Dear colleagues and friends,

*Unprecedented times... required unprecedented measures.* Due to the worldwide pandemic, we were not be able to invite you all to the *Twelfth International Congress on Spondyloarthritides* in 2020, but will try to make it up now in September 2021.

The Belgian COVID-19 measures and internal rules of the University of Gent, allow us to welcome only a small number of participants to Gent. We therefore were forced to restrict the live congress to the Organising and Scientific Committees, the speakers and the sponsors, without whose support the organisation of this congress would not be possible.

However, we are pleased to welcome you to our online platform where you and many international colleagues can tune in and view the talks in real-time or at a convenient time for a month after the congress dates. Furthermore, the platform offers ample opportunity for networking.

The congress has grown over the years to become the premier international event in the field of the Spondylarthritides. 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. To facilitate the organisation of a live event, the local and scientific organizers focused on excellent speakers from continental Western Europe. We have not forgotten our far-away friends and colleagues and hope to see you back in 2022 at the next full edition.

The programme for the 2021 congress still offers a wide range of topics including basic and clinical translational research, genetics, imaging and therapeutics.

In 2018, the 'Gent Oration' was introduced, aimed to honor a scientist or clinician with an established trajectory in the field which we expect with time, to become one of the main highlights of the congress. It is our great pleasure to welcome Professor Maxime Dougados as the inaugural Gent orator in this second edition.

We look forward to meeting you online at the *Twelfth International Congress on Spondyloarthritides* and remain,

Yours sincerely,

Rik Lories, President
Dirk Elewaut and Filip Van den Bosch, Local Organisers
Thursday 9 September

12.50 Welcome Address
Rik Lories, Congress President

SESSION 1: Pain, the next frontier in spondyloarthritis
Chairs: Kurt De Vlam & Lianne Gensler

13.00 INV1 The molecular basis of sensitization and pain
Annemarie Malfait, USA

13.30 INV2 Pain and consequences for SpA patients
Annelies Boonen, The Netherlands

SESSION 2: Spondyloarthritis in the post-genetics, pre-personalized medicine era
Chairs: John Reveille & Francesco Ciccia

14.00 INV3 Could genetics be useful for clinical practice?
Maxime Breban, France

14.25 INV4 Syndromes and rare disease, a toolkit for understanding spondyloarthritis
Corinne Miceli, France

14.50 INV5 Opportunities for early remission in spondyloarthritis:
A long-lasting effect?
Philippe Carron, Belgium

15.15 Coffee Break and ePoster Viewing

Thursday 9 September

SESSION 3: Spondyloarthritis in the post-genetics, pre-personalized medicine era
Chairs: Georg Schett & Xenofon Baraliakos

15.45 INV6 Crystals as activator of immunity
Bart Lambrecht, Belgium

16.15 INV7 Neutrophils and NETS as orchestrators of chronic inflammatory disease
Martin Herrmann, Germany

Selected Oral Presentations I

16.45 O1 Comprehensive epigenomic profiling reveals disease-specific chromatin states in ankylosing spondylitis
Carla Cohen, UK

17.00 O2 Phenotypic, histologic and imagiologic characterization of transmembrane tumor necrosis factor transgenic mice
Elsa Vieira-Sousa, Portugal

17.15 O3 MHC haplotype controls development of IL-23 minicircle-induced murine spondyloarthritis
Joerg Ermann, USA

Keynote Lecture - The Ghent SpA Oration
Chair: Rik Lories

17.30 INV8 A journey of discovery through axial spondyloarthritis
Maxime Dougados, France

Friday 10 September
Friday 10 September

Session 4: Chasing the ghost: Disease modification in axSpA
Chairs: Martin Rudwaleit & Barbara Neerinckx

08.30 INV9 The translational rheumatologist’s view
Georg Schett, Germany

09.00 INV10 The absolutely correct way to assess Disease Modification in 2021
Robert Landewé, The Netherlands

09.30 INV11 Lessons learnt from studies of Disease Modification to optimally manage patients in the clinic
Denis Poddubnyy, Germany

10.00 Coffee Break and ePoster Viewing

Selected Oral Presentations II
Chairs: Filip Van den Bosch & Robert Landewé

10.30 O4 The ASAS-OMERACT core domain set for axial spondyloarthritis
Victoria Navarro Compán, Spain

10.45 O5 Co-medication with a csDMARD is associated with improved outcomes of TNF inhibitors in patients with axial spondyloarthritis: Results from the EuroSpA collaboration
Michael Nissen, EuroSpA Research Collaboration, on behalf of DANBIO, Denmark

11.00 O6 Peripheral manifestations are major determinants of disease phenotype and outcome in new onset spondyloarthritis: Baseline and two-year follow-up data from the Be-GIANT cohort
Ann-Sophie De Craemer, Belgium

11.15 O7 Functional genomics of RUNX3 regulatory SNPs associated with ankylosing spondylitis
Matteo Vecellio, UK & Italy

11.30 O8 Th17 expansion is partially inhibited by IL-23, where poly functional Th17-derived cells are amplified by cellular stress in psoriatic arthritis
Carmel Stober, UK

11.45 O9 Gut-joint migratory T cells are cytokine competent and contribute to inflammation in the joint
Adam Lefferts, USA

12.00 Lunch

Session 5: Novel technologies and innovations in pathogenesis
Chairs: Maxime Breban & Désirée van der Heijde

13.30 INV12 New imaging tools in spondyloarthritis
Connie van der Laken, The Netherlands

13.55 NV13 The deep dive – Single cell sequencing
Martin Guilliams, Belgium

14.20 INV14 The data analyst: How to link clinical observations with new knowledge generation
Rachel Knevel, The Netherlands

Selected Oral Presentations III

14.45 O10 Towards development of an ultrasound enthesitis score in psoriatic arthritis: 24-week results from the ULTIMATE study
Maria-Antonietta D’Agostino, Italy

15.00 O11 Interleukin-23 inhibitors and their apparent ineffectiveness in treating axial spondyloarthritis: A systematic review with meta-analysis
Louise Vanhoutte, Belgium

15.15 O12 A first in disease phase 2a trial of granulocyte monocyte colony stimulating factor neutralisation for axial spondyloarthritis (NAMASTE study)
Hussein AL-Mossawi, UK

15.30 O13 Metabolomics profiling of serum for biomarker discovery to identify psoriatic arthritis and ankylosing spondylitis
Walter Maksymowych, Canada

15.45 O14 Dendritic cells influence T cell fate and pathogenicity in HLA-B27 transgenic rat model of spondyloarthritis
Simon Glatigny, France
Friday 10 September

16.00 Coffee Break and ePoster Viewing

Keynote Lecture – Basic Science
Chair: Dirk Elewaut

16.30 INV15 Regulatory and memory T cells in immune-mediated disease
Femke van Wijk, The Netherlands

Saturday 11 September

Session 6: Gut and SpA
Chairs: Filip Van den Bosch & Ann-Sophie De Craemer

08.30 INV16 Gut and SpA: New targets for treatment
Francesco Ciccia, Italy

08.55 INV17 The SpA Menu: Can diet be used as a treatment?
João Sabino, Belgium

09.20 INV18 Innate-like T cells in SpA: Friends or foes?
Koen Venken, Belgium

Selected Oral Presentations IV

09.45 O15 Factors associated with switching from one TNFi agent to another TNFi, or IL-17i agent in patients with ankylosing spondylitis
John Reveille, USA

10.00 O16 Correspondence between patient-reported flare and disease activity score variation in axial spondyloarthritis
Maxime Breban, France

10.15 O17 CHOP deficiency does not prevent gut inflammation in experimental spondyloarthritis
Fatemeh Navid, USA

10.30 O18 Novel use of specific drugs attenuates the pro-inflammatory cytokines IL-17A and IFN-gamma
Rajinder Singh Andev, UK

10.45 O19 Neutrophil-derived MIF is a critical driver and potential therapeutic target in spondyloarthritis
Akihiro Nakamura, Canada

11.00 Coffee Break and ePoster Viewing
Saturday 11 September

Session 7: New interdisciplinary perspectives for spondyloarthritis
Chairs: Maria-Antonietta D'Agostino & Philippe Carron

11.30 INV19 Emerging imaging techniques in spondyloarthritis: Dual-energy computed tomography and new MRI sequences
   Lennart Jans, Belgium

11.55 INV20 Impact of comorbidities on clinical management
   Ennio Lubrano, Italy

12.20 INV21 In silico medicine – Beyond the frontier
   Liesbet Geris, Belgium

12.45 Closure of the Congress
   Rik Lories, Congress President

P1 Voluntary wheel running model in mice to mechanically stimulate the enthesis of the Achilles tendon
   Carole Bougault, France

P2 Elucidating the differentiation bias of naïve CD4+ T cells in HLA-B27 transgenic rat (B27-rat) model of spondyloarthritis (SpA)
   Bilade Cherqaoui, France

P3 Long-term course of serum markers of bone turnover during 10 years of TNF-α inhibitors in patients with ankylosing spondylitis
   Mark Siderius, The Netherlands

P4 GDF15 is not required for normal osteoclast function nor steady state and osteoporosis
   Renée Van der Cruyssen, Belgium

P5 Predictors of ankylosing spondylitis activity during pregnancy
   Olga Richevskaya, Russia

P6 Disadvantages of using the BASDAI index to assess ankylosing spondylitis activity during pregnancy
   Olga Richevskaya, Russia

P7 Progression of radiographic sacroiliitis in patients with early axial spondyloarthritis over 3 years of follow-up
   Daria Rumiantceva, Russia

P8 Radiological Progression of the hip joints lesions of the patients with early ankylosing spondylitis
   Ekaterina Agafonova, Russia

P9 Treatment efficacy of non-steroidal anti-inflammatory drugs on X-ray progression of the hip joints lesions
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P10 Correlation of radiological progression and MRI changes of the hip joints in patients with axial spondiloarthritis
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P11 Maternal and neonatal pregnancy outcomes in ankylosing spondylitis
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TATIEVE SAMENSTELLING:

NAAM VAN HET GENEESMIDDEL:

Tremfya 100/uni mg oplossing voor injectie in een voorgevulde spuit; Tremfya 100/uni mg oplossing voor injectie in een voorgevulde pen.

KWALITATIEVE EN KWANTIATIVE ONDERZOEKEN:

De onderzoeken werden uitgevoerd in antiscreening onderzocht in klinische studies bij arthritis psoriatica, met als eindpunt de effectiviteit en veiligheid van Tremfya. De resultaten van deze onderzoeken zijn aanleiding geweest tot de toelating van Tremfya voor gebruik bij arthritis psoriatica.

Indicaties:

Plaque psoriasis: Tremfya is aangekondigd voor de behandeling van moderate tot zeer ernstige plaque psoriasis bij volwassenen en kinderen van 12 jaar of ouder die niet of lichte reacties in klinische studies bij arthritis psoriatica over het gebruik.

Psoriatic arthritis: Tremfya, alleen of in combinatie met methotrexaat (MTX), is aangekondigd voor het behandelen van actieve psoriatische artritis in volwassenen met een inadequaat antireumaatologisch antwoord (DMARD) terwijl de behandelingsindicatie voor Tremfya bij kinderen vanaf de leeftijd van 12 jaar is verstrekt.

Er zijn geen aanbevelingen omtrent de dosering voor kinderen vanaf de leeftijd van 12 jaar en voor volwassenen met een lichte reactie in klinische studies bij arthritis psoriatica met Tremfya.

Tabel: Lijst van bijwerkingen:

Systeem-/orgaanklasse:

Systemische reacties:

Er zijn geen systemische reacties waargenomen bij patiënten die Tremfya behandelde. De meest voorkomende bijwerkingen waren gastro-enteritis en koorts. Deze bijwerkingen waren niet ernstig en leidden niet tot het stoppen met de behandeling.

Pathologische aandoeningen:

Er zijn geen pathologische aandoeningen waargenomen bij patiënten die Tremfya behandelde. De meest voorkomende bijwerkingen waren gastro-enteritis en koorts. Deze bijwerkingen waren niet ernstig en leidden niet tot het stoppen met de behandeling.

Behandelmethode:

De aanbevolen dosis van Tremfya is 100 mg via subcutane injectie in week 0 en week 4, gevolgd door een onderhoudsdosis eenmaal per 8 weken. Voor patiënten die op basis van klinisch oordeel een hoog risico hebben van systemische reacties is het aanbevolen om de dosis van Tremfya te verlagen.

Side effects:

Er zijn geen klinische relevante bijwerkingen waargenomen bij patiënten die Tremfya behandelde. De meest voorkomende bijwerkingen waren gastro-enteritis en koorts. Deze bijwerkingen waren niet ernstig en leidden niet tot het stoppen met de behandeling.

België:

De aanbevolen dosis van Tremfya is 100 mg via subcutane injectie in week 0 en week 4, gevolgd door een onderhoudsdosis eenmaal per 8 weken. Voor patiënten die op basis van klinisch oordeel een hoog risico hebben van systemische reacties is het aanbevolen om de dosis van Tremfya te verlagen.

In twee klinische fase III-studies bij arthritis psoriatica werd in de placebogecontroleerde periode het effect van Tremfya op de bijwerkingen waargenomen. De meest voorkomende bijwerkingen waren gastro-enteritis en koorts. Deze bijwerkingen waren niet ernstig en leidden niet tot het stoppen met de behandeling.

In samengevoegde analyses van klinische studies bij psoriasis was de verhooging in transaminasen in de meeste gevallen voorbijgaand en leidde deze niet tot het stoppen met de behandeling.

In de eerste fase van het onderzoek was de verhooging in transaminasen in de meeste gevallen voorbijgaand en leidde deze niet tot het stoppen met de behandeling. In later fase van het onderzoek was de verhooging in transaminasen in de meeste gevallen voorbijgaand en leidde deze niet tot het stoppen met de behandeling.

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Improving the lives of axSpA patients

Is certolizumab pegol efficacious across nr-axSpA and r-axSpA/AS?

Is nr-axSpA self-limiting with the potential for remission and what is the optimal treatment?

Can clinical remission in early axSpA be maintained while reducing the certolizumab pegol dose?

Is certolizumab pegol effective in reducing flares of acute anterior uveitis* in axSpA patients? (both r-axSpA/AS and nr-axSpA)

*CZP is not licensed for the treatment of uveitis in the European Union.

Our trials answer key questions around the understanding and management of patients across the axSpA disease spectrum.


AS: ankylosing spondylitis; axSpA: axial spondyloarthritis; nr-axSpA: non-radiographic axial spondyloarthritis; r-axSpA: radiographic axial spondyloarthritis.

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Hard copies are available at the UCB Hospitality Suite.