

Results

Severe infection requiring hospitalisation within 12 months

SHARE-FI: OR 2.76, 95%CI 1.12-6.78, p=0.027; AUC 0.71

Disability at 12 months

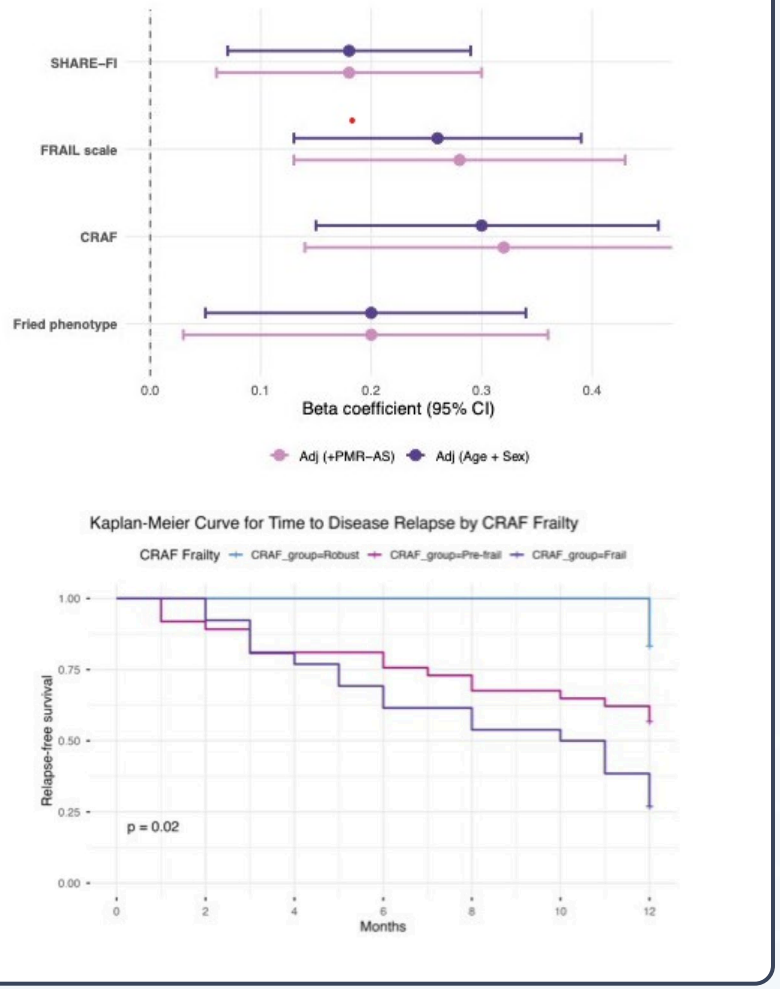
All four measures were independently associated with greater disability.
Strongest adjusted associations: CRAF (β=0.30) and FRAIL scale (β=0.26), both p<0.001.

Relapse within 12 months

CRAF: OR 3.38, 95%CI 1.49-8.58, p=0.006
Earlier relapse: adjusted HR 2.01, 95%CI 1.06-3.80, p=0.032

Conclusion

All four frailty measures demonstrated meaningful prognostic value. SHARE-FI demonstrated greatest utility for identifying severe infection risk, whereas CRAF most consistently predicted relapse.



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0167: Early Use of Sarilumab in Patients with Glucocorticoid-Resistant PMR Improves Outcomes – Insights from Randomized Controlled Trial and Real-World Data

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0167: Early Use of Sarilumab in Patients with Glucocorticoid-Resistant PMR Improves Outcomes – Insights from Randomized Controlled Trial and Real-World Data

Objectives

To assess impact of disease duration on sarilumab efficacy (sustained remission in SAPHYR) and effects of disease duration and prior GC exposure on effectiveness in PMR with GC-IR.

Methods

- This study evaluated PMR patients from SAPHYR (Phase 3 RCT; NCT03600818) and real-world evidence (RWE) (Komodo healthcare map).
- SAPHYR post-hoc assessed sustained remission by PMR disease duration at sarilumab initiation (<6, 6-12, >12 months).
- SAPHYR included 60 PMR patients on sarilumab and 58 on placebo.
- In the Komodo RWE cohort, 339 PMR patients initiating sarilumab.
- Komodo assessed time from first PMR diagnosis and GC initiation to sarilumab use. Primary endpoint was adjusted hazard ratio (aHR) for time-to-GC discontinuation by 1 year.

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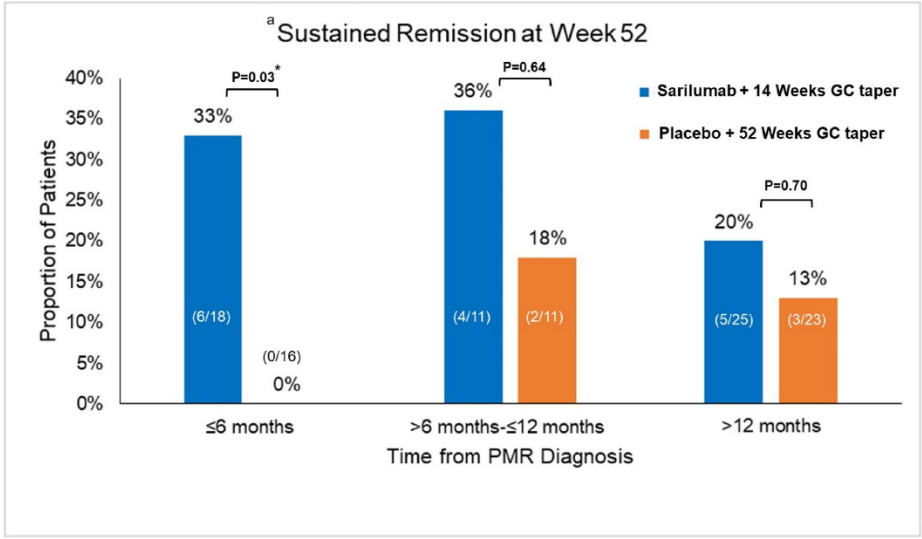
Results

- Sarilumab with a 14-week GC taper within 6 months of diagnosis achieved sustained remission at week 52 in 33%, vs. placebo (0%).
- The likelihood of GC discontinuation by 1 year decreased as the time from first GC use to sarilumab initiation increased.

Conclusion

- Post-hoc SAPHYR analysis showed significantly higher remission when sarilumab was initiated within 6 months of PMR onset.
- Subsequent RWE in a larger cohort suggested that in PMR patients with inadequate GC response, early sarilumab initiation may improve early control of PMR and reduce GC burden.

Figure 1: Impact of duration of disease on achieving sustained remission at Week 52 in the randomized controlled trial (SAPHYR)



[a]Sustained remission defined as: being in disease remission by Week 12, absence of disease flare, C-reactive protein normalization from Weeks 12 to 52, and adherence to the GC taper protocol from Weeks 12 to 52.
*Two-sided nominal p value.
GC, glucocorticoid; PMR, polymyalgia rheumatica.

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0186: Remission GCA Study – A Two Center Prospective 72 Week Follow Up Study After Standard Tocilizumab Withdrawal In Patients With Giant Cell Arteritis In Imaging Proven Remission

Verena Schönau et al. Bayern, Germany



0186: Remission GCA Study – A Two Center Prospective 72 Week Follow Up Study After Standard Tocilizumab Withdrawal In Patients With Giant Cell Arteritis In Imaging Proven Remission

Objective

- To assess flare rates and symptom patterns following standard TCZ withdrawal in GCA patients without any clinical, laboratory or imaging signs of active disease.

Methods

- Prospective, two-center observational study: 40 patients with GCA.
- No clinical and imaging evidence of active disease for at least 6 months, including FDG/PET-CT and ultrasound.
- TCZ discontinued two to four weeks prior to study inclusion.
- Glucocorticoid use allowed at a maximum daily dose of 5 mg prednisolone-equivalents.
- Follow-up: 72 weeks.

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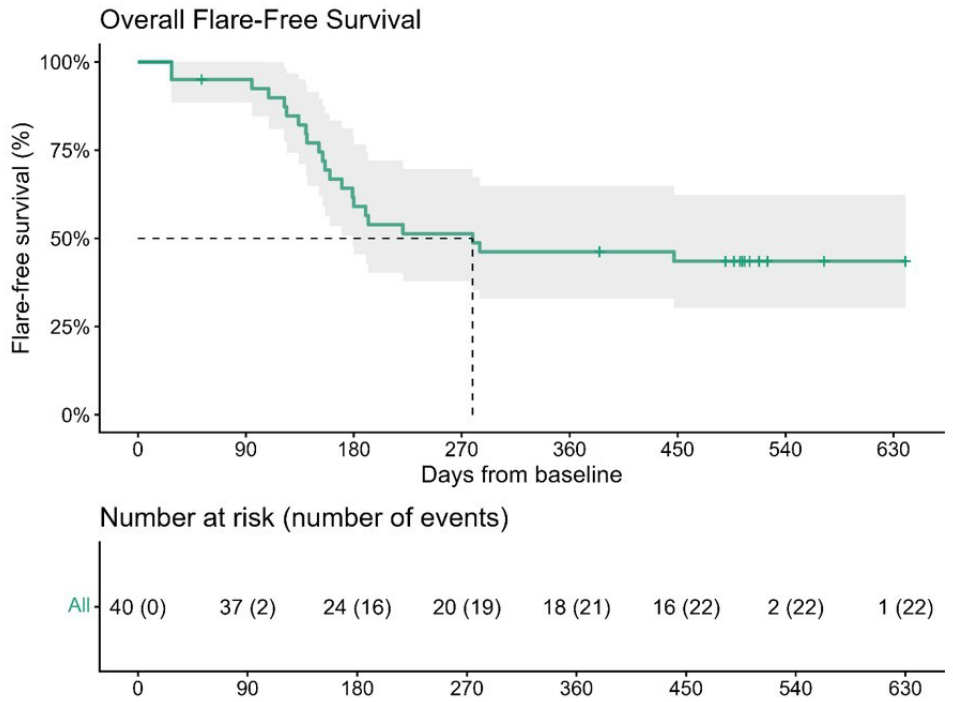
0186: Remission GCA Study – A Two Center Prospective 72 Week Follow Up Study After Standard Tocilizumab Withdrawal In Patients With Giant Cell Arteritis In Imaging Proven Remission

Results

- Mean duration of TCZ treatment: 1.91 years; mean duration of remission: 1.44 years.
- During the 72-week follow-up, 22 patients (55%) experienced a flare, while 18 patients (45%) remained in remission.
- Most flares occurred between days 90 and 180 (N=14).

Conclusion

- In GCA patients in clinical and imaging proven remission at the time of TCZ withdrawal more than half experienced a flare within 72 weeks.
- A confirmed imaging remission does not reduce the risk of relapse after TCZ withdrawal



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0905: Efficacy and Safety of Nipocalimab in Participants with Idiopathic Inflammatory Myopathies: Results from the Phase 2 SPIREA Trial through 52 Weeks

Rohit Aggarwal et al. Pittsburgh, PA



0905: Efficacy and Safety of Nipocalimab in Participants with Idiopathic Inflammatory Myopathies: Results from the Phase 2 SPIREA Trial through 52 Weeks

Objective

- Nipocalimab is an anti-neonatal Fc receptor (FcRn) monoclonal antibody that reduces circulating IgG, including pathogenic IgG autoantibodies.
- To evaluate the efficacy and safety of nipocalimab 15 mg/kg IV every 2 weeks versus placebo in addition to standard-of-care immunosuppression in adults with active IIM.

Methods

- Phase 2, proof-of-concept, multicenter, randomized (2:1), double-blind, placebo-controlled study.
- Participants exhibited positivity for ≥1 myositis-specific autoantibody and had active and refractory disease.
- Efficacy population: nipocalimab n=22; placebo n=11.
- Primary endpoint: proportion of participants achieving at least minimal improvement (≥20) in 2016 ACR/EULAR myositis response criteria (Total Improvement Score [TIS]) at Week 52 and ≤5 mg/day prednisone from Week 44 through Week 52.

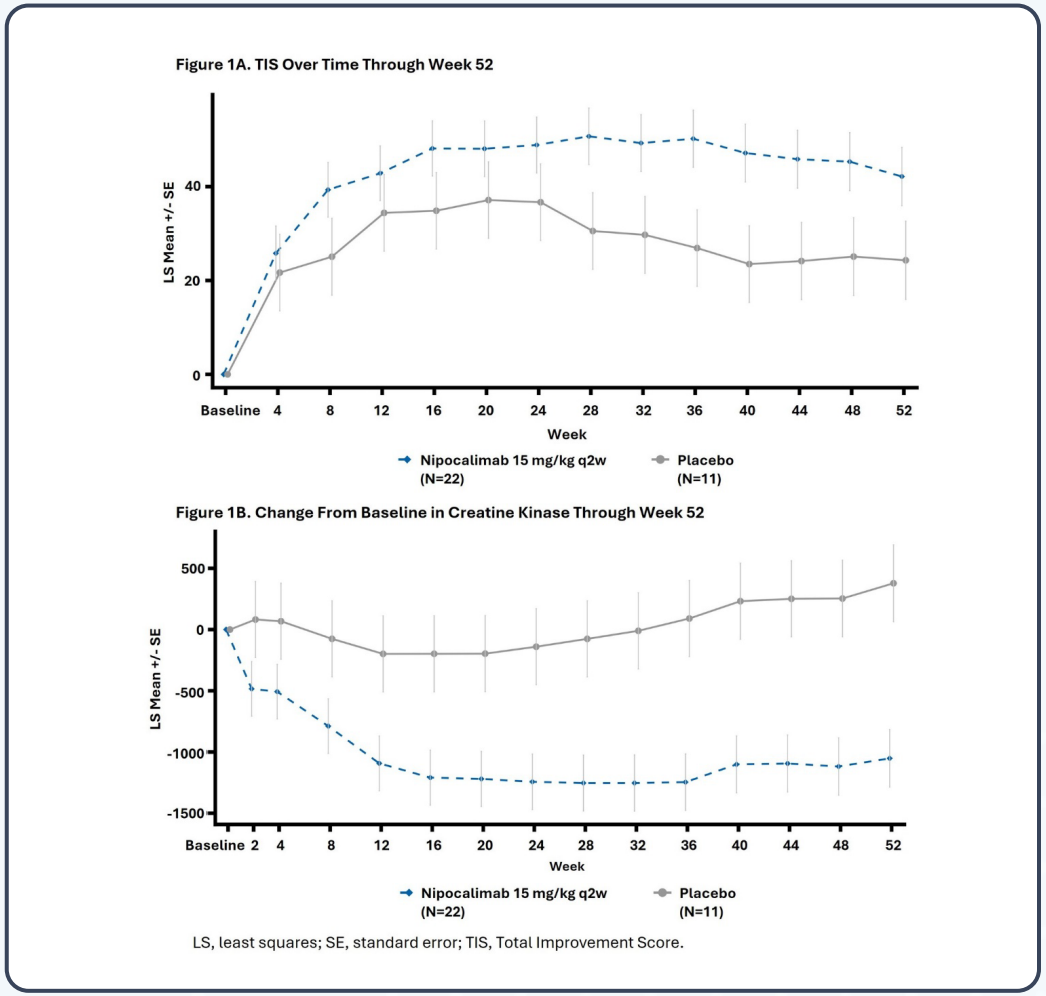
0905: Efficacy and Safety of Nipocalimab in Participants with Idiopathic Inflammatory Myopathies: Results from the Phase 2 SPIREA Trial through 52 Weeks

Results

- A numerically higher proportion achieved the primary endpoint with nipocalimab versus placebo: 59.1% vs 36.4% (p=0.282).
- Substantial and sustained reductions in CK, observed as early as Week 8.
- Treatment-emergent adverse events: 95.5% vs 78.6%; upper respiratory tract infection and nasopharyngitis were the most common.

Conclusion

- Nipocalimab treated participants demonstrated durable clinical responses through Week 52, including disease improvement with no or low dose corticosteroids.
- These results support the mechanistic role of IgG reduction as a potential treatment option for IIM



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