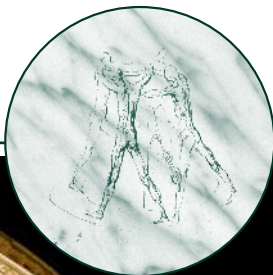


9th International Congress on Spondyloarthropathies



Gent, Belgium

October 23 - 25, 2014

FINAL PROGRAMME

www.spa-congress.org

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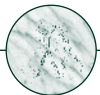
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Presidents

John Reveille (USA)
Martin Rudwaleit (Germany)

Local Organising Committee

Dirk Elewaut (Belgium)
Filip Van den Bosch (Belgium)

Honorary Chair

Herman Mielants (Belgium)

Scientific Committee

Xenofon Baraliakos (Germany)
Paul Bowness (UK)
Jürgen Braun (Germany)
Maxime Breban (France)
Matthew Brown (Australia)
Ruben Burgos-Vargas (Mexico)
Robert Colbert (USA)
Atul Deodhar (USA)
J. S. Hill Gaston (UK)
Robert Inman (Canada)
Muhammad Asim Khan (USA)
Robert Landewé (The Netherlands)
Marjatta Leirisalo-Repo (Finland)
Jose A. Lopez de Castro (Spain)
Rik Lories (Belgium)
Walter Maksymowych (Canada)
Helena Marzo-Ortega (UK)
Percival Sampaio-Barros (Brazil)
Georg Schett (Germany)
Jochen Sieper (Germany)
Désirée van der Heijde (The Netherlands)

Invited Speakers and Chairs

All speakers and chairs are invited by the Presidents and the Local Organising Committee.

Welcome Address

Dear Colleagues,

Welcome to the **Ninth International Congress on Spondyloarthropathies**. The rapid advances in SpA research since the last Congress two years ago have been remarkable indeed, and the field is nearly unrecognizable from the first SpA Congress in 1998, when little was known in SpA predisposition other than HLA-B27 and some infectious triggers, and there was little effective in SpA treatment than NSAIDs. This Congress will see the various themes that have dominated this research come together in a complementary and interactive manner showing a convergence of immunology, genetics, imaging, outcome studies and novel approaches to treatment.

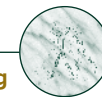
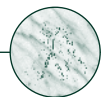
The International Congress on Spondyloarthropathies has become the premier international research meeting focusing on SpA, and has provided a unique social and scientific forum for investigators worldwide to interact and collaborate. In the Ninth International Congress on Spondyloarthropathies we will see presentations from a broad range of researchers from the disciplines of molecular biology and cellular immunology, genetics, imaging, outcome studies and clinical research including imaging and clinical outcomes. The success of the meeting has been attributed to the high caliber of the research, a format which involves multidisciplinary expertise, and a venue which encourages both social and scientific interactions.

The program for the meeting will particularly focus on advances in genetics, including the complex networks of gene within and outside the MHC, in immunology, where in particular the critical importance of the IL17/IL23 axis and of antigen presentation will be explored, and the growing awareness of the role of the skin and intestinal mucosa in SpA pathogenesis will be highlighted, with focus in particular on skin and gut immunology and the microbiome, and on comorbidities complicating the course and prognosis of SpA. This underscores the importance of classification of early disease that will allow earlier diagnosis and novel therapeutic and behavioral interventions. The area of imaging has in particular been a challenge, and the growing awareness of the needs and challenges of utilizing this modality in early diagnosis and to identify those at highest risk for rapid progression and a poorer outcome will be explored. These major themes will be presented in a series of state-of-the-art lectures by international experts in the respective fields. The high quality of the abstracts is in particular an exciting aspect of this program, and outstanding work from young investigators worldwide will be presented in both poster and podium sessions. It is the goal of the meeting not only to contribute to disseminating these recent advances, but also to contribute to advancing the field of SpA research through communication and collaboration. This Congress has proved to be an ideal forum to build those synergies.

As Co-Presidents of the 2014 Congress, we extend a warm welcome to this exciting meeting and to the warmth and charm of the host city of Gent.

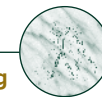
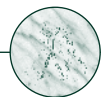
Martin Rudwaleit and John D. Reveille

Presidents of the 9th International Congress on Spondyloarthropathies



- 13.30 **Welcome & Introduction**
John Reveille & Martin Rudwaleit, Presidents
- Opening Keynote Lectures**
Chairs: John Reveille & Martin Rudwaleit
- 13.45 **INV1 Basic science: The intestinal microbiome and the immune system**
Gerard Eberl, Paris, France
- 14.30 **INV2 Clinical science: Clinical trials - strengths, flaws, and limitations**
Maarten Boers, Amsterdam, The Netherlands
- 15.15 **Session I: Comorbidities and treatment decision strategies in SpA (industry-sponsored) - See page 12**
- 16.15 Coffee Break
- 16.45 **Session II: Novel pathways and opportunities in psoriatic arthritis and beyond (industry-sponsored) - See page 12**
- 17.45 **Session III: Current management of SpA (industry-sponsored) See page 12**
- 18.45 Opening Reception and Walking Dinner

- Session IV: Genetics and pathogenesis in SpA**
Chairs: Muhammad Asim Khan & Maxime Breban
- 08.30 **INV9 Update on genetics of SpA**
Matthew Brown, Woolloongabba, Australia
- 08.55 **INV10 Revisiting MHC genes in SpA**
Maxime Breban, Boulogne-Billancourt, France
- 09.20 **INV11 HLA-B27, antigen presentation and ERAP1**
Paul Bowness, Oxford, UK
- Selected Oral Presentations**
- 09.45 **O1 HLA-B27 subtype oligomerization and intracellular accumulation patterns correlate with predisposition to spondyloarthritis**
C. Jeanty, A. Noteuil, N. Jah, A. Sourisce, A. Wielgosik, I. Fert, M. Breban, C. André (France)
- 09.55 **O2 Peptide handling by HLA-B27 subtypes influences their biological behavior, association with ankylosing spondylitis and susceptibility to ERAP1**
C. Alvarez-Navarro, N. García-Medel, A. Sanz-Bravo, P. Gómez-Molina, E. Barnea, M. Marcilla, A. Admon, J.A. López de Castro (Spain & Israel)
- 10.05 **O3 Discovery of T cell receptor clonotypes distinctive for HLA B27-positive ankylosing spondylitis by deep repertoire sequence analysis**
M. Faham, V. Carlton, M. Moorhead, J. Zheng, T. Asbury, R.D. Inman (USA & Canada)
- 10.15 Coffee Break offered by Celgene and Poster Session 1
- 11.15 **Session V: Novel inflammatory pathways and targets (industry-sponsored) - See page 13**
- 12.15 Lunch
- State-of-the-Art Lecture**
Chairs: Ruben Burgos-Vargas & Helena Marzo-Ortega
- 13.30 **INV14 Juvenile spondyloarthritis: Clinical epidemiology update**
Pamela Weiss, Philadelphia, USA



Session VI: ER stress and related responses

Chairs: Dirk Elewaut & Paul Bowness

- 14.00 INV15 **ER stress in health and disease**
Bart Lambrecht, Ghent, Belgium
- 14.25 INV16 **Intestinal gamma delta T cells and stress**
Adrian Hayday, London, UK
- 14.50 INV17 **ER stress in SpA**
Robert Colbert, Bethesda, USA

15.15 Coffee Break and Poster Session 2

Selected Short Abstract Summaries

Chairs: Robert Colbert & Dominique Baeten

- 16.15 SO1 **A novel monocyte-specific transcript underlies the chromosome 21Q22 intergenic genetic association in ankylosing spondylitis**
K. Haynes, T. Kenna, E. Glazov, M.A. Brown, G.P. Thomas (Australia)
- 16.22 SO2 **IL-23 expression and activation of autophagy in synovium and PBMCS of HLA-B27 positive patients with ankylosing spondylitis**
B. Neerincx, S.L. Carter, R.J. Lories (Belgium)
- 16.29 SO3 **Stromal overexpression of transmembrane TNF induces experimental spondyloarthritis in mice**
L.M. Van Duivenvoorde, M.N. Van Tok, D.L. Baeten (The Netherlands)
- 16.36 SO4 **Gut derived IL-23R+CD3+/CD3-CD4-CD8-CD56+RORc-Tbet+NKp44+ innate lymphoid cells are expanded in the peripheral blood, synovial fluid and bone marrow of ankylosing spondylitis patients**
F. Ciccina, G. Guggino, A. Rizzo, L. Saieva, A.R. Giardino, R. Alessandro, G. Triolo (Italy)
- 16.43 SO5 **Calgranulin levels are elevated in spondyloarthritis and reflect the presence of acute microscopic gut inflammation**
H. Cypers, G. Varkas, L. Van Praet, C. Cuvelier, J. Roth, T. Vogl, D. Foell, M. Lavric, F. Van den Bosch, D. Elewaut (Belgium & Germany)

17.00 **Session VII: Controversies in axSpA (industry-sponsored) - See page 13**

19.30 Gala Dinner at the 'Oude Vismijn' (Old Fish Market)

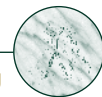
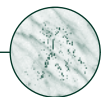
Session VIII: What drives syndesmophyte formation in AS?

Chairs: Xenofon Baraliakos & Joachim Sieper

- 08.30 INV20 **Inflammation and other factors relevant for radiographic progression in AS**
Robert Landewé, Heerlen, The Netherlands
- 08.55 INV21 **The mechanistic point of view of new bone formation in AS**
Rik Lories, Leuven, Belgium
- 09.20 INV22 **Which molecules might be relevant for blocking new bone formation in SpA?**
Georg Schett, Erlangen, Germany

Selected Oral Presentations

- 09.45 O4 **Autoantibody to 14-3-3ETA is a novel biomarker associated with MRI inflammation and radiographic progression in axial spondyloarthritis**
W.P. Maksymowych, S. Wichuk, M. Murphy, A. Marotta (Canada)
- 09.55 O5 **The relationship between inflammation, fatty lesions and syndesmophytes in AS: Results from GO-RAISE**
X. Baraliakos, G. Hermann Kay, S. Xu, B. Hsu, J. Braun (Germany & USA)
- 10.05 O6 **Disease activity in male smokers has a >10-fold amplified effect on radiographic damage in comparison with female non-smokers in ankylosing spondylitis**
S. Ramiro, A. van Tubergen, R. Landewé, C. Stolwijk, M. Dougados, F. van den Bosch, D. van der Heijde (The Netherlands, France & Belgium)
- 10.15 Coffee Break and Poster Session 3



Selected Oral Presentations

Chairs: Marjatta Leirisalo-Repo & Rik Lories

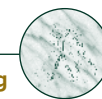
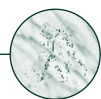
- 11.15 O7 **Factors associated with radiographic sacroiliitis in spondyloarthritis (SPA): Results from cross-sectional and longitudinal analyses in a cohort of multiplex families**
F. Costantino, N. Zeboulon-Ktorza, R. Said-Nahal, M.A. D'Agostino, M. Breban (France)
- 11.25 O8 **Mortality and associated conditions in hospitalized ankylosing spondylitis patients**
K.W. Wysham, S.G. Murray, E.H. Yelin, L.S. Gensler (USA)
- 11.35 O9 **The effect of smoking cessation in ankylosing spondylitis – Results from the Scotland registry for ankylosing spondylitis (SIRAS)**
G.T. Jones, T. Ratz, L.E. Dean, G.J. Macfarlane, F. Atzeni on behalf of SIRAS (UK & Italy)
- 11.45 O10 **Targeting synovial mast cells in spondyloarthritis: A proof-of-concept study with the tyrosine kinase inhibitor nilotinib**
J.E. Paramarta, M.C. Turina, T.F. Heijda, I.C. Blijdorp, T. Noordenbos, N. Yeremenko, D. Baeten (The Netherlands)
- 11.55 O11 **Objective evaluation of physical functioning after TNFi therapy in ankylosing spondylitis patients - A selection of three feasible performance-based tests**
S.F.E. van Weely, J. Dekker, M.P.M. Steultjens, J.C. van Denderen, M.T. Nurmohamed, B.A.C. Dijkmans, I.E. van der Horst-Bruinsma (The Netherlands & UK)
- 12.05 O12 **Clinical and imaging efficacy of etanercept in early non-radiographic axial spondyloarthritis: 48-week treatment data**
W.P. Maksymowych, D. van der Heijde, M. Dougados, J. Sieper, J. Braun, G. Citera, C. Miceli-Richard, J.C.C. Wei, R. Pedersen, R. Bonin, I. Logeart, J. Wajdula, B. Vlahos, J.F. Bukowski (Canada, The Netherlands, France, Germany, Argentina, Taiwan & USA)
- 12.15 Lunch

- 13.30 **Session IX: The future of SpA (industry-sponsored) - See page 13**

State-of-the-Art Lecture

Chairs: Jürgen Braun & Robert Inman

- 14.30 INV25 **Personalized medicine using biomarkers: Reality or fiction?**
Walter Maksymowych, Edmonton, Canada
- 15.00 **Closing Address**
John Reveille & Martin Rudwaleit, Presidents
- 15.15 Farewell Reception



Industry-Sponsored Sessions

Thursday, October 23

Session I: Comorbidities and treatment decision strategies in SpA (industry-sponsored)

Chairs: Atul Deodhar & Percival Sampaio-Barros

15.15 INV3 **CV risk and other risk factors: A view of axial SpA, RA and SLE**
Mike T. Nurmohamed, Amsterdam, The Netherlands

15.45 INV4 **Predicting treatment response in axial SpA**
Filip Van den Bosch, Ghent, Belgium

16.15 Coffee Break

Session II: Novel pathways and opportunities in psoriatic arthritis and beyond (industry-sponsored)

Chairs: Herman Mielants & Désirée van der Heijde

16.45 INV5 **Mapping the IL-23/IL-17 axis**
Dirk Elewaut, Ghent, Belgium

17.15 INV6 **Targets or strategies – The next steps in psoriatic arthritis management**
Iain McInnes, Glasgow, UK

Session III: Current management of SpA (industry-sponsored)

Chairs: Ruben Burgos-Vargas & Helena Marzo-Ortega

17.45 INV7 **Axial SpA - met and unmet needs**
Maxime Dougados, Paris, France

18.15 INV8 **Interpretation of MR imaging in axial SpA - bridging scientific studies and clinical practice**
Robert Lambert, Edmonton, Canada

Industry-Sponsored Sessions

Friday, October 24

Session V: Novel inflammatory pathways and targets (industry-sponsored)

Chairs: Hill Gaston & Georg Schett

11.15 INV12 **Pathogenetic pathways in psoriasis and their relevance for PsA/SpA**
Christopher Ritchlin, Rochester, USA

11.45 INV13 **Targeting IL17 in axial SpA: From bench to bedside**
Dominique Baeten, Amsterdam, The Netherlands

Session VII: Controversies in axSpA (industry-sponsored)

Chairs: Robert Landewé & Walter Maksymowych

17.00 INV18 **Distinguishing nr-axSpA and AS by imaging: Feasible and how relevant?**
Désirée van der Heijde, Leiden, The Netherlands

17.30 INV19 **Are TNF-blockers true DMARDs in AS - How strong is the evidence?**
Lianne Gensler, San Francisco, USA

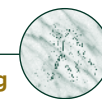
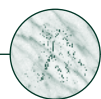
Saturday, October 25

Session IX: The future of SpA (industry-sponsored)

Chairs: Jürgen Braun & Robert Inman

13.30 INV23 **How to identify new therapeutic targets in SpA?**
Joachim Sieper, Berlin, Germany

14.00 INV24 **Novel imaging modalities in SpA**
Iris Eshed, Tel Hashomer, Israel

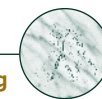
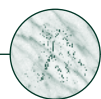


Poster Session 1

Poster Session 1 is scheduled during the coffee break of 10.15 – 11.15 hrs on Friday, October 24. The presenters of posters SO1–SO5 and P1 through P57 are requested to be present at their posters.

- P1 Incidence and predictors of morphometric vertebral fractures in patients with ankylosing spondylitis**
Kang K.Y., Kim I.J. (South Korea)
- P2 The predictors of development of new syndesmophytes in female patients with ankylosing spondylitis**
Kang K.Y., Lim M.J. (South Korea)
- P3 Positive correlation of uric acid and bone mineral density in ankylosing spondylitis**
Kang K.Y., Kim H.A., Ju J.H. (South Korea)
- P4 Evaluation of extreme enthesitis and/or patient-related outcome score as potential surrogates for fibromyalgia and AS potential confounding factors of anti-TNF response**
Dougados M., Jones H., Szumski A., Logeart I., Coindreau J. (France & USA)
- P5 Quality of life with etanercept in early non-radiographic axial spondyloarthritis**
Sieper J., Drescher E., Rosa J., Pedersen R., Bonin R., Vlahos B., Bukowski J.F., Kotak S. (Germany, Hungary, Czech Republic & USA)
- P6 Sirt-1 activity in PBMC from patients with spondyloarthritis - Preliminary result**
Wendling D., Delattre E., Abbas W., Guillot X., Godfrin-Valnet M., Khan K.A., Toussiroit E., Baud L., Prati C., Herbein G. (France)
- P7 Comparison of the different pain assessment scales used in adult patients seen at the Philippine general hospital rheumatology out-patient department**
Limgenco-Hipe J.R., Magbitang A.T., Salido E.O. (Philippines)
- P8 Quality of life of patients with psoriatic arthritis mutilans - The Nordic PAM study**
Lindqvist U., Gudbjornsson B., Iversen L., Paimela L., Laasonen L., Ejstrup L., Ternowitz T., Ståhle M. (Sweden, Iceland, Denmark, Finland & Norway)

- P9 Sleep quality in patients with psoriatic arthritis**
Gezer O., Batmaz İ., Sariyildiz M.A., Sula B., Ucmak D., Bozkurt M., Nas K. (Turkey)
- P10 Survey on recognition and management of inflammatory back pain and spondyloarthritis, and their problems among Thai physicians**
Tangrungruengkit M., Chiowchanwisawakit P. (Thailand)
- P11 A psychometric analysis of outcome measures in trials of peripheral spondyloarthritis**
Turina M., Ramiro S., Baeten D., Mease P., Paramarta J., Song I.H., Pangan A., Landewé R. (The Netherlands, USA & Germany)
- P12 Chronic Back Pain (CBP) characteristics associated with the presence of sacroiliitis on Magnetic Resonance Imaging (MRI) in patients with suspected axial spondyloarthritis (axSpA): Results from the EsPeranza cohort**
Navarro-Compán V., Almodóvar R., Hernández A., Beltrán E., de Miguel E., Zarco P., on behalf of EsPeranza Group (Spain)
- P13 Dkkopf-1 (DKK-1) serum levels in axial spondyloarthritis (AXSPA) are related to disease duration**
Navarro-Compán V., Melguizo-Madrid E., González-Rodríguez C., Navarro-Sarabia F., Ariza-Ariza R. (Spain)
- P14 Axial Disease In Psoriatic Arthritis (ADIPSA) study: Prevalence and characteristics of inflammatory axial disease in psoriatic arthritis**
Jadon D.R., Sengupta R., Nightingale A., Korendowych E., Lindsay M., McHugh N.J. (UK)
- P15 Evaluation of the nonsteroidal anti-inflammatory drug-sparing effect of etanercept in axial spondyloarthritis: Results of the multicenter, randomized, double-blind, placebo-controlled SPARSE trial**
Dougados M., Wood E., Combe B., Miceli-Richard C., Berenbaum F., Koppiker N., Dubanchet A., Logeart I. (France & UK)
- P16 Change over time in the profile of ankylosing spondylitis patients treated with infliximab in Canadian routine care**
Choquette D., Starr M., Khraishi M., Bensen W.G., Shaikh S., Rodrigues J., Sholter D., Sheriff M., Vaillancourt J., Sampalis J.S., Lehman A.J., Ottawa S., Nantel F., Shawi M. (Canada)



- P17 Assessing treatment durability of infliximab in the management of psoriatic arthritis patients in a Canadian setting**
Kelsall J., Jovaisas A., Rahman P., Sholter D., Starr M., Bensen W., Sheriff M., Olszynski W., Zummer M., Faraawi R., Chow A., Kapur S., Rampakakis E., Sampalis J.S., Nantel F., Ottawa S., Shawi M., Lehman A.J. (Canada)
- P18 How should we calculate the ASDAS if the conventional C-reactive protein is below the limit of detection? An analysis in the DESIR cohort**
Machado P., Navarro-Compán V., Landewé R., van Gaalen F.A., van der Heijde D. (The Netherlands, Portugal & Spain)
- P19 Do not underestimate problems in work participation in recently diagnosed spondyloarthritis patients**
Van der Weijden M.A.C., Boonen A., Van der Horst-Bruinsma I.E. (The Netherlands)
- P20 Comparison of the two subtypes of axial spondyloarthritis patients fulfilling the imaging arm based on radiographic and MRI findings**
Solmaz D., Cetin P., Sari I., Birlik M., Onen F., Akkoç N. (Turkey)
- P21 Which Chronic Back Pain (CBP) characteristics are associated with a positive HLA-B27 in patients with suspected axial spondyloarthritis (AXSPA)? Results from the EsPeranza cohort**
Navarro-Compán V., Aznar J.J., Linares L.F., Collantes-Estevez E., Zarco P., on behalf of EsPeranza Group (Spain)
- P22 Prevalence of self-reported depression in patients with axial spondyloarthritis**
Meirinhos T., Aguiar R., Ambrósio C., Barcelos A. (Portugal)
- P23 Utility of enthesitis assessments in peripheral spondyloarthritis – Data from the ABILITY-2 trial**
Mease P., Van den Bosch F., Baeten D., Sieper J., Song I.H., Karunaratne P., Pangan A. (USA, Belgium, The Netherlands & Germany)
- P24 High disease activity in axial spondyloarthritis patients reduces work productivity**
van Hoeven L., Boonen A., Hazes J.M.W., Weel A.E.A.M. (The Netherlands)
- P25 What is the optimal strategy to refer possible axial spondyloarthritis patients from primary care to the rheumatologist?**
van Hoeven L., Vergouwe Y., Hazes J.M.W., Weel A.E.A.M. (The Netherlands)

- P26 Three-year course and prediction of physical functioning and spinal mobility in ankylosing spondylitis patients treated with TNF-inhibitors**
van Weely S.F.E., Kneepkens E.L., Nurmohamed M.T., Dekker J., van der Horst-Bruinsma I.E. (The Netherlands)
- P27 RAPID3 in 90 Korean patients with ankylosing spondylitis yields similar information to BASDAI and ASDAS, with greater feasibility for busy clinical settings**
Choe J.Y., Kim S.K., Lee H. (Korea)
- P28 Work productivity in employed patients with ankylosing spondylitis treated with etanercept**
Boonen A., Boone C., Boon T., Albert A., Mielants H. (The Netherlands & Belgium)
- P29 Long-term safety and efficacy of certolizumab pegol in patients with axial spondyloarthritis: 96-week outcomes of the RAPID-AXSPA trial**
Sieper J., Rudwaleit M., van der Heijde D., Maksymowych W.P., Dougados M., Mease P.J., Reveille J., Braun J., Deodhar A., Arledge T., Nurminen T., Landewé R. (Germany, The Netherlands, Canada, France & USA)
- P30 Disease activity and clinical response early in the course of treatment predicts long-term outcomes in axial spondyloarthritis and psoriatic arthritis patients treated with certolizumab pegol**
van der Heijde D., Deodhar A., Fleischmann R., Rudwaleit M., Davies O., Nurminen T., Mease P.J. (The Netherlands, USA, Germany & UK)
- P31 Long-term safety and efficacy of certolizumab pegol in patients with psoriatic arthritis with and without prior anti-tumor necrosis factor exposure: 96-week outcomes of the RAPID-PsA trial**
Mease P.J., Fleischmann R., Wollenhaupt J., Deodhar A., Gladman D., Arledge T., Peterson L., van der Heijde D. (USA, Germany, Canada & The Netherlands)
- P32 Observed incidence rates of uveitis following certolizumab pegol treatment in patients with axial spondyloarthritis**
Rudwaleit M., Landewé R., Marzo-Ortega H., Sieper J., van der Heijde D., Rosenbaum J., Davies O., Stach C., Nurminen T., Deodhar A. (Germany, The Netherlands, UK & USA)
- P33 Impact of repeating imaging of the sacro-iliac joints over one year on the classification according the ASAS axial SpA criteria of patients**
Bakker P.A.C., de Hooge M.S.M., van den Berg R., van Gaalen F.A., Reijnen M., Huizinga T., van der Heijde D.M.F.M. (The Netherlands)



P34 C-reactive protein as a predictor of treatment response in patients with ankylosing spondylitis

Baraliakos X., Szumski A., Koenig A., Jones H. (Germany & USA)

P35 Aortic regurgitation is common in ankylosing spondylitis and justifies routine echocardiographic screening

Klingberg E., Grüner-Sveälv B., Scharin-Täng M., Bech-Hanssen O., Bergfeldt L., Forsblad-d'Elia H. (Sweden)

P36 Comparison of the risk of developing adverse events between PsA and AS: Results from the LORHEN registry

Atzeni F., Ricci C., Caporali R., Marchesoni A., Bongiovanni S., Favalli E., Gorla R., Pellerito R., Filippini M., Todoerti M., Paolazzi G., Bortolotti R., Fusaro E., Sarzi-Puttini P., on behalf of LORHEN Registry (Italy & Germany)

P37 Validity of ASDAS and BASDAI as a measure of disease activity in axial psoriatic arthritis

Kilic G., Kilic E., Nas K., Karkucak M., Capkin E., Dagli A.Z., Cevik R., Ozgocmen S. (Turkey)

P38 Validity of the ankylosing spondylitis disease activity score (ASDAS) in patients with axial spondyloarthritis

Kilic G., Kilic E., Akgul O., Ozgocmen S. (Turkey)

P39 Attitude of doctor and patient to ankylosing spondylitis: Questions of understanding

Myasoutova L., Lapshina S. (Russia)

P40 Axial ankylosing spondylitis and radiological not: The same syndrome or different diseases? Analysis of 'EsPeranza' cohort

Hernández-Sanz A., Navarro-Compán V., Fernández-Carballido C., Montilla-Morales C., Mulero-Mendoza J., de Miguel E., on behalf of EsPeranza Group (Spain)

P41 Is 25mg etanercept effective in maintaining a clinical response in patients with ankylosing spondylitis who have responded to 50mg once weekly: A multicentre randomised controlled trial

Elender F., Hamilton L., Yates M., Dean L., Doll H., Thomas H., Gaffney K. (UK)

P42 Efficacy and safety of Kunxian capsule for treatment of spondyloarthropathy (SpA) and ankylosing spondylitis (AS): Results of a multi-center randomized placebo-controlled trial

Li Q., Li L., He D., Bi L., Lin Z., Cao S., Liu H., Liao Z., Xiao C., Wang G., Zhou H., Wu H., Gu J. (China)

P43 A retrospective study on clinical features of IgA nephropathy in ankylosing spondylitis

Qi J., Lv Q., Gu J. (China)

P44 TGP may intervene as immune function, maintaining clinical remission on ankylosing spondylitis patients

Li Q., Li W., Cao S., Gu J. (China)

P45 Measurement of lateral spinal flexion and Schober is sufficient to be informed about spinal mobility in patients with ankylosing spondylitis: 12-year OASIS results

Ramiro S., Landewé R., van der Heijde D., Stolwijk C., Dougados M., van den Bosch F., van Tubergen A. (The Netherlands, France & Belgium)

P46 Spinal mobility gets impaired in a fixed order in patients with ankylosing spondylitis: 12-year OASIS results

Ramiro S., Landewé R., van der Heijde D., Stolwijk C., Dougados M., van den Bosch F., van Tubergen A. (The Netherlands, France & Belgium)

P47 A physically demanding job may amplify the effect of disease activity on radiographic progression in patients with AS

Ramiro S., van Tubergen A., Landewé R., Boonen A., Stolwijk C., Dougados M., van den Bosch F., van der Heijde D. (The Netherlands, France & Belgium)

P48 Initial presentation and clinical course between late-onset ankylosing spondylitis and adult-onset AS

Lee S.H., Song R., Lee Y.A., Choi J.Y., Yang H.I., Hong S.J. (South Korea)

P49 Preliminary study of peripheral blood disorders of active ankylosing spondylitis - A retrospective study

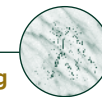
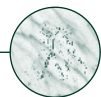
Lv Q., Gu J. (China)

P50 How to improve early diagnosis of axial spondyloarthritis (according to rheumatologic city center, Kazan, Russia)

Myasoutova L., Lapshina S. (Russia)

P51 Evaluation of the two-step referral strategy for axial spondyloarthritis in the spondyloarthritis caught early cohort

Abawi O., van den Berg R., van der Heijde D., de Hooge M., Bakker P., Huizinga T. van Gaalen F. (The Netherlands)



P52 Impact of uveitis on characteristics of patients with ankylosing spondylitis

Zepa J., Bulina I., Lavrentjevs V., Zepa L., Priedite I., Nikitina-Zake L., Lejnieks A., Andersone D. (Latvia)

P53 Evaluation of referral models for axial spondyloarthritis in primary care in the spondyloarthritis caught early cohort

Abawi O., van den Berg R., van der Heijde D., van Gaalen F. (The Netherlands)

P54 Validation of touch-screen questionnaires in spondyloarthropathies

Cunha-Miranda L., Santos H., Miguel C., Barcelos F., Silva C., Fernandes S., Borges J., Trinca R., Vicente V., Aguiar P. (Portugal)

P55 Spondyloarthritis with and without concomitant psoriasis

Hansen I.M., Bakland G., Førre Ø. (Norway)

P56 52-week response to brodalumab, an anti-IL-17R antibody, in subjects with psoriatic arthritis

Mease P.J., Genovese M.C., Greenwald M.W., Ritchlin C.T., Beaulieu A., Deodhar A., Newmark R., Feng J.Y., Erondy N., Nirula A. (USA & Canada)

P57 Sleep and quality of life in psoriatic arthritis

Arancibia L.A., Gonçalves C.R., Sampaio P.B., Goldenstein-Schainberg C. (Brazil)

Poster Session 2

Poster Session 2 is scheduled during the coffee break of 15.15 – 16.15 hrs on Friday, October 24. The presenters of posters P58 through P120 are requested to be present at their posters.

P58 High prevalence of undiagnosed axial SpA in patients below 45 years of age with chronic back pain visiting physiotherapists, orthopedics and ophthalmologists

Gangji V., Tant L., Delmotte N., Van den Enden M., Mielants H. (Belgium)

P59 Defining flare in spondyloarthritis: Thresholds of disease activity variations

Godfrin-Valnet M., Puyraveau M., Wendling D. (France)

P60 Juvenile spondyloarthritis (JSpA) in a cohort of Brazilian patients

Perez M.O., Aikawa N.E., Carrasco S., Sampaio-Barros P.D., Gonçalves C.R., Saad C.G.S., Moraes J.C.B., Goldenstein-Schainberg C. (Brazil)

P61 Mortality and cardiovascular comorbidity in psoriatic arthritis

Juneblad K., Alenius G.M. (Sweden)

P62 Patients with nr-axSpA show a statistically higher disease burden in clinical practice compared with patients with radiographic axial SpA

Jacobsson L.T., Husmark T., Theander E., Henriksson K., Büsch K., Johansson M. (Sweden)

P63 Work participation in patients with axial spondyloarthritis and chronic low back pain - CaFaSpA 2 study

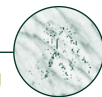
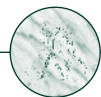
van Hoeven L., Boonen A., Hazes J.M.W., Weel A.E.A.M. (The Netherlands)

P64 Do extra-articular manifestations influence outcome in ankylosing spondylitis? 12 year results from OASIS

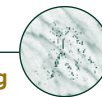
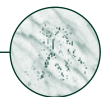
Essers I., Ramiro S., Stolwijk C., Landewé R., van der Heijde D., Van den Bosch F., Dougados M., van Tubergen A. (The Netherlands, Portugal, Belgium & France)

P65 Ankylosing spondylitis and risk of ischemic heart disease: A population-based cohort study

Essers I., Stolwijk C., Boonen A., De Bruin M.L., Bazelier M.T., de Vries F., van Tubergen A. (The Netherlands & UK)



- P66 Patients with AS do not adapt to their disease: Evidence from the ‘then-test’ in patients treated with TNF-inhibitors**
Essers I., van Tubergen A., Heldmann F., Baraliakos X., Braun J., Boonen A. (The Netherlands & Germany)
- P67 Disease activity strongly influences work productivity and physical health related quality of life in early axial spondyloarthritis: Data from the SPACE-cohort**
Roeterink A., De Hooge M., Van de Vijver J., Van den Berg R., Dagfinrud H., Landewé R., Van Oosterhout M., Ramonda R., Huizinga T., Van der Heijde D., Van Gaalen F.A. (The Netherlands, Norway & Italy)
- P68 Substantial decrease in work productivity and physical health-related quality of life in chronic back pain of recent onset: Data from the SPACE-cohort**
Roeterink A., De Hooge M., Van de Vijver J., Van den Berg R., Dagfinrud H., Turina M., Van Oosterhout M., Ramonda R., Huizinga T., Van der Heijde D., Van Gaalen F.A. (The Netherlands, Norway & Italy)
- P69 Renal disease in a cohort of axial spondyloarthritis**
Meirinhos T., Aguiar R., Ambrósio C., Barcelos A. (Portugal)
- P70 Clinical performance of spondyloarthritis criteria in patients aged over 45 years: Which of them should be applied for diagnosis in late-onset ankylosing spondylitis?**
Bendahan L.T., Mendes J.G., Klemz B.N.C., Gomes C.M.F., Oliveira T.L., Pinheiro M.M. (Brazil)
- P71 Male and female patients with axial spondyloarthritis experience disease activity differently: Results from the GLAS cohort**
Arends S., Maas F., van der Veer E., Bos R., Efde M., Leijnsma M.K., Bootsma H., Brouwer E., Spoorenberg A. (The Netherlands)
- P72 Disease activity is the major determinant of quality of life and physical function in patients with early axial spondylarthritis: Results from the ESPERANZA cohort**
Fernández-Carballido C., Navarro-Compán V., Moreno M., Juanola X., Mulero J., de Miguel E., on behalf of the ESPERANZA Study Group (Spain)
- P73 The impact of ankylosing spondylitis on work impairment – Results from the Scotland Registry for Ankylosing Spondylitis (SIRAS)**
Jones G.T., Dean L.E., Macfarlane G.J., on behalf of SIRAS (UK)
- P74 Enthesitis - Prevalence and association with clinical variable in axial spondyloarthritis**
Hax V., Moro A.L.D., Kohem C.L., Jost D., Wroblewski J., Guerra B., Xavier R.M., Mancuso A.C.B., Evaldt C.A., Copetti A.P., Prates D., Palominos P.E. (Brazil)
- P75 Delay to diagnosis in axial SpA: No improvement in the UK**
Sykes, M.P., Doll H., Sengupta R., Gaffney K. (UK)
- P76 Unraveling the familial tendency for ankylosing spondylitis in Korea**
Kim H.W., Choe H.R., Chang W.I., Kim Y.G., Yoo B., Hur J.W., Kim T.H., Lee S., Lee E.Y. (Korea)
- P77 Evaluation of a triage system for patients with low back pain**
Smet J., Parijs R., Vanheste R., D’Haese K., Van Boxstael A., Vander Cruyssen B., Ravelingien I., Stubbe M. (Belgium)
- P78 Remission in SpA: Only ASDAS or also a BASDAI scoring?**
Nowik M., Simone D., Ferraccioli G.F., Gremese E. (Italy)
- P79 Genetic and clinical predictors of response to TNF-blocker in an Italian axial-SpA cohort**
Simone D., Canestri S., Nowik M., Messuti L., Miceli MC., Gremese E., Di Mario C., Toluoso B., Ferraccioli G. (Italy)
- P80 Validity of ankylosing spondylitis and spondyloarthritis diagnoses in the Swedish national patient register**
Exarchou S., Lindström U., Sigurdardottir V., Sundström B., Askling J., Eriksson J.K., Forsblad d’Elia H., Turesson C., Kristensen L.E., Jacobsson L. (Sweden)
- P81 Comparison of HLA B27 typing by flow cytometry and polymerase chain reaction assay in patients with ankylosing spondylitis**
Angeli R.S., Duarte M.P., Palominos P.E., Zeni M., Mancuso A.C.B., Motta H.B., Rojas B., Gomes S.B., Casagrande L., Sgnaolin V., Xavier R.M., Schneider P.G., Kohem C.L. (Brazil)
- P82 The ratio of patients who were diagnosed with ankylosing spondylitis by sacroiliac joint MRI**
Seo Y.H., Choi S.J. (Korea)



P83 Disease severity as measured by proms or need for second line treatment in inflammatory bowel disease associated arthropathy: Comparison to other spondyloarthritis subgroups

Drivelegka P., Papachrysos N., Petersson I.F., Bremander A., Jacobsson L.T.H. (Sweden)

P84 The importance of targeting education strategies for complementary therapists dealing with potential axial spondyloarthritis patients

Sengupta R., Cook D., Gaffney K. (UK)

P85 Patients with spondyloarthritis have high cardiovascular and cerebrovascular mortality: Ontario spondyloarthritis (OnSpA) study

Haroon N., Haroon N.N., Li P., Paterson M., Inman R.D. (Canada)

P86 Baseline characteristics in early spondyloarthritis: The BeGIANT cohort

Varkas G., Cypers H., Van Praet L., Carron P., Gyselbrecht L., Corluy L., De Bock W., Raeman F., Vanneuville B., Devinck M., Peene I, Elewaut D, Van den Bosch F. (Belgium)

P87 Persistently high disease activity according to the ASDAS is associated with accelerated radiographic spinal progression in patients with early axial spondyloarthritis

Poddubnyy D., Haibel H., Braun J., Rudwaleit M., Sieper J. (Germany)

P88 Reaching a status of low disease activity spontaneously over two year follow-up in active patients with non-radiographic axial spondyloarthritis in comparison to ankylosing spondylitis not treated with TNF blockers

Poddubnyy D., Haibel H., Braun J., Rudwaleit M., Sieper J. (Germany)

P89 Functional relevance of the IL-23 receptor gene polymorphism rs10889677 in ankylosing spondylitis

Hermann J., Fessler J., Stradner M., Angerer H., I. Holzer, Graninger W. (Austria)

P90 ERAP deficiency leads to reduced B27/NP383-391 immunodominant flu epitope response in influenza infected triple HLA transgenic mice

Akram A., Inman R.D. (Canada)

P91 The association of PPM1A with inflammasome activation in ankylosing spondylitis

Kim Y.G., Hong S., Chang E.J., Lee C.K, Yoo B. (South Korea)

P92 Decreased TH9 and imbalance of TH9 and TH17 in spondyloarthropathy

Ryu H.J., Lee M.K., Seo M.R., Choi H.J., Baek H.J. (South Korea)

P93 Psoriatic arthritis: Clinical and serological comparison between early and late onset

Delle Sedie A., Lodato C., Cioffi E., Sardano E., Bombardieri S., Riente L. (Italy)

P94 Prevalence of peri-articular manifestations (enthesitis and dactylitis) and disease activity in psoriatic arthritis patients: Impact of treatment with TNF inhibitors in a real-world Canadian population

Rahman P., Choquette D., Bensen W.G., Khraishi M., Fortin I., Chow A., Sheriff M.K., Vaillancourt J., Sampalis J.S., Nantel F., Ottawa S., Lehman A.J., Shawi M. (Canada)

P95 Is skin disease more important to patients or physicians in the assessment of disease activity in psoriatic arthritis?

Sholter D., Rahman P., Avina-Zubieta J.A., Kelsall J., Arendse R., Khraishi M., Shaikh S., Bensen W.G., Rampakakis E., Sampalis J.S., Nantel F., Shawi M., Ottawa S., Lehman A.J. (Canada)

P96 Absence of ERAP partially rescues the flu-specific Vβ8.1⁺ CTL which are normally deleted in B7/B27 coexpressing HLA transgenic mice

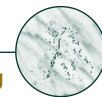
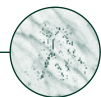
Akram A., Inman R.D. (Canada)

P97 Translation and cross-cultural adaptation of the ASAS health index and the environmental item set into 15 languages

Kiltz U., van der Heijde D., Boonen A., Bautista W., Burgos-Vargas R., Chiowchanwisawakit P., Duruoz T., El-Zorkany B., Essers I., Gaydukova I., Géher P., Gossec L., Grazio S., Gu J., Khan A., Kim T.J., Maksymowych W., Marzo-Ortega H., Navarro V., Olivieri I., Patrikos D., Pimentel dos Santos F.M., Van den Bosch F., Zochling J., Braun J. (Germany, The Netherlands, Colombia, Mexico, Thailand, Turkey, Egypt, Russia, Hungary, France, Croatia, People's Republic of China, USA, South Korea, Canada, UK, Spain, Italy, Greece, Portugal, Belgium & Australia)

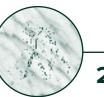
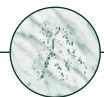
P98 Short term efficacy of tumor necrosis factor inhibitors in patients with non-radiographic axial spondylarthritis and ankylosing spondylitis

Cetin P., Kalyoncu U., Sari I., Karadağ O., Kiliç L., Kiraz S., Onen F., Ertenli I., Akkoç N. (Turkey)



- P99** **Ankylosing spondylitis patients have an increased proportion of CD16⁺ mononuclear cells able to induce CCR6 on CD4⁺ T cells**
Wright P.B., Utriainen L., McEntegart A., McCarey D., McInnes I.B., Siebert S., Milling S.W.F. (UK)
- P100** **The immunological basis of the sex-bias in ankylosing spondylitis: TH17 expansion is restricted to male patients and correlates with sex-related alteration in vitamin d metabolism**
Gracey E., Green B., Yip P., Ayearst R., Anton A., Lin A., Inman R.D. (Canada)
- P101** **Elevated serum level of CD14 in ankylosing spondylitis patients**
Li Q., Lv Q., Chen X., Gu J. (China)
- P102** **Influence of HLA-B27 and spondyloarthritis (SPA) on the distribution of circulating TH1, TH-17 and Treg cells**
Bouiller I., Leboime A., Said-Nahal R., Chiocchia G., Araujo L.M., Breban M. (France)
- P103** **Bromodomain inhibitors reduce TH17-type responses in spondyloarthritis in vitro**
Hammitzsch A., de Wit J., Ridley A., Al-Mossawi M.H., Knapp S., Bowness P. (UK)
- P104** **Pattern recognition receptor induced cytokine production in macrophages from patients with spondyloarthritis**
Liu Y.P., Eickhoff J., Bomkamp A.J., Khan M., Smith J.A. (USA)
- P105** **Suppression of in-vitro TYPE-17 responses in SpA patients using small molecule ROR- γ T inhibitors**
De Wit J., Al-Mossawi M.H., Huhn M., Arancibia C.V., Powrie, F., Bowness P. (UK)
- P106** **Identification and phenotyping of innate lymphoid cells present in the diseased joints of patients with spondyloarthritis, rheumatoid arthritis and psoriatic arthritis**
Al-Mossawi M.H., Manou-Stathopoulou S., De Wit J., Kendrick B., Gundle R., Bowness P. (UK)
- P107** **After surgery with prosthesis the infection rates in patients with ankylosing spondylitis treated by TNF alpha blockade compared to conventional NSAIDs**
Lee S.H., Hong S.J., Chung S.W. (Korea)

- P108** **Fat metaplasia is a key intermediary in the development of sacroiliac joint ankylosis following repair of erosions in patients with spondyloarthritis**
Maksymowych W.P., Wichuk S., Chiochanwisawakit P., Lambert R.G., Pedersen S.J. (Canada, Thailand & Denmark)
- P109** **Comorbidities in psoriatic arthritis: Comparison with rheumatoid arthritis and psoriasis**
Nas K., Karkucak M., Durmus B., Karatay S., Capkin E., Kaya A., Ucmak D., Akar Z.A., Cevik R., Ozgocmen S. (Turkey)
- P110** **IL-6 maybe a crucial role in peripheral arthritis of ankylosing spondylitis by toll-like receptor 2 and 4**
Lee S.Y. (South Korea)
- P111** **Ankylosing spondylitis associated ERAP1 variants trigger the unfolded protein response**
Zhang Z., Haroon N. (Canada)
- P112** **CD74 as an autoantigen in spondyloarthritis**
Witte T., Wintering O., Kniesch K., Klose K., Baerlecken N. (Germany)
- P113** **The killer cell immunoglobulin-like receptor KIR3DL2 binding to HLA-B27 licences pathogenic T cell differentiation in ankylosing spondylitis**
Ridley A., Hatano H., Wong-Baeza I., Shaw J., Wynn K., Al-Mossawi H., Ladell K., Price D., Bowness P., Kollnberger S. (UK)
- P114** **Clinical management in ankylosing spondylitis remission**
Myasoutova L., Lapshina S. (Russia)
- P115** **A molecular basis for the killer cell immunoglobulin-like receptor KIR3DL2 binding to HLA-B27 free heavy chain dimers**
Hatano H., Shaw J., Marquardt K., Zhang Z., Gauthier L., Chanteux S., Rossi B., Li D., Mitchell J., Kollnberger S. (UK)
- P116** **Functional implications of the endoplasmic reticulum aminopeptidase 2 (ERAP2) association with ankylosing spondylitis and Crohn's disease: Impact on the unfolded protein response**
Zhang Z., Ciccia F., Yee K., Guggino G., Abdullah H., Inman R.D., Alessandro R., Raimondo S., Triolo G., Haroon N. (Canada)



P117 Histologic and immunologic characterization of inflamed gut and sacro-iliac joints of patients with non-radiographic axial spondyloarthritis

Ciccia F., Rizzo A., Guggino G., Alessandro R., Triolo G. (Italy)

P118 What have we learned about non-classical forms of HLA-B27 and its role in the pathogenesis of spondyloarthropathies?

Rysnik O.J., McHugh K., Bowness P., van Tok M., van Duivenvoorde L.M., Baeten D. (UK & The Netherlands)

P119 Human mast cells engulf and store exogenous IL-17A

Noordenbos T., Paramarta J.E., Blijdorp I.C., van Mens L.J., Stap J., Hoebe R., Mul E., Yeremenko N.G., Baeten D.L. (The Netherlands)

P120 Calprotectin (S100A8/9) as serum biomarker for clinical response in proof-of-concept trials in axial and peripheral spondyloarthritis

Turina M.C., Yeremenko N., Paramarta J.E., De Rycke L., Baeten D.B. (The Netherlands)

Poster Session 3

Poster Session 3 is scheduled during the coffee break of 10.15 – 11.15 hrs on Saturday, October 25. The presenters of posters P121 through P182 are requested to be present at their posters.

P121 Increased production of interleukin-17 over interleukin-10 by regulatory T cells implicates ICOS molecule in experimental spondyloarthritis

Araujo L.M., Fert I., Jouhault Q., Labroquère K., Andrieu M., Chiocchia G., Breban M. (France)

P122 Low-dose of IL-2 fails to prevent spondyloarthritis development in experimental model

Araujo L.M., Jouhault Q., Fert I., Bouiller I., Chiocchia G., Leboutellier C., Breban M. (France)

P123 Innate immune stimulation triggers altered IL-1A/B gene expression and experimental spondyloarthritis in HLA-B27/huβ2m transgenic rats

Van Tok M.N., van Duivenvoorde L.M., Satumtira N., Dorris M., Taurog J.D., Baeten D.L. (The Netherlands & USA)

P124 Inflammatory bowel disease associated arthropathy: Characteristics of the disease and validity of diagnoses based on ICD-coding in Sweden

Drivelegka P., Papachrysos N., Petersson I.F., Bremander A., Jacobsson L.T.H. (Sweden)

P125 Etanercept increases bone mineral density in ankylosing spondylitis, but does not prevent vertebral fractures

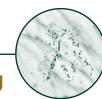
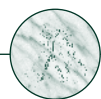
Van der Weijden M.A.C., Van Denderen J.C., Lems W.F., Nurmohamed M.T., Dijkmans B.A.C., Van der Horst-Bruinsma I.E. (The Netherlands)

P126 Induced pluripotent stem cells as a tool for evaluating disease-mediating cell types in spondyloarthritis

Layh-Schmitt G., Lu S., Navid F., Gadina M., Colbert R. (USA)

P127 HLA-B27 prevalence in a cohort of Brazilian patients with psoriatic arthritis and ankylosing spondylitis

Goldenstein-Schainberg C., Carrasco S., Saad C.G., Moraes J.C.B., Gonçalves C.R., Sampaio-Barros P., Parra E.R. (Brazil)



P128 The amount of free heavy chain and β 2m in the cytoplasm of B*2705 ankylosing spondylitis patients (AS) compared to B*2705 and B*2709 healthy subjects does not support the UPR theory - Influence of ERAP1 polymorphisms

Cauli A., Dessolet G., Porru G., Cassotta A., Piga M., Vacca A., Ibba V., Fiorillo M.T., Sorrentino R., Mathieu A. (Italy)

P129 ANTXR2 might be a susceptibility gene of ankylosing spondylitis in Chinese Han

Li Q., Lv Q., Wu X., Zhang P., Li X., Zheng X., Gu J. (China)

P130 SpA-associated polymorphisms of ERAP1 are correlated with gene expression and enzymatic activity of the amino-peptidase

Costantino F., Talpin A., Evnouchidou I., Kadi A., Said-Nahal R., Leboime A., Bonilla N., Letourneur F., Leturcq T., Ka Z., van Endert P., Garchon H.J., Chiochia G., Breban M. (France)

P131 Ankylosing spondylitis-associated SNPS at the IL23R-IL12RB2 intergenic region are functionally important

Roberts A.R., Cohen C.J., Vecellio M., Bowness P., Wordsworth B.P. (UK)

P132 From SNPs to function: Transcriptional regulation of RUNX3 in ankylosing spondylitis

Vecellio M.L., Roberts A.R., Cohen C., Bowness P., Wordsworth B.P. (UK)

P133 Multiway transcriptomic analysis of monocyte-derived dendritic cells (MD-DCs) discriminates effects of disease and of HLA-B27 in spondyloarthritis (SpA)

Chaplais E., Talpin A., Costantino F., Desjardin C., Bonilla N., Leboime A., Said-Nahal R., Letourneur F., Jacques S., Chiochia G., Breban M., Garchon H.J. (France)

P134 ANTXR2 is associated with ankylosing spondylitis

Karaderi T., Keidel S., Appleton L.H., Evans D.M., Wordsworth B.P. (UK & Australia)

P135 Investigation of mode of inheritance in the Chinese Han families with ankylosing spondylitis

Jiang Y., Lv Q., Li Q., Zhai J., Lin Z., Liao Z., Zhang Y., Yang M., Xu Y., Gu J. (China)

P136 Association of EDIL3 gene polymorphisms with ankylosing spondylitis in Chinese Han

Wu X., Lv Q., Zhang P., Zhang Y., Yang M., Lin Z., Liao Z., Zheng X., Gu J. (China)

P137 BACH2 might be a susceptibility gene of ankylosing spondylitis in Chinese Han

Lv Q., Li Q., Wu X., Zhang P., Zheng X., Li X., Gu J. (China)

P138 SNPS analysis of the HAPLN1 genes on ankylosing spondylitis patients and healthy subjects

Li Q., Wu X., Lv Q., Huang Z., Li H., Zhang Y., Lin Z., Liao Z., Yang M., Zhang P., Zheng X., Gu J. (China)

P139 SNPs of FCGR2A genes in ankylosing spondylitis patients and healthy subjects

Zhang P., Li Q., Lv Q., Wu X., Gu J. (China)

P140 RNA sequencing in ankylosing spondylitis identifies a novel disease-specific transcriptome and splice variants

Haynes K.H., Cuddihy T., Le Cao K., Bradbury L., Brown M.A., Thomas G.P. (Australia)

P141 Epigenetic study of advanced ankylosis in patients with ankylosing spondylitis

O'Rielly D.D., Zhang Y., Al-Ghanim N., Ardern R., Hamilton S., Zhai G., Rahman P. (Canada)

P142 Ultra sonographic evaluation of the anterior chest wall in spondyloarthritis: A prospective study

Verhoeven F., Guillot X., Godfrin-Valnet M., Prati C., Wendling D. (France)

P143 Ultrasonographic evaluation of femoral cartilage thickness in patients with psoriatic arthritis

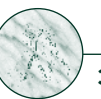
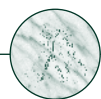
Batmaz I., Sariyildiz M.A., Can I., Karkucak M., Serdar Ö.F., Yazmalar L., Çapkin E., Nas K. (Turkey)

P144 Association between spondyloarthritis features and MRI findings in patients with persistent low back pain

Arnbak B., Jurik A.G., Hørslev-Petersen K., Hendricks O., Hermansen L.T., Loft A.G., Østergaard M., Pedersen S.J., Zejden A., Egund N., Holst R., Manniche C., Jensen T.S. (Denmark)

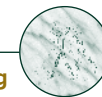
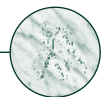
P145 Evaluating hip joints and entheses with power Doppler ultrasound in patients with ankylosing spondylitis before and after 6 months of TNF- α blocking therapy in daily clinical practice

Wink F.R., Bruijn G.A.W., van der Veer E., Bootsma H., Brouwer E., Arends S., Spoorenberg A. (The Netherlands)



- P146 Clinical and imaging differences between familial and sporadic early axial spondyloarthritis: ESPERANZA cohort**
Almodóvar R., Zarco P., Brito E., Rosas J., Muñoz-Fernández S., Navarro-Compán V. and ESPERANZA GROUP (Spain)
- P147 The Swedish early psoriatic arthritis (SWePsA) registry 5-year follow-up: Slow radiographic progression with highest scores in male feet and patients with baseline X-ray abnormalities**
Theander E., Husmark T., Lindqvist U., Larsson P.T., Teleman A., Alenius G.M., Geijer M. (Sweden)
- P148 The distribution of inflammation in the anterior and posterior spinal structures in active AS and the effect of TNF α -blockade**
Baraliakos X., Hermann K.G., Xu S., Hsu B., Braun J. (Germany & USA)
- P149 Spinal mobility in the cervical and the lumbar spine correlates with MRI findings in AS – Results from GO-RAISE**
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- P150 Treatment effect of ustekinumab on fatigue in patients with psoriatic arthritis: Results from PSUMMIT 2**
Ritchlin C., Rahman P., Puig L., Gottlieb A.B., Kavanaugh A., McInnes I.B., Li S., Wang Y., Ganguly R., Mendelsohn A.M., Han C., on behalf of the PSUMMIT 2 Study Group (USA, Canada, Spain & Scotland)
- P151 VEGF and CRP serum levels lack predictive value for radiographic and MRI outcomes in patients with active AS treated with the TNF-inhibitor golimumab**
Baraliakos X., Hermann K.G., Xu S., Hsu B., Braun J. (Germany & USA)
- P152 Serum biomarkers associated with changes in ASDAS and MRI following treatment of AS with golimumab**
Inman R.D., Baraliakos X., Hermann K.G., Braun J., Deodhar A., van der Heijde D.F.M., Xu S., Hsu B. (Canada, Germany, USA & The Netherlands)
- P153 Efficacy and safety of ustekinumab in PsA patients with spondylitis and peripheral joint involvement: Results from a phase 3, multicenter, double-blind, placebo-controlled study**
Kavanaugh A., Puig L., Gottlieb A.B., Ritchlin C., You Y., Wang Y., Mendelsohn A.M., Song M., Rahman P., McInnes I.B., on behalf of the PSUMMIT I Study Group (USA, Spain, Canada & Scotland)

- P154 Do bone marrow edema lesions in the sacroiliac joint change into fatty lesions over a 1-year period in patients with axial spondyloarthritis or possible spondyloarthritis**
Bakker P.A.C., van den Berg R., de Hooge M.S.M., van Gaalen F.A., Reijnen M., Huizinga T., van der Heijde D.M.F.M. (The Netherlands)
- P155 Clinical significance for inflammatory lesions on facet joints of the spine using novel ankylosing spondylitis activity of facet joint (ASAFacet) scoring system**
Lee S., Lee J.Y., Kim S.K., Kim T.H. (Korea)
- P156 Validation of the new concept of backfill on MRI: A distinct reparative tissue that follows resolution of inflammation at sites of sacroiliac joint erosion**
Maksymowych W.P., Pedersen S.J., Wichuk S., Chiochanwisawakit P., Østergaard M., Weber U., Lambert R.G. (Canada, Denmark & Thailand)
- P157 The spondyloarthritis research consortium of Canada MRI sacroiliac joint structural score: Reliable detection of structural progression even over one year**
Maksymowych W.P., Wichuk S., Chiochanwisawakit P., Lambert R.G., Pedersen S.J. (Canada, Thailand & Denmark)
- P158 Diffusing weight magnetic resonance imaging may suggest the treatment strategy in ankylosing spondylitis**
Sang Yeob L., Jae Ho B., Sung Won L., Won Tae C. (South Korea)
- P159 Correlation between clinical and MRI disease activity in axial spondyloarthritis**
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- P160 Performance of hybrid 18F-fluoride PET/MRI of the sacroiliac joints and the spine in patients with ankylosing spondylitis**
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- P161 Lymphatic endothelial progenitor cells and vascular endothelial growth factor-C in spondyloarthritis and Crohn's disease: Two overlapping diseases?**
Bandinelli F., Milia A.F., Lastraioli E., Manetti M., Fazi M., Arcangeli A., Matucci-Cerinic M., Ibba-Manneschi L. (Italy)



P162 Autophagy and unfolded protein response: A fine balance that can influence the pathogenesis of ankylosing spondylitis and inflammatory bowel disease

Haroon N., Guggino G., Zhang Z., Yee K., Abdullah H., Alessandro R., Raimondo S., Triolo G., Ciccio F. (Canada)

P163 Microscopic gut inflammation in SpA is a prognostic factor for initiation of anti-TNF therapy in daily practice

Cypers H., Varkas G., Van Praet L., Van den Bosch F., Elewaut D. (Belgium)

P164 Validation of the ankylosing spondylitis disease activity score (ASDAS) and effectiveness of infliximab in the treatment of ankylosing spondylitis over 4 years

Rahman P., Choquette D., Khraishi M., Bensen W.G., Shaikh S.A., Sholter D., Sheriff M., Rampakakis E., Sampalis J.S., Nantel F., Ottawa S., Lehman A.J., Shawi M. (Canada)

P165 Intraarticular injections of SI joint are effective in AS patients' objective

Lee S.W., Lee S., Kim T.H. (South Korea)

P166 Comparisons of radiographic progression of ankylosing spondylitis between treatment with TNF antagonist, continuous treatment with NSAID, and on demand treatment of NSAID

Min H.K., Kang J.Y., Koh J.H., Jung S.M., Lee J., Kwok S.K., Ju J.J., Kim W.U., Park S.H. (South Korea)

P167 Clinical response and remission in patients with non-radiographic axial spondyloarthritis after three years of adalimumab therapy

van der Heijde D., Sieper J., Baeten D., Maksymowych W., Xia Y., Anderson J., Pangan A. (The Netherlands, Germany, Canada & USA)

P168 NSAID use in patients with ankylosing spondylitis treated with and without TNF- α blocking therapy during 2-year follow-up

Carbo M.J., Arends S., Brouwer E., Bos R., Efde M., Leijnsma M.K., Bootsma H., van der Veer E., Spoorenberg A. (The Netherlands)

P169 Spinal radiographic progression during long-term TNF- α blocking therapy in patients with ankylosing spondylitis: Results from the GLAS cohort

Maas F., Spoorenberg A., Brouwer E., Bos R., Efde M., Chaudhry R.N., Veeger N.J.G.M., Bootsma H., van der Veer E., Arends S. (The Netherlands)

P170 Development of new radiographic vertebral fractures in patients with ankylosing spondylitis during 4 years of TNF- α blocking therapy

Maas F., Spoorenberg A., Brouwer E., Bos R., Chaudhry R.N., Wink F., Bootsma H., van der Veer E., Arends S. (The Netherlands)

P171 Non-steroidal anti-inflammatory drugs in axial spondyloarthritis: A Cochrane review

Kroon F., van der Burg L., Ramiro S., Landewé R., Buchbinder R., van der Heijde D. (The Netherlands & Australia)

P172 Low dosage and short term programmed released prednisone treatment of spondylitis patients is more effective in established and very active disease and in association with DMARDs

Bandinelli F., Scazzariello F., Pimenta da Fonseca E., Piemonte G., Benelli L., Guidi F., De Luca R., Guiducci S., Santiago M.B., Matucci Cerinic M. (Italy & Brazil)

P173 Long-term evaluation of NT-proBNP levels in ankylosing spondylitis patients under TNF blockers

Russo D.T., Moraes J.C.B., Saad C.G.S., Ribeiro A.C.M., Schainberg C.G., Sampaio-Barros P.D., Gonçalves C.R., Bonfa E. (Brazil)

P174 Are patients with as willing to pay for treatment with infliximab?

Webers C., Essers I., Van Tubergen A., Braun J., Heldmann F., Baraliakos X., Boonen A. (The Netherlands & Germany)

P175 Allogeneic mesenchymal stem cell transplantation in refractory ankylosing spondylitis: 24 weeks experience

Yang M., Lv Q., Li Q., Wu X., Xiang P., Chen X., Gu J. (China)

P176 Do patients with non-radiographic axial spondyloarthritis and ankylosing spondylitis respond similarly well to NSAIDs?

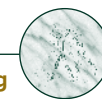
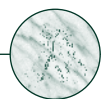
Baraliakos X., Kiltz U., Heldmann F., Braun J. (Germany)

P177 Different performance of the ASDAS and BASDAI in patients with axSpA treated with NSAIDs – Results from a prospective study

Baraliakos X., Kiltz U., Heldmann F., Braun J. (Germany)

P178 Predictors of remission in axial spondyloarthritis patients treated with non-steroidal anti-inflammatory drugs

Furtado C., Fernandes S., Rodrigues A.M., Martins F.M., Miranda Rosa C., Pereira da Silva J.A., Vieira-Sousa E. (Portugal)



P179 **Observational study of switching anti-TNF agents in ankylosing spondylitis: Effectiveness and predictors**

Saad C.G.S., Shimabuco A.Y., Ribeiro A.C.M., Moraes J.C.B., Sampaio-Barros P.D., Goldenstein-Schainberg C., Gonçalves C., Bonfa, E. (Brazil)

P180 **Ustekinumab effectively reduces active inflammation as detected by magnetic resonance imaging in patients with active ankylosing spondylitis: Results of a 28-week, prospective, open-label, proof-of-concept study (TOPAS)**

Poddubnyy D., Hermann K.G., Callhoff J., Listing J., Sieper J. (Germany)

P181 **Infliximab induced subacute cutaneous lupus-like syndrome in patient with ankylosing spondylitis**

Dai K., Holc I. (Slovenia)

P182 **Influence of TNF blocker on radiographic damage in ankylosing spondylitis: OSKAR data**

Kim T.J., Joo K.B., Lee S., Shin J.H., Kim T.H. (South Korea)



“To me, the most frustrating aspects of my disease are the ongoing battles with tiredness and the limitations it places on me. I try to take each day as it comes and not think about the future too much.”

Kristof, living with spondyloarthritis





THE ENBREL WAY

ACROSS ALL STAGES OF axSpA

axSpA, Axial SpondyloArthritis

*Enbrel is licensed for the treatment of adults with severe non-radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated CRP and/or MRI evidence who have had an inadequate response to nonsteroidal anti-inflammatory drugs and for the treatment of adults with severe active ankylosing spondylitis who have had an inadequate response to conventional therapy.

ABBREVIATED PRESCRIBING INFORMATION

Enbrel etanercept
Before prescribing Enbrel please refer to full Summary of Product Characteristics (SmPC).
Presentation: Enbrel Pre-filled Syringe: Enbrel 25 mg or 50 mg solution for injection in pre-filled syringe. Each pre-filled syringe contains either 25 mg or 50 mg etanercept. Enbrel Pre-filled Pen (MVLIC): Enbrel 50 mg solution for injection in pre-filled pen. Each pre-filled pen contains 50 mg etanercept. Enbrel Powder: Enbrel 25 mg powder and solvent for solution for injection. Each vial contains 25 mg etanercept and each pre-filled syringe contains 1 ml water for injections. Enbrel Paediatric: Enbrel 10 mg powder and solvent for solution for injection for paediatric use. Each vial contains 10 mg etanercept and each pre-filled syringe contains 1 ml water for injections. **Uses:** Adults: Moderate to severe active rheumatoid arthritis (RA), in combination with methotrexate, when response to disease-modifying anti-rheumatic drugs (DMARDs), including methotrexate (unless contraindicated), has been inadequate. Enbrel can be given as monotherapy in the case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate. Severe, active and progressive RA without prior methotrexate treatment. Enbrel alone or with methotrexate has been shown to reduce the rate of progression of joint damage measured by X-ray and to improve physical function. Patients with moderate to severe plaque psoriasis (PP) who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapy including cyclosporin, methotrexate or PUVA. Active and progressive psoriatic arthritis (PsA) when response to DMARDs has been inadequate. Enbrel has been shown to improve physical function in PsA patients, and to reduce the progression rate of peripheral joint damage as measured by X-ray in patients with polyarticular symmetrical subtypes of PsA. Severe active ankylosing spondylitis (AS) when response to conventional therapy has been inadequate. **Non-radiographic axial spondyloarthritis (nr-axSpA):** Treatment of adults with severe non-radiographic axial spondyloarthritis with objective signs of inflammation as indicated by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI) evidence, who have had an inadequate response to nonsteroidal anti-inflammatory drugs (NSAIDs). **Children aged 2-17 years:** Juvenile idiopathic arthritis (JIA). Polyarthritis (rheumatoid factor positive or negative) and extended oligoarthritis when inadequate response to, or intolerant of methotrexate. Psoriatic arthritis from the age of 12 years when inadequate response to, or intolerant of methotrexate. Enthesitis-related arthritis from the age of 12 years when inadequate response to, or intolerant of conventional therapy. **Children aged 6-17 years:** Chronic severe psoriasis when inadequately controlled by, or intolerant to, other systemic therapies or phototherapies. **Dosage:** By subcutaneous injection. **Adults:** RA – 25 mg twice weekly or 50 mg once weekly. PP – 25 mg twice weekly or 50 mg once weekly for up to 24 weeks, or 50 mg twice weekly for up to 12 weeks followed by 25 mg twice weekly or 50 mg once weekly for a further 12 weeks if needed. Continuous therapy may be appropriate for some adult patients. Discontinue if no response after 12 weeks. For re-treatment: 25 mg twice weekly or 50 mg once weekly for up to 24 weeks. **AS, nr-axSpA and PsA – 25 mg twice weekly or 50 mg once weekly.** **Children aged 2-17 years:** JIA – 0.4 mg/kg (maximum per dose 25 mg) twice weekly with an interval of 3-4 days or 0.8 mg/kg (maximum per dose 50 mg) once weekly. Discontinuation of treatment should be considered in patients who show no response after 4 months. **Children aged 6-17 years:** Plaque psoriasis in children aged 6-17 years – 0.8 mg/kg (maximum per dose 50 mg) once weekly for up to 24 weeks. Discontinue if no response after 12 weeks. For re-treatment: 0.8 mg/kg (maximum per dose 50 mg) once weekly for up to 24 weeks. **Contra-indications:** Hypersensitivity to any of the ingredients, sepsis or risk of sepsis, active infections. **Warnings and Precautions:** Enbrel should be initiated and supervised by

specialist physicians experienced in the diagnosis and treatment of RA, JIA, PsA, AS, PP or Paediatric PP. Patients treated with Enbrel should be given the Patient Alert Card. Use carefully in patients predisposed to, or with history of, infection due to underlying diseases other than RA (e.g. advanced or poorly controlled diabetes) or with history of blood dyscrasias, pre-existing or predisposition to demyelinating disease or congestive heart failure. Cases of active tuberculosis have been reported, therefore all patients should be evaluated for both active and inactive TB prior to being treated with Enbrel. If active TB is diagnosed, Enbrel should not be initiated. Caution should be used when administering Enbrel to patients previously infected with hepatitis B and there have been reports of worsening hepatitis C in patients receiving Enbrel. Use with caution in patients with a history of hepatitis C. Whether treatment with Enbrel might influence the development and course of active and/or chronic infections is unknown. Concurrent administration of Enbrel and anakinra has been associated with increased risk of serious infections and neutropenia, and is therefore not recommended. In clinical studies, concurrent administration of abatacept and Enbrel resulted in increased incidences of serious adverse events, and is therefore not recommended. Use caution when considering combination therapy with DMARDs other than methotrexate. Reports of various malignancies have been received in the post-marketing period, therefore with current knowledge, a possible risk for the development of lymphomas, leukaemia or other haematopoietic or solid malignancies in patients treated with a TNF-antagonist cannot be excluded. Malignancies, some fatal, have been reported among children, adolescents and young adults (up to 22 years of age) treated with TNF-antagonists (initiation of therapy – 18 years of age) in the post marketing setting. Melanoma and non-melanoma skin cancer (NMSC) have been reported in patients treated with TNF-antagonists, including Enbrel. Post-marketing cases of Merkel cell carcinoma have been reported very infrequently in patients treated with Enbrel. Periodic skin examination is recommended for all patients, particularly those with risk factors for skin cancer. Enbrel has not been studied in combination with other systemic therapies or phototherapy for the treatment of psoriasis. Monitor closely if patient develops new infection during treatment. Discontinue treatment if serious infection or allergic reaction develops or if blood dyscrasias are confirmed. Caution should be used in patients who have moderate to severe alcoholic hepatitis and Enbrel should not be used in patients for the treatment of alcoholic hepatitis. Discontinue temporarily if significantly exposed to varicella virus. Live vaccines should not be given concurrently with Enbrel. Paediatric patients should have received all vaccines recommended in current immunisation guidelines prior to starting Enbrel. Treatment with Enbrel may result in the formation of autoantibodies. Enbrel is not recommended for use in patients with Wegener's granulomatosis. There have been reports of hypoglycaemia in Enbrel patients receiving medication for diabetes, necessitating a reduction in anti-diabetic medication in some of these patients. There have been reports of Inflammatory Bowel Disease (IBD) and uveitis in JIA patients being treated with Enbrel. Caution should be exercised when treating the elderly and with particular attention to occurrence of infections. **Pregnancy & Lactation:** Enbrel is not recommended in pregnant or breast-feeding women. **Undesirable Effects:** The most commonly reported adverse reactions are injection site reactions, infections, allergic reactions, development of autoantibodies, itching, and fever. See SmPC for less commonly reported side effects. TNF-antagonists, such as Enbrel, affect the immune system and their use may affect the body's defences against infection and cancer. Serious infections affect fewer than 1 in 100 patients treated with Enbrel. Reports have included fatal and life-threatening infections and sepsis. Various malignancies have also been reported with the use of Enbrel, including cancers of the breast, lung, skin and lymphatic system (lymphoma). Serious infections and other adverse events such as

uncommon reports of: thrombocytopenia, systemic vasculitis, uveitis and scleritis, interstitial lung disease, rare reports of tuberculosis, opportunistic infections, anaemia, leucopenia, neutropenia, pancytopenia, seizures, worsening of heart failure, autoimmune hepatitis, Steven Johnson's syndrome and very rare reports of: anaphylaxis, toxic epidermal necrolysis and aplastic anaemia have been reported. Reactivation of hepatitis B (a liver infection) and worsening of symptoms of dermatomyositis has also been reported. Central and peripheral demyelinating events have been seen rarely and very rarely respectively, with Enbrel use. There have been rare reports of lupus, lupus-related conditions, and vasculitis. Rate of new malignancies was similar to that expected for the population studied. Fatalities associated with serious infections, pancytopenia, aplastic anaemia and interstitial lung disease have also been reported. Paediatrics: Generally as for adults, except the following were more common: headaches, nausea, vomiting and abdominal pain. In addition the following were reported as severe events: varicella, appendicitis, gastroenteritis, depression/personality disorder, cutaneous ulcer, oesophagitis/gastritis, group A streptococcal septic shock, type 1 diabetes mellitus, and soft tissue and post operative wound infection. There have been post-marketing reports of IBD, and uveitis in JIA patients, including a few cases of positive re-challenge. See section 4.8 of the SmPC for how to report adverse reactions. **Legal Category:** POM. **Package Quantities:** Enbrel Pre-filled Syringe: Each carton contains 4 pre-filled syringes containing either 25 mg or 50 mg of Enbrel and 4 alcohol swabs. Enbrel Pre-filled Pen (MVLIC): Each carton contains 4 pre-filled pens containing 50 mg of Enbrel and 4 alcohol swabs. Enbrel Powder: Each carton contains 4 vials of Enbrel 25 mg powder. 4 pre-filled syringes of water for injections, 4 needles, 4 vial adaptors and 8 alcohol swabs. Enbrel Paediatric (10 mg): Each carton contains 4 vials of Enbrel 10 mg powder, 4 pre-filled syringes of water for injections, 4 needles, 4 vial adaptors and 8 alcohol swabs. **Basic NHS Cost:** 10 mg: £45.00 per carton; 25 mg (all presentations): £57.50 per carton; 50 mg (all presentations): £75 per carton. **European Marketing Authorisation Number:** Enbrel Pre-filled Syringe: 25 mg: EU/1/99/126/013 Enbrel Pre-filled Syringe: 50 mg: EU/1/99/126/017. Enbrel Pre-filled Pen (MVLIC): 50 mg: EU/1/99/126/020 Enbrel Powder: 25 mg: EU/1/99/126/003 Enbrel Paediatric 10 mg: EU/1/99/126/022. **Further information** is available on request from Medical Information Department at Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS, UK. Date of Prescribing Information: July 2014. Doc ID: EN 8_0_Pfleit number: 2015-000390

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Pfizer Medical Information on 03304 616161

References: 1. Enbrel (etanercept) SmPC. http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/000022/WC50002736.pdf. Last accessed: June 2014. 2. Dougados M et al. *Arthritis Rheum*. 2014 Accepted Article doi:10.1002/art.38721. 3. Maksymowych WP et al. Poster presented at: EULAR Annual Meeting; Paris, France, June 11-14, 2014. Poster FR0260. 4. Song IH et al. *Ann Rheum Dis*. 2011;70(4):590-596. 5. Song IH et al. Paper presented at: ACR/ARHP Annual Meeting; San Diego CA, USA, October 26-30, 2015. Abstract 1526. 6. Song IH et al. *Ann Rheum Dis*. 2015;72(16):823-825. 7. Pavelka K et al. *Clin Exp Rheum*. 2009;27:964-969. 8. Barakakos V et al. *Arthritis Res Ther*. 2013;15(3):R67. 9. Dougados M et al. *Ann Rheum Dis*. 2011;70:799-804.

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Sponsored session at the 9th International Congress on Spondyloarthropathies

Exploring novel pathways and opportunities in psoriatic arthritis and beyond

Thursday 23rd October 2014 | 16.45–17.45

Welcome and introduction

Professor Désirée van der Heijde, *Leiden University, the Netherlands*
Professor Herman Mielants, *Ghent University, Belgium*

Mapping the IL-23/IL-17 axis

Professor Dirk Elewaut, *Ghent University, Belgium*

Targets or strategies – the next steps in psoriatic arthritis management

Professor Iain McInnes, *University of Glasgow, UK*

Questions and closing remarks

All

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Registration

As of 15/10/'14

Participant MD	€ 700,00
Participant Non-MD	€ 800,00
Student/Researcher Non-MD with Abstract*	€ 400,00
Gala Dinner on Friday	€ 50,00**

*Presenting author only

**If seats are available

The registration includes

The registration fee includes access to all lectures, to the Opening Reception and Walking Dinner, the lunches, coffee breaks and the Farewell Reception as indicated in the programme. Participants also have free access to the exhibition.

Participation into the Opening Reception & Walking Dinner and the Farewell Reception is free **but pre-registration is mandatory.**

Separate registration and payment is required to participate in the Gala Dinner.

Payment

Payment is to be made by credit card. All major credit cards are accepted.

Cancellations

Cancellations received no later than August 31, 2014, entitle registered persons to a 50% refund. In order to cancel your registration and/ or hotel booking please contact Charlotte Schaek: charlotte@medicongress.com.

Hotel Accommodation

A number of hotel rooms have been booked at special group rates, including breakfast and VAT. The below rates are only valid for reservations made through Medicongress.

Housing requests are filled in order of receipt. If the hotel of your choice is filled, you will be assigned to another hotel. Hotel availability cannot be guaranteed after August 15.

Any requests for hotel accommodation must be accompanied by a credit card number, in order to secure the room. This credit card will not be charged by the organisers but only serves as a reservation guarantee. Participants will have to pay their hotel room and personal expenses at the reception of the hotel. In case of late cancellation or no show, the room will be charged on the Credit Card.

A hotel confirmation will be sent by email after receipt of the registration form and housing request and payment of the registration fee.

Each hotel has its proper cancellation policy. For details, see hotel accommodation section of www.spa-congress.be.

List of hotels and group rates for the SpA Congress:

Ibis Gent Opera **

Single room: € 106,50

Double room: € 123,00

Breakfast and city taxes are included.

Ibis Gent Centrum St. Baafs Kathedraal **

Single room: € 112,50

Double room: € 129,00

Breakfast and city taxes are included.

Hotel Best Western – Cour St. Georges ***

Single room: € 125,00

Double room: € 135,00

Breakfast is included. City taxes are € 2,5 per person/night.

Hotel Gravensteen ***

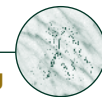
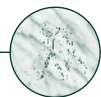
Standard Single room: € 119,00

Standard Double room: € 129,00

Executive Single room: € 139,00

Executive Double room: € 149,00

Breakfast is included. City taxes are € 2,50 per person/night.



Hotel Accommodation

Novotel Gent Centrum ***

Standard Single room: € 138,00
Double room: € 151,00
Breakfast is included. City taxes are € 2,50 per person/night.

Ghent River Hotel ****

Standard Single room: € 149,00
Standard Double room: € 159,00
Executive Single room: € 169,00
Executive Double room: € 179,00
Breakfast is included. City taxes are € 2,50 per person/night.

Hotel de Flandre ****

Standard Single room: €149,00
Standard Double room: € 159,00
Executive Single room: € 169,00
Executive Double room: € 179,00
Breakfast is included. City taxes are € 2,50 per person/night.

NH Gent Belfort ****

Single: € 139,00
Double: € 154,00
Breakfast is included. City taxes are €2,50 per person/night.

Sandton Grand Hotel Reylof ****

Charme Single room: 159,00 euro
Charme Double room: 169,00 euro
Deluxe Single room: 179,00 euro
Deluxe Double room: 189,00 euro
Breakfast is included. City taxes are € 2,50 per person/night.

General Information

Venue

Flanders Opera House – Vlaamse Opera

Schouwburgstraat 3
9000 Gent
<https://vlaamseopera.be/en>

Flanders Opera House – Vlaamse Opera is located in the city centre, within walking distance from the hotels.

It is strictly forbidden to take drinks/food into the meeting room.

General Information

Date

Thursday, October 23 - Saturday, October 25, 2014

Language

The official congress language is English.

Exhibition

A medical exhibition is held on the occasion of the Congress and is located on the 2nd floor. Access is free for registered participants. The exhibition is not accessible for non-MDs.

Catering

Coffee breaks and lunches will be served in the exhibition area located on the 2nd floor.

It is strictly forbidden to take drinks/food into the Meeting Room.

Twitter

The official SpA Twitter account is #spondylo14. It will be possible to use this account to tweet your questions for speakers during the Q&A sessions.

Evaluation

In order to evaluate the 9th SpA Congress, all participants will receive a short questionnaire at the end of each congress day (link sent by email). This daily questionnaire will take max 5 minutes to complete.

Your opinion is valuable for the future of the SpA Congress.

WiFi

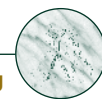
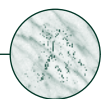
Free WiFi is offered to all participants and exhibitors. The WiFi access code will be available onsite.

Liability

Neither the organisers nor Medicongress accept liability for damages and/or losses of any kind which may be incurred by Congress participants during the Congress. Participants are advised to take out insurance against loss, accidents or damage which could be incurred during the Congress.

Organisation and Administration

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Phone: +32 (0)9 218 85 85
Fax: +32 (0)9 344 40 10
E-mail: congresses@medicongress.com
Programme developed in collaboration with Wonder Reizen, Lic. A 5603



Social Programme

Opening Reception and Walking Dinner on Thursday, October 23

This Opening Reception and Walking Dinner will take place at Flanders Opera House and is included in the registration fee. Pre-registration however is required.

Gala Dinner on Friday, October 24

The Gala Dinner will take place at the 'Oude Vismijn' (Old Fish Market), Separate registration and payment is required to participate in the Gala Dinner.

Here centuries-old history and high-tech facilities go hand in hand. Opposite the Castle of the Counts lies the monumental gateway (1689) to the Old Fish Market. Neptune keeps watch over the Scheldt (male) and the Lys (female).



Farewell Reception on Saturday, October 25

The Farewell Reception will take place at Flanders Opera House and is included in the registration fee. Pre-registration however is required.

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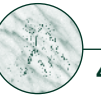
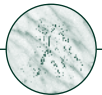
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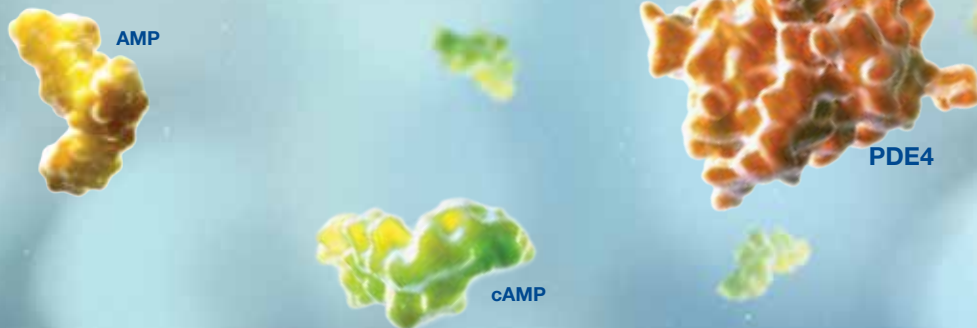


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DISCOVER THE ROLE OF PDE4 IN PSORIASIS AND PSORIATIC ARTHRITIS

PDE4 promotes the dysregulation of pro- and anti-inflammatory mediators thought to occur in inflammatory disease^{1,2} and is present in key inflammatory cells implicated in psoriasis and psoriatic arthritis.²⁻⁴

Visit Booth #7

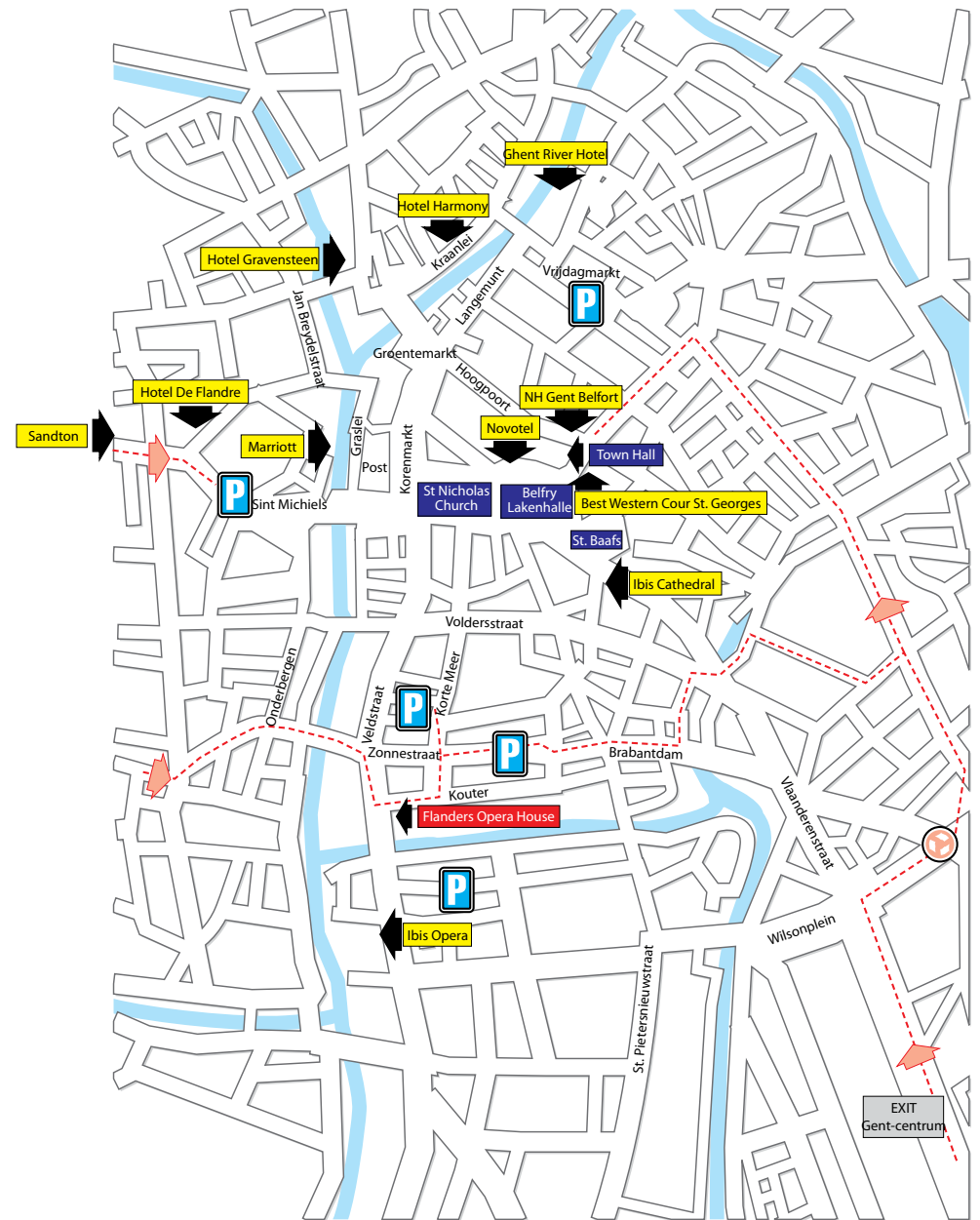


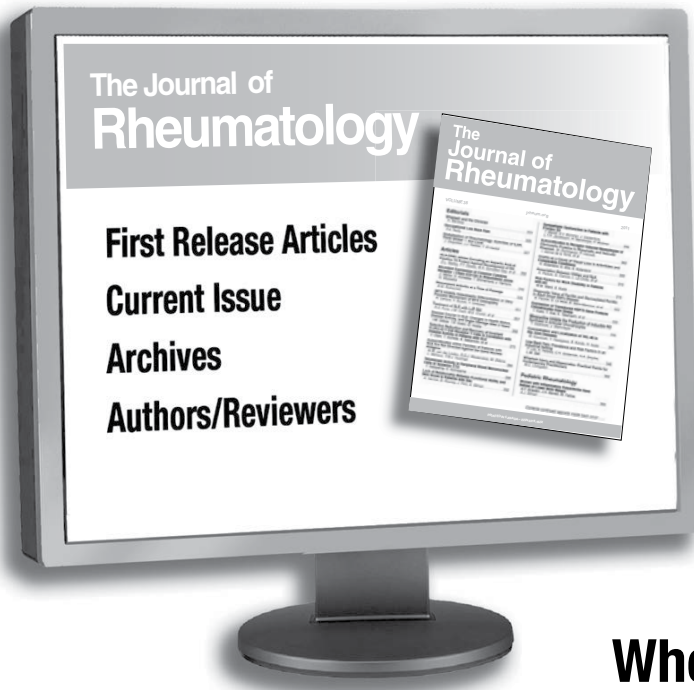
PDE4, phosphodiesterase-4; AMP, adenosine monophosphate; cAMP, cyclic AMP.

References: 1. Houslay MD, *et al.* Keynote review: phosphodiesterase-4 as a therapeutic target. *Drug Discov Today*. 2005;10(22):1503–1519. 2. Press NJ and Banner KH. PDE4 inhibitors – a review of the current field. In: Lawton G, Witty DR, eds. *Progress in Medicinal Chemistry*. Amsterdam, The Netherlands: Elsevier; 2009:37–74. 3. Lowes MA, *et al.* Pathogenesis and therapy of psoriasis. *Nature*. 2007;445(7130):866–873. 4. Veale DJ, *et al.* Immunopathology of psoriasis and psoriatic arthritis. *Ann Rheum Dis*. 2005;64(suppl 2):ii26–ii29.



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