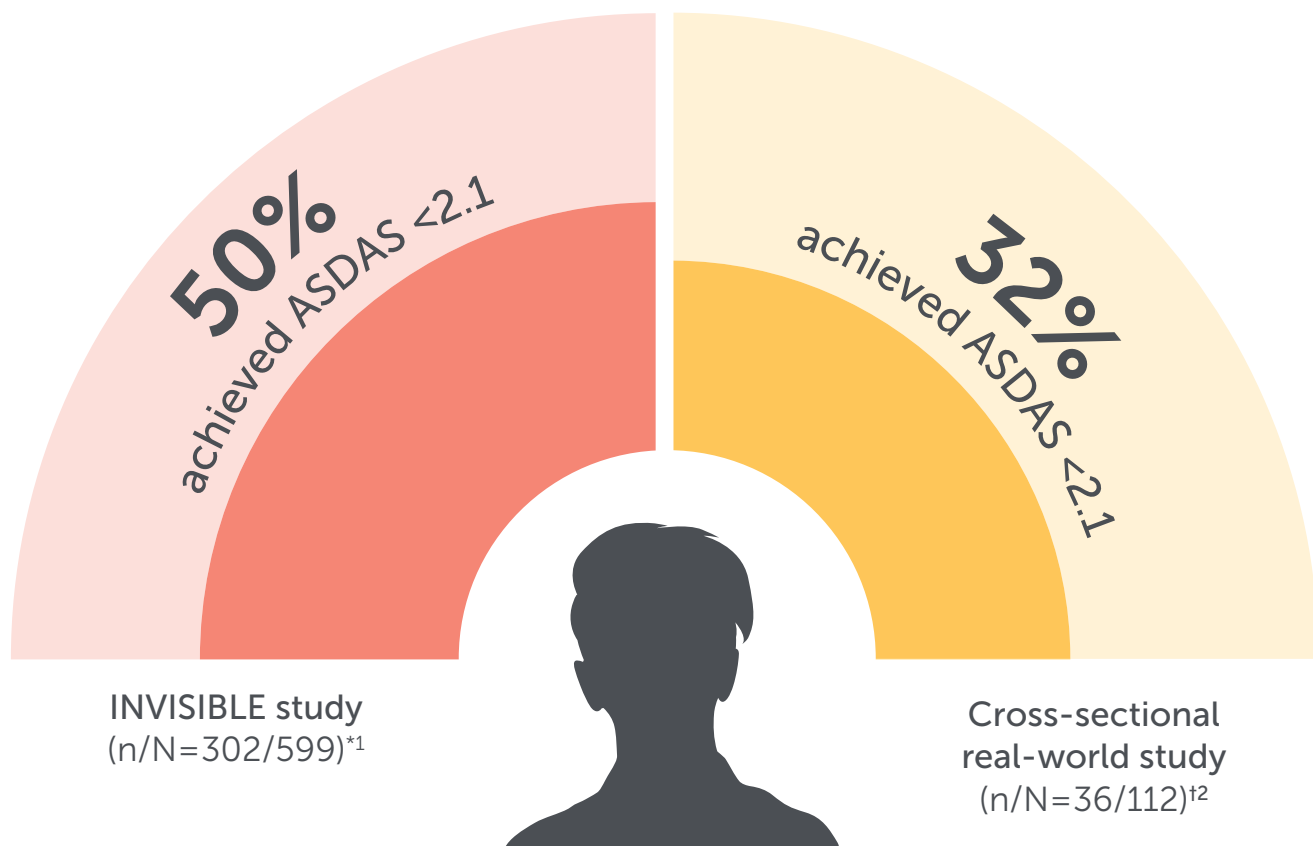


Many real-world axSpA patients do not achieve high treatment targets

Two recent real-world studies found that many axSpA patients have high disease activity according to ASDAS and BASDAI. This suggests that, for some patients, disease control and treatment response are suboptimal under current treatment strategies.^{1,2}



In the INVISIBLE study, **18%** (n/N=72/403) of patients who achieved BASDAI <4 still found their symptom state unsatisfactory, according to PASS¹

In a multicentre cohort study, **80%** of patients achieved BASDAI <4 after 24 months' treatment, compared to only **56%** achieving ASDAS <2.1, which includes objective measurements of inflammation^{‡3}

*Data from INVISIBLE, a multinational, cross-sectional, non-interventional study. This analysis included adult patients with r-axSpA, 95% (n/N=704/744) of whom were receiving TNFi and/or NSAID treatment.

[†]Data from a real-world, cross-sectional study at the University Hospital of Heraklion. 76% of the 154 SpA patients were receiving bDMARDs as their main therapy, 9% csDMARDs, 8% NSAIDs and 7% receiving no treatment. ASDAS <2.1 data shown were collected in the subset of patients with axSpA.

[‡]Data from a multicentre Italian cohort of 249 patients with axSpA receiving secukinumab. Of the 249 patients, 139 were evaluated at 24 months.

Abbreviations **ASDAS**: Ankylosing Spondylitis Disease Activity Score; **axSpA**: axial spondyloarthritis; **BASDAI**: Bath Ankylosing Spondylitis Disease Activity Index; **bDMARD**: biological disease-modifying antirheumatic drug; **csDMARD**: conventional synthetic disease-modifying antirheumatic drug; **NSAID**: non-steroidal anti-inflammatory drug; **PASS**: Patient Acceptable Symptom State; **r-axSpA**: radiographic axial spondyloarthritis; **SpA**: spondyloarthritis; **TNFi**: tumour necrosis factor inhibitor.

References **1** Brandt-Juergens J et al. Arthritis Rheumatol. 2022;74(suppl 9). Abstract 0418. **2** Flouri ID et al. Clin Exp Rheumatol. 2022;48. Presentation P45. **3** Ramonda R et al. Ther Adv Musculoskelet Dis. 2022;14:1–18.