Welcome Address

Dear colleagues and friends,

Welcome to the 13th International Congress on Spondyloarthritides, which will take place on the 7 – 9 September 2022 in the beautiful city of Gent as a wholly in-person meeting. The congress has grown over the years to become the premier international event in the field of the Spondylarthritides. Indeed, the attendance has almost quadrupled since 1998 to include scientists, medical doctors, allied health professionals, pharmaceutical industry representatives and people affected by these conditions from all over the world.

The success of the Gent congress has been underpinned by the quality of the scientific contributions including the state-of-the-art lectures given by carefully chosen guest speakers and selected abstract presenters.

The programme for the 2022 congress will offer a wide range of topics including basic and clinical translational research, genetics, imaging and therapeutics. A highly regarded part of the meeting are the poster sessions which provide the perfect frame for stimulating and interactive multidisciplinary exchanges among attendees. This year will mark the first year that we will have poster tours for each of the sessions. In addition, we have planned lively debates on highly controversial topics in clinical and basic science which promise to be educational as well as entertaining.

The “Gent Oration” - aimed to honor a scientist or clinician who is recognized internationally as having made major contributions throughout their career - will be given by Professor Jürgen Braun.

The social programme including the Walking Dinner at the Opening Reception, Gala dinner and Farewell Drink are sure to give you the opportunity to catch up with old and new friends and enjoy the magic of Gent.

As co-presidents of the 13th International Congress on Spondyloarthritides we would like to welcome you to this exciting occasion which we are sure will once again, provide the best platform for vibrant scientific and clinical discussions in all aspects of these fascinating group of diseases.

Francesco Ciccia and Walter P. Maksymowych
Congress Presidents
Wednesday 7 September

12.50  **Welcome Address**  
Francesco Ciccia and Walter P. Maksymowycz, Congress Presidents

**SESSION 1: State-of-the-Art Symposium**

13.00  **INV1**  A risk benefit analysis of JAKi in rheumatology  
Jasvinder Singh, USA

13.30  **INV2**  JAKi-mechanism of action: What explains their efficacy in SpA?  
Massimo Gadina, USA

**SESSION 2: Genetics Corner**

14.00  **INV3**  Family studies in Axial Spondyloarthritis: What have we learnt?  
Félicie Costantino, France

14.25  **INV4**  Genomic dissection of the causes of ankylosing spondylitis  
Matthew Brown, UK

14.50  **INV5**  From GWAS to function: Using functional genomics to identify the mechanisms underlying ankylosing spondylitis  
Matteo Vecellio, UK

15.10  Coffee Break and **Poster Session A**

**SESSION 3: Innovations in Core Outcomes**

16.10  **INV6**  The Updated ASAS Core Set: What are the controversies and remaining unmet needs?  
Victoria Navarro-Compan, Spain

16.30  **INV7**  Novel biomarker technologies for axSpA: Lessons learned from RA and PsA  
Hussein Al-Mossawi, UK

**Selected Oral Presentations I: Treatment of SpA**

16.50  **O1**  ASAS-EULAR recommendations for the management of axial spondyloarthritis: 2022 update  
Sofia Ramiro, Leiden & Heerlen, The Netherlands

17.05  **O2**  Bimekizumab in patients with active non-radiographic and radiographic axial spondyloarthritis: Efficacy and safety up to week 24 from the BE MOBILE phase 3 studies  
Xenofon Baraliakos, Bochum, Germany

17.20  **O3**  Comparison of the effect of treatment with NSAIDs added to anti-TNF therapy versus anti-TNF therapy alone on progression of structural damage in the spine over two years in patients with ankylosing spondylitis (consul): An open-label, randomized controlled, multicenter trial  
Fabian Proft, Berlin, Germany

17.35  **O4**  Recapture rates with ixekizumab after withdrawal of therapy in patients with axial spondyloarthritis: Results at week 104 from a randomized placebo-controlled withdrawal study  
Robert Landewé, Amsterdam, The Netherlands

17.50  **Grand Debate**  
Moderator: Francesco Ciccia, Italy

**INV8**  Motion: The primary etiopathological lesion in axial spondyloarthritis is enthesitis  
Dennis McGonagle, UK

**INV9**  Counter motion: The primary etiopathological lesion in axial spondyloarthritis is marrow-centric  
Walter P. Maksymowycz, Canada

18.30  Opening Reception and Walking Dinner

www.spa-congress.org
### Thursday 8 September

#### The Ghent SpA Oration
The Ghent SpA Oration
Chair: Walter P. Maksymowych, Canada

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#### Selected Oral Presentations II: Epidemiology and Imaging

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#### Selected Oral Presentations III: Pathogenesis of SpA

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#### Keynote Basic Science Lecture

Keynote Basic Science Lecture
Chair: Francesco Ciccia, Italy

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#### SESSION 4: Gut Corner

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#### Grand Debate

Grand Debate
Moderator: Walter P. Maksymowych

Motion: Axial inflammation in PsA is distinct from axSpA

- INV15 (PRO) Dafna Gladman, Canada
- INV16 (CON) Robert Landewé, The Netherlands

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Friday 9 September

**Session 5: Therapeutics Corner**

08.30 INV17  Priority targets from early phase trials in SpA and PsA  
Iain McInnes, UK

08.50 INV18  Common pitfalls in the analysis and interpretation of axSpA RCTs  
Alexandre Sepriano, Portugal

09.10 INV19  Emerging technologies in drug delivery: The promise of nanotherapeutics  
Hua Pan, USA

**Flash Oral Presentations IV: Treatment, Epidemiology, and Imaging**

09.30 O14  Do fatty lesions explain the association between inflammation and new syndesmophytes in patients with radiographic axial spondyloarthritis?  
Roos Stal, Leiden, The Netherlands

09.37 O15  A phase 2 randomized controlled trial of the Janus Kinase (JAK) inhibitor filgotinib in patients with noninfectious uveitis  
Robin Besuyen, Leiden, The Netherlands

09.44 O16  Comorbidities in early psoriatic arthritis: Belgian prospective METAPSA cohort  
Alla Ishchenko, Antwerp, Belgium

09.51 O17  Bimekizumab in BDMARD-naïve patients with psoriatic arthritis: 24-week efficacy & safety from BE OPTIMAL, a phase 3, multicentre, randomised, placebo-controlled, active reference study  
Robert Landewé, Amsterdam, The Netherlands

09.58 O18  MRI spinal lesions in patients without MRI or radiographic lesions in the sacroiliac joints typical of axial spondyloarthritis  
Walter Maksymowych, Edmonton, Canada

10.05 O19  Pathogenicity of IL-17 producing cells in HBLA-B27 transgenic rat model of spondyloarthritis  
Marie Beaufrère, Paris & Boulogne-Billancourt, France

Friday 9 September

10.15  Coffee Break and **Poster Session D**

**Session 6: Basic Science: Stromal Cells and Innate Immunity in SpA Pathogenesis**

11.15 INV20  The stromal code in SpA  
Rik Lories, Belgium

11.35 INV21  Stromal cells: Commanders of joint inflammation, or innocent bystanders?  
Eric Gracey, Belgium

11.55 INV22  MIF-neutrophil-bone axis in AS pathogenesis  
Nigil Haroon, Canada

**Session 7: Imaging Corner**

12.15 INV23  What does molecular imaging tell us about tissue reparation in axSpA?  
Andreas Ramming, Germany

12.35 INV24  Trials and tribulation of CT in axSpA: Is there a final verdict?  
Torsten Diekhoff, Germany

12.55 INV25  Artificial intelligence, machine learning and radiomics for imaging in rheumatology  
Berend Stoel, The Netherlands

13.30  Farewell Reception
Poster session A is during the coffee break of 15.10 – 16.10 hrs on Wednesday, September 7. The presenters of the posters P1 through P24 are requested to be present at their posters.

P1  Work participation and productivity is unaffected in Belgian spondyloarthritis patients compared to the general population: Data from the BelGian Inflammatory Arthritis and Spondylitis cohort (Be-GIANT)
De Craemer A., Deroo L., Renson T., Desimpele I., Delmez L., Decuman S., Janssens X., Boone A., Elewaut D., Carron P., Van den Bosch F. (Belgium & The Netherlands)

P2  Development of international consensus on a standardized image acquisition protocol for diagnostic evaluation of the sacroiliac joints by MRI – an ASAS-SPARTAN collaboration

P3  Magnetic resonance imaging characteristics of spine and sacroiliac joints in patients with psoriatic arthritis and axial manifestations
Baraliakos X., Pournara E., Coates L.C., Blanco R., O’Brien E., Schulz B., Navarro-Compán V., Landewé R. (Germany, Switzerland, UK, Spain, Ireland & The Netherlands)

P4  Sex differences in the effectiveness of first-line tumor necrosis factor inhibitors in axial spondyloarthritis - Results from fifteen countries in the European Spondyloarthritis (EuroSpA) Research Collaboration Network

P5  Sex differences in the effectiveness of first-line tumor necrosis factor inhibitors in psoriatic arthritis - Results from thirteen countries in the European Spondyloarthritis (EuroSpA) Research Collaboration Network

P6  Comparison of established and new, preliminarily proposed ASAS cut-offs for inflammatory MRI lesions in the sacroiliac joints in axial spondyloarthritis and implications for recruitment in clinical studies
Baraliakos X., Machado P.M., Bauer L., Hoeppken B., Kim M., Kumte T., Tham R., Rudwaleit M. (Germany, UK & USA)

P7  Bimekizumab in bDMARD-naïve patients with psoriatic arthritis: Interim analysis of inhibition of radiographic structural progression at 16 weeks of treatment in BE OPTIMAL, a phase 3, multicentre, randomised, placebo-controlled, active reference study

P8  Bimekizumab in patients with active psoriatic arthritis and an inadequate response to tumour necrosis factor inhibitors: 16-week efficacy & safety from BE COMPLETE, a phase 3, multicentre, randomised placebo-controlled study

P9  The impact of MRI slice thickness on the detection of spinal syndesmophytes in axial spondyloarthritis
Klvdianou K., Mewes A.D., Tsiami S., Sewerin P., Baraliakos X. (Germany & Greece)
P10 Pain response in psoriatic arthritis patients treated with guselkumab is driven predominantly by inflammation-independent effects
Mease P.J., Soriano E.R., Chakravarty S.D., Rampakakis E., Shawi M., Nash P., Rahman P. (USA, Argentina, Canada & Australia)

P11 Genetic and molecular distinctions between axial psoriatic arthritis and ankylosing spondylitis
Kavanaugh A., Baraliakos X., Gao S., Chen W., Sweet K., Chakravarty S.D., Song Q., Shawi M., Behrens F., Rahman P. (USA, Germany & Canada)

P12 Radiographic progression from non-radiographic to radiographic axial spondyloarthritis: Results from a 5-year multicountry prospective observational study
Podduhny D., Sieper J., Akar S., Muñoz-Fernández S., Haibel H., Diekhoff T., Protopopov M., Altmaier E., Ganz F., Inman R.D. (Germany, Turkey, Spain, Switzerland & Canada)

P13 Is radiographic axial involvement associated with synodesmophyte development after 2 years in PsA patients

P14 Tissue tropism in T cell dependent regulatory pathways controlling TNF driven SpA-like joint and gut pathology

P15 IL-23 induced GDF15 contributes to trabecular bone loss, but does not affect skin, gut or joint inflammation
Van der Cruzysen R., Gaulomme D., Dumas E., Stappers F., Coudenys J., Decruy T., Vereecke L., Gracey E., Elewaut D. (Belgium)

P16 Deep immune profiling of cytotoxic T cells (CTL) from patients with ankylosing spondylitis revealed a subset of CTL Co-expressing PD-1 and TIGIT that resists immune exhaustion
Tang M., Pacheco A.C., Qaiyum Z., Lim M., Inman R.D. (Canada)

P17 Validation of the SPARCC MRI-RETIC E-Tool for increasing scoring proficiency of MRI lesions in axial spondyloarthritis

P18 Elevated complement proteins in patients with axSpA compared with appropriate controls with low back pain with and without SpA-features

P19 Semiquantitative assessment of synovitis on US-guided synovial membrane biopsies is contingent on disease phase and predictive of treatment response in naive to treatment psoriatic arthritis

P20 Direct and indirect effect of TNF inhibitors on spinal mobility in people with axial spondyloarthritis (axSpA) and the mediator role of disease activity
Pinto A.S., Yao B., Harris C., Hayward R., Keat A., Machado P.M. (Portugal & UK)

P21 IL-4 and IL-13 modulate enthesal IL-23 production and blockade with dupilumab is associated with emergent Th17 type diseases

P22 Single cell analysis of the response of axial spondyloarthritis to TNFi therapy
Jin L., Curion F., Penkava F., Chen L., Attar M., Bowden R., Bowness P., Sansom S.N. (UK, Germany & Australia)

P23 Prevalence of axSpA in patients treated for chronic back pain in chiropractic clinics: The Oregon Chiropractic Axial Spondyloarthritis Study (ORCAS) – An interim analysis

P24 Comparison of sacroiliac CT findings in patients with and without Psoriatic Arthritis: results of the CASIPSA Study
Fakih O., Ramon A., Prati C., Ornetti P., Wendling D., Verhoeven F. (France)
Poster session B is during the coffee break of 10.30 – 11.30 hrs on Thursday, September 8. The presenters of the posters P25 through P48 are requested to be present at their posters.

**P25**  
**Psoriasis, without rheumatological manifestations, is associated with structural changes of the sacroiliac joint, a controlled study using CT scan**  
Leriche T., Fakih O., Aubin F., Chouk M., Prati C., Wendling D., Verhoeven F. (France)

**P26**  
**Effect of tofacitinib and glucocorticoids on intestinal permeability, epithelial damage and bacterial translocation in rat adjuvant-induced arthritis**  
Hecquet S., Totoson P., Tournier M., Prati C., Wendling D., Demougeot C., Verhoeven F. (France)

**P27**  
**Immunological differences between psoriatic arthritis patients who are tumor necrosis factor inhibitor-naive and who have inadequate response to tumor necrosis factor inhibitors**  
Siebert S., Coates L.C., Schett G., Raychaudhuri S.P., Chen W., Gao S., Chakravarty S.D., Shawi M., Lavie F., Theander E., Neuhold M., Kollmeier A.P., Xu X.L., Rahman P., Mease P.J., Deodhar A. (UK, Germany, USA, France, Sweden, Switzerland & Canada)

**P28**  
**Effect of guselkumab on serum biomarkers in psoriatic arthritis patients with inadequate response or intolerance to tumor necrosis factor inhibitors: Results from the COSMOS study**  
Schett G., Chen W., Gao S., Chakravarty S.D., Shawi M., Lavie F., Theander E., Neuhold M., Coates L.C., Siebert S. (Germany, USA, France, Sweden, Switzerland & Canada)

**P29**  
**Patient characteristics and clinical assessments associated with progression from non-radiographic axial spondyloarthritis to ankylosing spondylitis**  

**P30**  
**Treatment decisions in axial spondyloarthritis are more than treat to target**  

**P31**  
**Effect of cigarette smoking on inflammatory arthritis in Curdlan administered SKG mice**  
Park M-C., Lee J-H., Lee E-J., Chang E-J., Kim Y-G. (Korea)

**P32**  
**Oral and gut microbial profile in ankylosing spondylitis treated with secukinumab: Chronic disease related dysbiosis**  

**P33**  
**Association of demographic and clinical characteristics of patients with familial Mediterranean fever and axial spondyloarthritis with the M694V mutation**  

**P34**  
**Co-expression of IL17F and IL17A secretion by entheseal resident T-cells and circulating T-cells is preferentially from the CD4 T-cell subset**  

**P35**  
**Radiographic spinal damage in psoriatic arthritis patients compared to SpA patients**  

**P36**  
**Antibodies to two novel peptides in new onset axial spondyloarthritis**  
Ruytinx P., Vandormael P., Luyten E., De Craem A., Van den Bosch F., Elewaut D., Somers V. (Belgium)

**P37**  
**Antibodies of different isotypes to novel peptides in early axial spondyloarthritis**  
Ruytinx P., Vandormael P., Luyten E., Vanhoof J., Geusens P., Somers V. (Belgium)

**P38**  
**Efficacy and safety of non-pharmacological and non-biological therapy: A systematic literature review informing the 2022 update of the ASAS-EULAR recommendations for the management of axial spondyloarthritis**  
Ortolan A., Webers C., Sepriano A., Falzon L., Baraliakos X., Landewé R., Ramiro S., van der Heijde D., Nikipherou E. (The Netherlands, Italy, Portugal, UK & Germany)
P39 Upregulation of innate inflammatory pathways in peripheral blood during the preclinical phase of axial spondyloarthritis

P40 SPARCC, MASES, LEI and MEI indexes capture different patients with enthesitis in axial spondyloarthritis, peripheral spondyloarthritis and psoriatic arthritis

P41 Treating spondyloarthritis early: Does it matter? Results from a systematic literature review

P42 Plasma exosomal miRNAs in ankylosing spondylitis: Prospects for biomarkers
Tavasolian F., Inman R.D. (Canada)

P43 Ankylosing spondylitis and the risk of atherosclerotic cardiovascular diseases: A two-sample Mendelian randomization study
Chen S.H., Gu J.R. (China)

P44 A deep learning framework for MRI detection of active inflammatory and structural changes in the sacroiliac joint consistent with axial spondyloarthritis

P45 Treat-to-target strategy implementation in spondyloarthritis patients of real-world clinical practice remains limited despite high disease activity levels: A cross-sectional single-center study
Flouri I.D., Avgoustidis N., Eskitzis A., Repa A., Patromichalaki K., Pitsigavdaki S., Diamantopoulou S., Nikoloudaki M., Terizaki M., Bertsias G., Sidiropoulos P. (Greece)

P46 Safety of guselkumab in patients with active psoriatic arthritis who are bio-naive or TNFi-experienced: Pooled results from 4 randomized clinical trials through 2 years

P47 Low rates of radiographic progression with 2 years of guselkumab (TREMFA®), a selective inhibitor of the interleukin-23p19 subunit: Results from a phase 3, randomized, double-blind, placebo-controlled study of biologic-naive patients with active psoriatic arthritis
Baraliakos X., Redeker I., Bergmann E., Tsiami S., Braun J. (Germany)

P48 Consistent long-term guselkumab efficacy across psoriatic arthritis domains irrespective of baseline patient characteristics
McInnes I.B., Tesser J., Schiopu E., Merola J.F., Chakravarty S.D., Rampakakis E., Shiff N.J., Kollmeier A.P., Xu X.L., Shawi M., Lavie F., Bird P., Mease P.J. (UK, USA, Canada, France, Australia)
Poster Session C

Poster session C is during the coffee break of 15.25 – 16.30 hrs on Thursday, September 8. The presenters of the posters P49 through P72 are requested to be present at their posters.

P49 Examining the impact of disease activity on quality of life in women with axial spondyloarthritis
Maguire S., Family Wilson F., Gallagher P., O’Shea F. (Ireland)

P50 In radiographic axial spondyloarthritis spinal mobility measures correlate well with the whole spine CT Syndesmophyte Score (CTSS)

P51 Low dose computed tomography Hounsfield units: A reliable methodology for assessing changes in vertebral bone density in radiographic axial spondyloarthritis
Marques M.L., Pereira da Silva N., van der Heijde D., Reijnierse M., Braun J., Baraliakos X., van Gaalen F.A., Ramiro S. (The Netherlands, Portugal & Germany)

P52 Is inflammation-driven bone loss associated with two-year bone formation at the same vertebra in axial spondyloarthritis? – A multilevel analysis from the SIAS Cohort

P53 Increased neutrophil frequency in lymph nodes of patients with psoriatic arthritis

P54 Six years treatment with TNF-α inhibitors does not lead to prolonged hypermineralization as assessed by bone turnover markers in patients with ankylosing spondylitis
Siderius M., Spoorenberg A., Van der Veer E., Kroese F.G.M., Arends S. (The Netherlands)

P55 The course of bone mineral density during 8 years of treatment with TNF-α inhibitors in patients with ankylosing spondylitis
Siderius M., Spoorenberg A., Wink F.R., Arends S. (The Netherlands)

P56 Long-term follow-up of starting and switching from original adalimumab to adalimumab biosimilar: Real-world data in axial spondyloarthritis
Pinto A.S., Flora K., Matharu D., Isaacs A., Machado P.M. (Portugal & UK)

P57 Predictors of remission in patients with axial spondyloarthritis: A systematic literature review
Pinto A.S., Farisogullari B., Machado P.M. (Portugal, Turkey & UK)

P58 Differentiation between IL-6 and IL-17 pathway inhibition in relationship with clinical outcomes in non-biological DMARD-IR and biological DMARD-IR psoriatic arthritis patients treated with upadacitinib in SELECT-Psa 1 and SELECT-Psa 2 studies
Cai F., Somasse T., Ruzi M., Fang Y., Kato K., Wung P., McInnes I. (USA & UK)

P59 Effect of guselkumab (TREMRYA®), a selective IL-23p19 inhibitor, on axial-related endpoints in patients with active PsA: Results from a phase 3, randomized, double-blind, placebo-controlled study through 2 years

P60 Efficacy and safety of biological DMARDs: A systematic literature review informing the 2022 update of the ASAS-EULAR recommendations for the management of axial spondyloarthritis
Webers C., Ortolan A., Sepriano A., Falzon L., Baraliakos X., Landewé R., Ramiro S., van der Heijde D., Nikiphorou E. (The Netherlands, Italy, Portugal, UK & Germany)

P61 Filgotinib treatment results in reduction of inflammatory and matrix remodeling biomarkers associated with disease in patients with ankylosing spondylitis
Maksymowych W., Tian Y., Xu J., Barchuk W., Galien R., Besuyen R., Liu Y., Malkov V., Hertz A. (Canada, USA, France & The Netherlands)

P62 Serum Granulocyte-Monocyte Colony Stimulating Factor (GM-CSF) is increased in patients with active ankylosing spondylitis (AS) and persists despite anti-TNF treatment
Papagoras C., Tsiami S., Chrysanthopoulou A., Mitroulis I., Baraliakos X. (Greece & Germany)
P63 Earlier clinical response predict low rates of radiographic progression in bio-naive active psoriatic arthritis patients receiving guselkumab treatment
Mease P.J., Gottlieb A.B., Ogdie A., McInnes I.B., Chakravarty S.D., Rampakakis E., Kollmeier A.P., Xu X.L., Shawi M., Lavie F., Kishimoto M., Rahman P. (USA, UK, Canada, France & Japan)

P64 Spinal radiographic progression and its association with progression to ankylosing spondylitis in patients with non-radiographic axial spondyloarthritis

P65 Platelet-derived growth factor B is a key element in the pathological bone formation of ankylosing spondylitis

P66 Immunoglobulins are upregulated in psoriatic arthritis skin lesions but not in psoriasis skin lesions
Johnsson H., Cole J., Siebert S., McInnes I.B., Graham G. (UK)

P67 Utility of the subchondral bone attenuation coefficient of the sacroiliac margins to differentiate spondyloarthritis and osteitis condensans illii
Terrier A., Fakh O., Chouk M., Prati C., Wendling D., Aubry S., Verhoeven F. (France)

P68 Whole blood transcriptional changes following treatment with filgotinib in patients with ankylosing spondylitis
Poddubnyy D., Liu Y., Barchuk W., Besuyen R., Galien R., Tian Y., Malkov V., Hertz A. (Germany, USA, The Netherlands & France)

P69 What does it mean – a good response to NSAIDs? A systematic comparison of patients with axial spondyloarthritis and controls with chronic back pain
Baraliakos X., Redeker I., Bergmann E., Tsiami S., Braun J. (Germany)

P70 Guselkumab (TREMFYA®) maintains resolution of dactylitis and enthesitis in patients with active psoriatic arthritis: Results through 2 years from a phase 3 study

P71 Screening for the early identification of psoriatic arthritis with axial involvement (AXPSA) in a cohort of Italian patients affected by psoriasis (ATTRACT): Preliminary results of a cross-sectional study
Benfaremo D., Paci V., Cimaroli I., Agostinelli A., Sordillo R., Offidani A.M., Moroncini G., Proft F., Poddubnyy D., Luchetti Gentiloni M.M. (Italy & Germany)

P72 No change in serum levels of bone turnover markers corrected for age and gender during the first year of secukinumab treatment in patients with ankylosing spondylitis
Siderius M., Arends S., Wink F.R., Spoorenberg A. (The Netherlands)
Poster Session D

Poster session D is during the coffee break of 10.15 – 11.15 hrs on Friday, September 9. The presenters of the posters P73 through P96 are requested to be present at their posters.

P73 **The ASAS core outcome set for axial spondyloarthritis**
Navarro-Compán V., Boel A., Boonen A., Mease P., Dougados M., Kiltz U., Landewé R., van der Heijde D. (Spain, The Netherlands, USA, France & Germany)

P74 **Impact of spine ankylosis on bone fragility evaluated on CT-scan in patients with ankylosing spondylitis**
Moritzot C., Fauny M., Allado E., Pinzano-Watrin A., Chary-Valckenaere I., Loeuille D. (France)

P75 **Are α4β7+ γδ T cells prone for the IL-17 and IL-22 secretion in qpondyloarthritis?**

P76 **Increased expression of B cell receptor signalling genes in patients with ankylosing spondylitis**

P77 **Real-world persistence and treatment patterns in psoriatic arthritis patients treated with anti-IL17 therapy: The PERFIL-17 study**
Joven B., Fito Manteca C., Rubio E., Raya E., Pérez A., Hernandez R., Manrique S., Núñez M., Díaz S., Tranchón L., García de Vicuña R. (Spain)

P78 **Treatment with upadacitinib in refractory psoriatic arthritis - Multicenter study of 51 patients of clinical practice**

P79 **Impact of patient and disease characteristics on global functioning and health in patients with axial spondyloarthritis: A Bayesian Network analysis of data from an early axSpA cohort**
Redeker I., Landewé R., van der Heijde D., Ramiro S., Boonen A., Dougados M., Braun J., Kiltz U. (Germany, The Netherlands & France)

P80 **Development through co-creation of a personalized, multimodal, physiotherapist-led, work-oriented intervention to increase workability in working people with axial spondyloarthritis or rheumatoid arthritis**

P81 **Predictors of sustained remission in people with axial spondyloarthritis treated with biologic drugs**

P82 **Multi-biologic resistant anterior uveitis in the context of spondyloarthritis**
Kougkas N., Dimitroulas T., Avgoustidis N. (Greece)

P83 **Korean treatment recommendations for the patients with axial spondyloarthritis**

P84 **Distribution of inflammatory/ degenerative/ ambiguous lesions on conventional lumbar lateral radiographs in psoriatic arthritis patients**
Ayan G., Sadic A., Kılıç L., Kalyoncu U. (Turkey)

P85 **Electrical treatment on sleep disturbance within autoimmune diseases patients and its effectiveness on immunologic factors**
Jiaoashi Z., Jieruo G. (China)

P86 **Adipsin and resistin levels are increased in serum of spondyloarthritis patients**
Bernal-Alferes B., Meza-Olguín G., Burgos-Vargas R., Romero-López J.P. (Mexico)

P87 **Electrocardiographic disturbances in psoriatic arthritis - A case-controlled study**
Azevedo S.F., Carvalho S., Mazeda C., Silva S.P., Barcelos A. (Portugal)
**Poster Session D**

**P88** Machine learning classification of vitamin D levels in spondyloarthritis patients

**P89** Machine learning model of the ultrasound index of MASEI enthesis and other variables of disease activity in patients with spondyloarthritis
Castro Corredor D., Calvo Pascual L.A., Ramírez Huaranga M.A., Garrido Merchán E.C., Paulino Huertas M. (Spain)

**P90** Do lateral and AP radiographs tell different story in patients with psoriatic arthritis?
Ayan G., Sadic A., Kılıç L., Kalyoncu U. (Turkey)

**P91** Development and validation of a screening tool for spondyloarthritis in Sub-Saharan Africa: SpASSS questionnaire

**P92** Self-reported physical activity in patients with axSpA: Adherence to public health recommendations and association with health status in two Dutch cohorts

**P93** Applicability of the MASEI index in enthesis and its association with other indices/serological markers of activity in patients with spondyloarthritis

**P94** How is early spondyloarthritis defined in the literature? Results from a systematic review
Benavent D., Capelúsnik D., van der Heijde D., Landewé R., Poddubnyy D., van Tubergen A., Falzon L., Ramiro S., Navarro-Compáñ V. (Spain, Argentina, The Netherlands, Germany & UK)

**P95** Pelvis radiography findings and progression rates in patients with psoriatic arthritis under biologic treatment
Ayan G., Sadic A., Kılıç L., Kalyoncu U. (Turkey)

**P96** Clinical characteristics of late-onset ankylosing spondylitis in Korea
Kim M.H. (Republic of Korea)

**Posters on Display**

**P97** Translation and cross-cultural adaptation of coping with rheumatic stressors (CORS) into Turkish language
Ayan G., Ramiro S., Pimentel-Santos F.M., Van Lankveld W., Kilic L. (Turkey, The Netherlands & Portugal)

**P98** Work abandonment in patients with ankylosing spondylitis under 45 years of age

**P99** Re-induction with certolizumab pegol after secondary loss of response is a valid therapeutic strategy in axial spondyloarthritis and psoriatic arthritis
Conesa Mateos A., Bedoya Sanchis D., Lozano Saez A., Ángel Belmonte Serrano M. (Spain)

**P100** Adapting to living with axial spondyloarthritis: Results from the European map of axial spondyloarthritis (EMAS)
Garrido-Cumbrera M., Poddubnyy D., Bundy C., Makri S., Mahapatra R., Correa-Fernández J., Christen L., Delgado-Domínguez C.J., Navarro-Compán V. (Spain, Germany, UK, Cyprus & Switzerland)

**P101** Assessment of the impact of axial spondyloarthritis on patient’s social life: Results of the European map of axial spondyloarthritis (EMAS)
Garrido-Cumbrera M., Navarro-Compán V., Bundy C., Mahapatra R., Makri S., Correa-Fernández J., Christen L., Delgado-Domínguez C.J., Poddubnyy D. (Spain, UK, Cyprus, Switzerland & Germany)

**P102** Role of patient organizations in implementation of recommended non-pharmacological treatment modalities in spondyloarthritis: Evidence for the effectiveness of self-management strategies
Meyer-Olson D., Hoeper K., Hammel L., Lieb S., Haehle A., Kiltz U. (Germany)

**P103** Differences in early-onset vs. Late-onset psoriatic arthritis: Data from the RESPONDIA and REGISPONSER studies

**P104** Experience of clinics specialized in multidisciplinary care (MCC) in psoriatic arthritis (APS) in different health systems in Mexico
Registration Fees

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<th>Event</th>
<th>Before 30/06</th>
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The registration fee includes:
- Access to all lectures
- Access to the exhibition
- Coffee breaks and lunches as mentioned in the programme
- Opening Reception & Walking Dinner on Wednesday 7 September
- Farewell Reception on Friday 9 September

Separate registration for the Pre-Congress Review Course on Wednesday 7 September and the Congress Dinner on Thursday 8 September is mandatory.

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

Payment
Payment is to be made by credit card. Only VISA and MasterCard are accepted.

Cancellations
Cancellations received no later than 15 August, entitle registered persons to a 50% refund. In order to cancel your registration and/or hotel booking please contact Sarah Volckaert: sarah@medicongress.com.
**Hotel Accommodation**

A number of hotel rooms have been booked at special group rates, including breakfast and VAT.

The rates are available on the website (https://spa-congress.org/hotel-accommodation) and 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

**General Information**

**Venue**
De Bijloke
Bijlokekaai 7
9000 Gent
https://www.bijloke.be/

De Bijloke is located in the city centre, within walking distance from the hotels.

**Dates**
Wednesday 7 September – Friday 9 September 2022

**Language**
The official congress language is English.

**Exhibition**
A medical exhibition is held on the occasion of the Congress. 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.

**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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