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The Assessment of SpondyloArthritis International Society (ASAS) Definition of Difficult-to-Manage Axial Spondyloarthritis

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SESSION INFORMATION

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Session Type: Abstract Session

Title: Abstracts: SpA Including PsA – Diagnosis, Manifestations, & Outcomes I

Session Time: 1:00PM-2:30PM

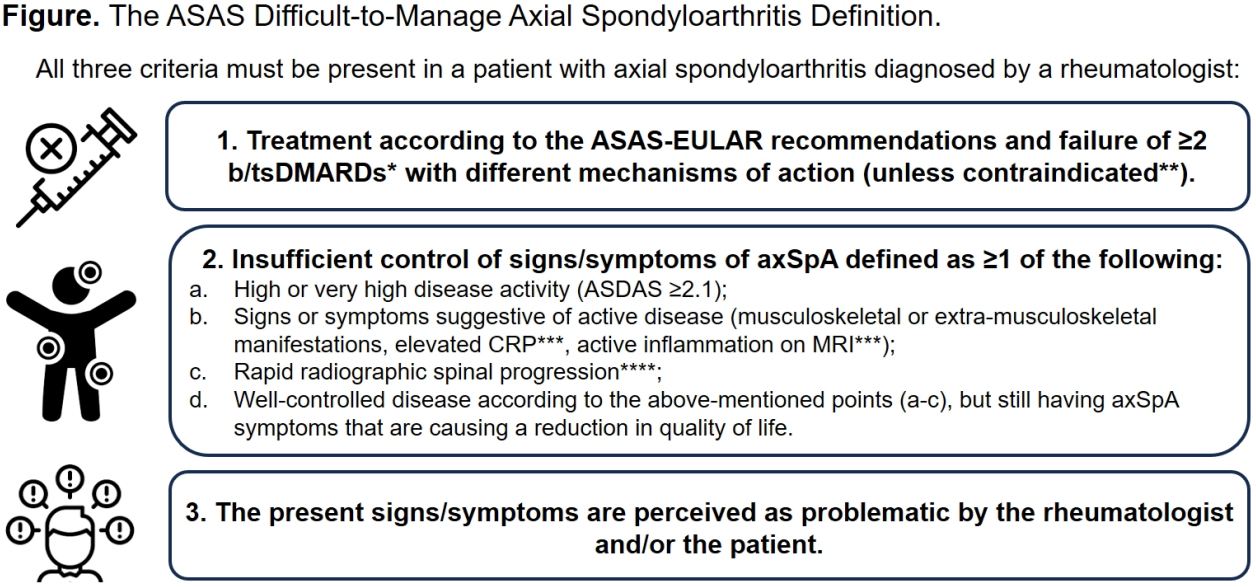
Background/Purpose: Non-response to standard treatments represents a management challenge in axial Spondyloarthritis (axSpA). The Assessment of SpondyloArthritis international Society (ASAS) seeks to define 'difficult-to-manage axSpA' (D2M axSpA). The aim of this work was to develop a consensus-based definition of D2M axSpA for use in clinical and research settings.

Methods: A scoping literature review was conducted in 2022 to identify potential definitions for D2M axSpA from prior studies, followed by a 2-round Delphi consensus process to identify components of D2M axSpA. The 1st Delphi round surveyed ASAS members, with 123 respondents. In January 2023, the results were presented to the Task Force and ASAS members. This was followed by the 2nd Delphi round taking the results of the discussion into consideration; a total of 186 responses were received. Based on the results of the 2nd Delphi round, a draft D2M axSpA definition was developed and presented to the Task Force and subsequently to the ASAS members in January 2024. Full ASAS members (n=123) voted on the proposed definition.

Results: Consensus was reached on a definition encapsulating treatment failure, suboptimal disease control, and physician or patient acknowledgment of problematic signs/symptoms in patients diagnosed with axSpA by rheumatologist – figure. ASAS D2M axSpA definition is, therefore, a broad concept including a variety of reasons leading to an unsatisfactory treatment outcome. "Treatment-refractory" disease is a part of the D2M group, which can be concluded after excluding other reasons for the non-response and require a history of specific treatment failure and the presence of objective signs of inflammatory activity. The proposed definition was endorsed by ASAS at the annual meeting in January 2024 with 89% votes (109/123) in favor of the definition.

Conclusion: The ASAS D2M axSpA definition, shaped by extensive professional and patient input and a structured consensus process, provides a clear identification of patients with non-response to current standard treatments paving a way to further research.

Figure. The ASAS Difficult-to-Manage Axial Spondyloarthritis Definition.



**Including primary and secondary failure, as well as discontinuation because of side effects/intolerability/contraindications. Treatment failure but not discontinuation due to side effects/intolerability/contraindications is mandatory to conclude the presence of treatment-refractory disease.*
***Contraindications, which result in the inability to apply at least 2 b/tsDMARDs.*
****Objective signs of inflammatory activity (elevated CRP or active inflammation on MRI) are mandatory to conclude the presence of treatment-refractory disease.*
*****Defined as development of >2 new syndesmophytes/bony bridges in 2 years.*

ASAS: Assessment of Spondyloarthritis international Society, ASDAS: Axial Spondyloarthritis Disease Activity Score, axSpA: axial spondyloarthritis; bDMARDs: biologic disease-modifying antirheumatic drugs, CRP: C-reactive protein, EULAR: European Alliance of Associations for Rheumatology, MRI: magnetic resonance imaging, tsDMARDs: targeted synthetic disease-modifying antirheumatic drugs.

Disclosures: D. Poddubnyy: AbbVie, 2, 5, 6, Biocad, 2, Bristol-Myers Squibb(BMS), 2, 6, Eli Lilly, 2, 5, 6, Gilead, 2, MSD, 2, 5, 6, Novartis, 2, 5, 6, Pfizer, 2, 5, 6, Samsung Bioepis, 2, UCB, 2, 6; **X. Baraliakos**: AbbVie, 2, 6, 12, Paid instructor, BMS, 2, 6, 12, Paid instructor, Chugai, 2, 6, 12, Paid instructor, Eli Lilly, 2, 6, 12, Paid instructor, Galapagos, 2, 6, 12, Paid instructor, Gilead, 2, MSD, 6, 12, Paid instructor, Novartis, 2, 5, 6, 12, Paid instructor, Pfizer, 2, 6, 12, Paid instructor, UCB Pharma, 2, 5, 6, 12, Paid instructor; **V. Navarro Compán**: AbbVie, 1, 6, Bristol-Myers Squibb(BMS), 2, 6, Eli Lilly, 2, 6, Fresenius Kabi, 2, 6, Galapagos, 2, 6, Janssen, 2, 6, MoonLake, 2, 6, Novartis, 2, 6, Pfizer, 1, 6, Roche, 2, 6, UCB, 2, 6; **M. Torgutalp**: None; **D. van der Heijde**: AbbVie, 2, ArgenX, 2, BMS, 2, Eli Lilly, 2, Galapagos, 2, GSK, 2, Imaging Rheumatology BV, 3, Janssen, 2, Novartis, 2, Pfizer, 2, Takeda, 2, UCB Pharma, 2.

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