SPARTAN

SPondyloArthritis Research & Treatment Network

February 1, 2016

SPARTAN NEWS

Greetings!

Happy new year and greetings of the season!

The SPARTAN Board has had a busy and exciting start of 2016 with two important meetings in January. The outcomes of these meetings have the potential of having a long-standing positive impact on not only SPARTAN's future, but also on the care of patients with spondyloarthritis.

You may remember the debate on 'whether to modify the ASAS axial spondyloarthritis classification criteria' at last year's annual meeting in Denver between Asim Khan and Filip van den Bosch. At the end of the debate 90% of SPARTAN members voted that SPARTAN should work with ASAS to modify the current axSpA Classification criteria. Based on that feedback, a one-day meeting of spondyloarthritis experts from US, UK, Turkey, Netherlands, Canada and Australia was held on January 15th in Portland, Oregon. ASAS was represented at this meeting by two senior leaders.

Based on the deliberations at this meeting, the SPARTAN Board sent a two-page proposal to the ASAS executive committee on the modification of the ASAS axSpA classification criteria. I am happy to report that at the recent ASAS annual workshop in Berlin, the ASAS Executive Committee accepted in principle SPARTAN's proposal for working together to modify their classification criteria. The details of how we proceed need to be worked out, but the SPARTAN Board believes that this is a major breakthrough with huge implications for future patient care and clinical trials in spondyloarthritis. This trans-Atlantic unity between ASAS and SPARTAN can only help patient care by accurate classification, acceptance of the axSpA concept by the regulatory authorities such as the FDA, and therefore availability of new therapeutic options.

The second meeting on January 16th was the SPARTAN Board Retreat. The two themes for this retreat were leadership succession and future financial planning. You will be hearing more about these issues in future communications as well as at the 2016 annual meeting, but suffice to say that a lot of new and exciting ideas emerged from the deliberations.

Thank you for your continued interest in the field of spondyloarthritis and your support for the SPARTAN mission.

Atul Deodhar, MD
Chair, SPARTAN

SPARTAN Committee Report: Communications Committee

The "comm comm" has been busy this year focusing on three areas: 1) managing communications with members and relevant organizations, 2) coordinating policies around publications and distribution of SPARTAN materials, and 3) updating and maintain SPARTAN's online presence. The committee, comprised of members Elizabeth Chang, Grant Louie, Jessie Walsh, and Liron Caplan, has worked with SPARTAN president Atul Deodhar and staff member Lisa Morasch to assemble two newsletter for distribution to members. The committee has also developed publication policies for the organization. Finally, the committee has developed a plan for an entirely new and significantly more robust website. On a related note, if you have photos, memories, or anecdotes about SPARTANs early years, please forward them to lisa@spartangroup.org.

Report on the Spondyloarthritis Study Group at the Annual Scientific Meeting of the American College of Rheumatology

Dr. Lianne Gensler, SPARTAN Executive Committee Member, led this years' SpA study group at the ACR, where the topic was "Building Research Infrastructure in Spondylarthropathy -Focus on Trainees and Junior Investigators". Dr. Gensler presented data regarding the number of NIH funded grants and the number of publications in major rheumatology journals related to spondyloarthritis, underscoring the disparity between spondyloarthritis and rheumatoid arthritis. Dr. Liron Caplan reviewed resources available to emerging spondyloarthritis investigators and three promising investigators (Drs. Maureen Dubreuil, Katherine Wysham, Eric Gracey) revealed their current academic path. The Spondylitis Association of America presented the Bruckel Young Investigator Award to Dr. Joerg Ermann of Brigham and Women's Hospital.

14th Annual Meeting

Spondyloarthritis Research Highlights

Marina N. Magrey, MD

Medical Director, MetroHealth Beachwood
Associate Professor of Medicine, Case Western Reserve University

Effect of Certolizumab Pegol Over Ninety-Six Weeks in Patients With Axial Spondyloarthritis: Results from a Phase III Randomized Trial.
Sieper J, Landewé R, Rudwaleit M, van der Heijde D, Dougados M, et al. Arthritis Rheumatol. 2015 Mar;67:668-77.

The RAPID-axSpA trial is a phase III clinical trial that studied the efficacy of certolizumab pegol (CZP) across the broad spectrum of patients with active axial SpA as defined by the Assessment of SpondyloArthritis international Society (ASAS) criteria and included both patients with AS and those with nonradiographic axial SpA. It is a multicenter trial of treatment of axial SpA, which is double-blind and placebo-controlled to week 24, dose-blind to week 48, and an open-label extension to week 204. The long-term data directly comparing outcomes in patients with AS and those with nonradiographic axial SpA, and efficacy and safety data for 2 CZP dosing regimens (200 mg every 2 weeks and 400 mg every 4 weeks) from the dose-blind (week 24-48) and early open-label (week 48-96) treatment periods of the RAPID-axSpA trial have been reported. Sustained improvement seen at week 24 was maintained at week 96 and the improvement was consistent in AS and nonradiographic axial SpA subpopulations. The safety profile was consistent with previous reports from RAPID-axSpA, with no new safety signals observed with longer exposure.

Revisiting the Arthritogenic Peptide Theory: Quantitative Not Qualitative Changes in the Peptide Repertoire of HLA-B27 Allotypes
Ralf B. Schittenhelm, Terry C. C. Lim Kam Sian, Pascal G. Wilmann, Nadine L. Dudek and Anthony W. Purcell

HLA-B27 is strongly associated with ankylosing spondylitis (AS) and the "arthritogenic peptide theory" is the most widely accepted hypothesis that explains the pathogenic role of HLAB-27 in AS. Based on this theory, a putative arthritogenic self-peptide is expected to be presented on all disease-associated allotypes, but not on HLA-B*27:06 and HLA-B*27:09.
A recent study analyzed and compared self-peptides from 8 HLA-B27 allotypes ((HLA-B*27:02 to HLA-B*27:09) to increase existing data sets of HLA-B27 ligands, to refine and compare their consensus-binding motifs, and to reveal similarities and differences in the peptide repertoire of the HLA-B27 subtypes. Qualitative differences in the peptides bound to the 8 most frequent HLA-B27 subtypes were determined by tandem mass spectrometry, and quantitative changes in allelic binding specificities were determined by highly sensitive and targeted multiple reaction monitoring mass spectrometry (MRM).
The study identified >7,500 endogenous peptides (~6,000 of which are novel and not previously reported) presented by the 8 most frequent HLA-B27 allotypes (HLA-B*27:02 to HLA-B*27:09), which represents a significant advance in the number of known naturally eluted HLA-B27 ligands. However, study failed to reveal peptide features that allow the discrimination between ligands bound to disease-associated and non-disease-associated HLA-B27 subtypes. This suggests that a peptide that is capable of binding to each disease-associated HLA-B27 subtype will also bind to HLA-B*27:06 and HLA-B*27:09. Subsequent, MRM quantification of peptides that had been identified only in the repertoires of disease-associated HLA-B27 subtypes confirmed their presence in the repertoires of HLA-B*27:06 and HLA-B*27:09 as well.
The authors concluded that absolute binding preferences of HLA-B27 allotypes do not explain disease association.

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