9th International Congress on Spondyloarthropathies

Gent, Belgium
October 23 - 25, 2014

FINAL PROGRAMME

www.spa-congress.org
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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
Thursday, October 23

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

Friday, October 24

08.30  INV9  Update on genetics of SpA
Matthew Brown, Wooloongabba, 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. Jan, 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

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 spondyloarthristis: Clinical epidemiology update
Pamela Weiss, Philadelphia, USA
Friday, October 24

**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. Neerinckx, 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+/CD4-CD8-CD56+RORc-T-bet+NKp44+ innate lymphoid cells are expanded in the peripheral blood, synovial fluid and bone marrow of ankylosing spondylitis patients**
F. Ciccia, G. Guggino, A. Rizzo, L. Saieva, A.R. Giardina, 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)

Saturday, October 25

**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
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<tr>
<th>Time</th>
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<tr>
<td>11.15</td>
<td>O7</td>
<td>Factors associated with radiographic sacroiliitis in spondyloarthritis (SPA): Results from cross-sectional and longitudinal analyses in a cohort of multiplex families</td>
<td>F. Costantino, N. Zeboulon-Ktorza, R. Said-Nahal, M.A. D’Agostino, M. Breban (France)</td>
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<tr>
<td>11.35</td>
<td>O9</td>
<td>The effect of smoking cessation in ankylosing spondylitis – Results from the Scotland registry for ankylosing spondylitis (SIRAS)</td>
<td>G.T. Jones, T. Ratz, L.E. Dean, G.J. Macfarlane, F. Atzeni on behalf of SIRAS (UK &amp; Italy)</td>
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<td>11.45</td>
<td>O10</td>
<td>Targeting synovial mast cells in spondyloarthritis: A proof-of-concept study with the tyrosine kinase inhibitor nilotinib</td>
<td>J.E. Paramarta, M.C. Turina, T.F. Heijda, I.C. Blijdorp, T. Noordenbos, N. Yeremenko, D. Baeten (The Netherlands)</td>
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<tr>
<td>11.55</td>
<td>O11</td>
<td>Objective evaluation of physical functioning after TNFi therapy in ankylosing spondylitis patients - A selection of three feasible performance-based tests</td>
<td>S.F.E. van Weely, J. Dekker, M.P.M. Steultjens, J.C. van Denderen, M.T. Numohamed, B.A.C. Dijkmans, I.E. van der Horst-Bruinsma (The Netherlands &amp; UK)</td>
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<td>12.15</td>
<td>Lunch</td>
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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

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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

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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., Toussirot 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 I., 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  Dikkopf-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

P16  Change over time in the profile of ankylosing spondylitis patients treated with infliximab in Canadian routine care
P17 Assessing treatment durability of infliximab in the management of psoriatic arthritis patients in a Canadian setting

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

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?
vан 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
Sieber J., Rudwaleit M., van der Heijde D., Maksymowycz W.P., Dougdos 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
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., Grünér-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., Filipini 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 spondyloarthitis
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 spondyloarthritis (SpA) and ankylosing spondylitis (AS): Results of a multi-center randomized placebo-controlled trial

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 concomittant 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., Erondu 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.,
vant Tubergen A. (The Netherlands & UK)
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<td>Patients with AS do not adapt to their disease: Evidence from the 'then-test' in patients treated with TNF-inhibitors</td>
<td>Essers I., van Tubergen A., Heldmann F., Baraliakos X., Braun J., Boonen A.</td>
<td>The Netherlands &amp; Germany</td>
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<td>P67</td>
<td>Disease activity strongly influences work productivity and physical health related quality of life in early axial spondyloarthritis: Data from the SPACE-cohort</td>
<td>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.</td>
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<td>P68</td>
<td>Substantial decrease in work productivity and physical health-related quality of life in chronic back pain of recent onset: Data from the SPACE-cohort</td>
<td>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.</td>
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<td>P69</td>
<td>Renal disease in a cohort of axial spondyloarthritis</td>
<td>Meirinhos T., Aguiar R., Ambrósio C., Barcelos A.</td>
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<td>P70</td>
<td>Clinical performance of spondyloarthritis criteria in patients aged over 45 years: Which of them should be applied for diagnosis in late-onset ankylosing spondylitis?</td>
<td>Bendahan L.T., Mendes J.G., Klemz B.N.C., Gomes C.M.F., Oliveira T.L., Pinheiro M.M.</td>
<td>Brazil</td>
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<td>P71</td>
<td>Male and female patients with axial spondyloarthritis experience disease activity differently: Results from the GLAS cohort</td>
<td>Arends S., Maas F., van der Veer E., Bos R., Efe Md, Leijisma M.K., Bootsma H., Brouwer E., Spoorenberg A.</td>
<td>The Netherlands</td>
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<td>P72</td>
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<td>Fernández-Carballido C., Navarro-Compán V., Moreno M., Juanola X., Mulero J., de Miguel E., on behalf of the ESPERANZA Study Group</td>
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<td>The impact of ankylosing spondylitis on work impairment – Results from the Scotland Registry for Ankylosing Spondylitis (SIRAS)</td>
<td>Jones G.T., Dean L.E., Macfarlane G.J., on behalf of SIRAS</td>
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<td>Delay to diagnosis in axial SpA: No improvement in the UK</td>
<td>Sykes, M.P., Doll H., Sengupta R., Gaffney K.</td>
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<td>Remission in SpA: Only ASDAS or also a BASDAI scoring?</td>
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<td>P79</td>
<td>Genetic and clinical predictors of response to TNF-blocker in an Italian axial- SpA cohort</td>
<td>Simone D., Canestri S., Nowik M., Messuti L., Miceli MC., Gremese E., Di Mario C., Tolusso B., Ferraccioli G.</td>
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<td>Seo Y.H., Choi S.J.</td>
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P83 Disease severity as measured by proms or need for second line treatment in inflammatory bowel disease associated arthropathy: Comparison to other spondyloarthropathy subgroups
Drivelegka P., Papachrysos N., Petersson I.F., Bremaneder 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

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

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

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

P96 Absence of ERAP partially rescues the flu-specific Vß8.1+ CTL which are normally deleted in B7/B27 coexpressing HLA transgenic mice
Akrum 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 Heljde D., Boonen A., Bautista W., Burgos-Vargas R., Chiowchanwisawakit P., Durouz T., El-Zorkany B., Essers I., Gaydukov I., Ghery P., Gossec L., Grazio S., Gu J., Khan A., Kim T.J., Maksymowych W., Marzo-Ortega H., Navarro V., Olivieri I., Papatros 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 spondylarthropathy 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

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

P105 Suppression of in-vitro TYPE-17 responses in SpA patients using small molecule ROR-γT 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

P109 Comorbidities in psoriatic arthritis: Comparison with rheumatoid arthritis and psoriasis

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

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
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

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., Lebouteiller C., Breban M. (France)

P123 Innate immune stimulation triggers altered IL-1A/B gene expression and experimental spondyloarthritis in HLA-B27/huß2m 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-BarrosP., Parra E.R. (Brazil)
P128 The amount of free heavy chain and β2m 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

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

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

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

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

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

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

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

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

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

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

P141 Epigenetic study of advanced ankylosis in patients with ankylosing spondylitis

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., Sarıyıldız 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

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
**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 TNFα-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
Baraliakos X., Hermann K.G., Xu S., Hsu B., Braun J. (Germany & USA)

**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., Mclinnes 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., Herrmann 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., McIntnes 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

**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

**P157** The spondyloarthritis research consortium of Canada MRI sacroiliac joint structural score: Reliable detection of structural progression even over one year

**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
MacKay J.W., Aboelmagd S., Gaffney J.K. (UK)

**P160** Performance of hybrid 18F-fluoride PET/MRI of the sacroiliac joints and the spine in patients with ankylosing spondylitis
Baraliakos X., Buchbender C., Ostendorf B., Ruhlmann V., Heusch P., Miese F., Beiderwellen K., Schneider M., Antoch G., Braun J. (Germany)

**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., Lastraioi 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

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

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

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

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

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

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., Matuscu Cerinic M. (Italy & Brazil)

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

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
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
Before prescribing Enbrel please refer to full Summary of Product Characteristics (SmPC).

Hypersensitivity to any of the ingredients, sepsis or risk of sepsis.

Plaque psoriasis in children aged 6-17 years – 0.8 mg/kg (maximum per dose 50 mg) once weekly. Discontinuation of treatment if inadequate response after 12 weeks. If no response within 24 weeks, re-evaluate and consider adjusting the dose to 25 mg twice weekly or 50 mg once weekly. Alternatively, 25 mg twice weekly or 50 mg once weekly for 12 weeks, then every 12 weeks.

Annular psoriasis in children aged 6-17 years: Chronic severe psoriasis when inadequately controlled by, or intolerant of methotrexate. Enthesitis-related arthritis from the age of 12 years when inadequate response to, or intolerant of methotrexate. Psoriatic arthritis from the age of 12 years when inadequate response to, or intolerant of methotrexate. Radiographic axial spondyloarthritis (nr-axSpA) and extended oligoarthritis when inadequate response to, or intolerant of methotrexate. Chronic uveitis when inadequately controlled by, or intolerant of methotrexate. Wegener’s granulomatosis. There have been reports of hypoglycaemia in Enbrel patients receiving concurrent medication for diabetes, necessitating a reduction in anti-diabetic medication in some patients.

Enbrel should be initiated and supervised by medical professionals experienced in the diagnosis and treatment of RA, AA, AS, PS, and PsA. Enbrel is not recommended for patients with moderate to severe renal impairment (creatinine clearance <50 mL/min) or severe hepatic impairment.

Enbrel Paediatric: Enbrel 10 mg powder and 1 ml water for injection in a single-use vial. Each vial contains 10 mg of Enbrel. Each pre-filled syringe contains 1 ml water for injection. 4 pre-filled syringes per carton. Anakinra: Anakinra 5 mg powder and 1 ml water for injection in a single-use vial. Each vial contains 5 mg of anakinra. Anakinra is supplied as pre-filled syringes for subcutaneous injection. Each pre-filled syringe contains 0.4 mg/ml anakinra. 2 pre-filled syringes per carton.

The most commonly reported adverse reactions are injection site reactions, infections, allergic reactions, development of autoantibodies, itching, and fever.

Lactation: Breastfeeding or breast feeding of infants by women who are receiving Enbrel is not recommended and caution should be used in breastfeeding women treated with Enbrel. There have been reports of embryonic and fetal death in animals, as well as birth defects in animals. Enbrel should not be administered to pregnant women.

Pregnancy: Enbrel should not be administered to pregnant women. There have been reports of embryonic and fetal death in animals. Enbrel should not be administered to pregnant women.

Wegener’s granulomatosis. There have been reports of hypoglycaemia in Enbrel patients receiving concurrent medication for diabetes, necessitating a reduction in anti-diabetic medication in some patients. There have been reports of hypoglycaemia in Enbrel patients receiving concurrent medication for diabetes, necessitating a reduction in anti-diabetic medication in some patients. There have been reports of hypoglycaemia in Enbrel patients receiving concurrent medication for diabetes, necessitating a reduction in anti-diabetic medication in some patients. There have been reports of hypoglycaemia inEnbrel patients receiving concurrent medication for diabetes, necessitating a reduction in anti-diabetic medication in some patients. There have been reports of hypoglycaemia in Enbrel patients receiving concurrent medication for diabetes, necessitating a reduction in anti-diabetic medication in some patients. regelmäßige Darreichung von Injektionspräparaten ist erforderlich, um ein weiteres Vorkommen von Reaktionen zu verhindern.

Es gibt keine spezifischen Informationen für die Anwendung von Enbrel in der Schwangerschaft. Es wird empfohlen, die Schwangerschaft vor Beginn der Therapie mit Enbrel zu unterbrechen. Es wird generell nicht empfohlen, Enbrel während der Schwangerschaft zu verwenden.

Enbrel sollte von Personen mit einer leichten bis mittelschweren Niereninsuffizienz (Kreatinin Clearance >50 mL/min) und einer schweren Leberinsuffizienz (Leberfunktionsstörungen) nicht verwendet werden.

Enbrel ist bei Patienten mit einer bekannten Herzinsuffizienz oder einer Herzüberlastung nicht empfohlen.

Enbrel ist bei Patienten mit einer aktiven Tuberkulose oder einer Tuberkuloseverdachtsdiagnose nicht zu verwenden.

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**Registration**

As of 15/10/’14

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<td>Participant Non-MD</td>
<td>€ 800,00</td>
</tr>
<tr>
<td>Student/Researcher Non-MD with Abstract*</td>
<td>€ 400,00</td>
</tr>
<tr>
<td>Gala Dinner on Friday</td>
<td>€ 50,00**</td>
</tr>
</tbody>
</table>

*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.

**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.

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**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 included.

**Ibis Gent Centrum St. Baafs Kathedraal** **
Single room: € 112,50**
Double room: € 129,00
Breakfast and city taxes included.

**Hotel Best Western – Cour St. Georges** ***
Single room: € 125,00**
Double room: € 135,00
Breakfast 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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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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Visit Booth #7

AMP, adenosine monophosphate; cAMP, cyclic AMP.


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MEDICAL BREAKTHROUGHS MAY COME OUT OF THE LAB. BUT THEY BEGIN IN THE HEART.

For more than 150 years, a very special passion has driven the people of MSD. Our goal is to develop medicines, vaccines, consumer care and animal health innovations that will improve the lives of millions. Still, we know there is much more to be done. And we’re doing it, with a long-standing commitment to research and development. We’re just as committed to expanding access to healthcare and working with others who share our passion to create a healthier world. Together, we’ll meet that challenge. With all our heart.

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