

Dr. Weisman-SAA LA 1/13/13 Mtg Notes

(These are simply my layperson's recollection notes and not to be relied upon. Also if you weren't at the meeting, the shorthand version of my notes may not be too useful.)

1% has AS in USA. But Dx is late.

By contrast:

0.6% have RA in USA. More women than men.

The main trigger of RA is smoking, so prevalence of RA is going down.

Range given is do to how AS is defined... .6-.7% + PsA + uSpA + ...,

We got the # from US Govt. public policy. CDC Nat'l Health .. survey. Determine frequency of diseases.

Note: it's a large political battle to get govt to fund the study of one disease over another. Big vans sample people at large. A true population based survey to see what diseases occur, & at what rate, in population.

Use census stats to sample all minority groups. Weisman & John Reveille developed questions and did survey. Published in 2012.

Back pain: 20% of population.

Inflammatory back pain (worse in the morning, wake at night, improves with activity).

Non inflammatory back pain 6% in USA.

To make AS Dx, rheumatologist asks further questions to see if people with back pain have inflammatory back pain: i.e. Does your brother have AS? Do you get psoriasis, iritis?

1% of population have AS in USA.

Age is not a factor for back pain or AS.

HLA B27+ in USA is 6%

90% of people with AS are HLA-B27

So if have HLAB27, you're likely NOT to have AS (mathematically).

Approx half of people with back pain & HLA-B27 have AS.

Rheumies carefully ask people about their pain, then do HLA-B27 test, then do MRI test. It's all statistics.

If AS, have treatments:

Since 1999 the first tnf approved in USA. It was not tested for AS yet. The RA lobby was/is powerful, they get bigger share of pie. Tnf was approved for RA at that time. Doctors immediately used for AS, off label.

Tough to objectively test for AS. ie. it's difficult to see if sacroiliac joint is inflamed. RA is easy to test (joints swelling is reduced). Joints easy to test, finger.

Tnf blocker has remarkably spectacular effective use in AS (even better than for RA).

Tnf stopped sign and symptoms & damage to joints (shown on X-ray). But the 2 yr study unable to show bone formation was stopped.

Patients would ask "Why take drug if cant show proof that stops formation of bone?" That was true. It doesn't make people worse, doesn't seem to increase risk of cancer. 1/2 people choose not to take it. 1/2 choose to take it.

New data:

2 yr data was little less bone formation (but not statistically significant) then the untreated group.

Note: RA is rapid disease.

AS is a very slow moving disease.

So, longer study, 4-8 years. Compare tnf takers Vs non tnf takers (propensity testing). Anti tnf drugs reduce bone formation by 50%.

If take drug early in course of disease (first 6yrs) then have greater results.

Smoking cigarettes makes it worse than everything else.

All this stuff reversible:

Can Stop smoking

Can Diagnose early

Can take TNF blockers

If patients feel tremendously better, then have to think it's effective on the disease.

Side effects:

[disclosure: I don't own stock in pharmaceutical companies, I don't get drug company money (if so, it goes to trust to fund research).

Slight increase risk for infection. So slight, it's tough to measure.

AS itself does not predispose for infection.

AS pt are usually younger.

Note: RA disease itself increases risk of infection. Plus RA pt are older & have more co morbidity.

If take tnf, then not taking steroids anymore and so less infections.

Summary:

1. How benefited by finding real prevalence
2. How decide if have AS
3. Treatments : TNFs makes difference.

Q&A

Q. tnf & Lymphoma?:

no increased risk in AS pt.

Some meds are used to reduce risk of cancers : methotrexate, NSAIDS.

NSAIDs can reduce bond formation in AS. But only if on high dose, and for a long time. but taking NSAIDS at high dose for long period has real risks .

NSAIDS can be used for Symptom control.

Q. How effective is tnf if later disease stage?

if pain, but have lots fusion already, then not much improvement by taking tnf .

Q. can tnf reduce fusing that has already taken place?

Unlikely decrease bond formation.

Q. Take different tnfs.

Rotate drugs if not responding .

There is an IL drug that they expected to work well for AS; but failed for AS. It's not clear why.

Psoriatic arthritis and AS. It's complex and definite relationship. 5% of psoriasis have spine involvement. A little overlap in genes.

Crohn's genes overlap a lot with AS.

If look closely at gut of AS pts, (through testing) there is a high % of inflammation. Not sure of link. This is under current study. So, even if no symptoms, a high % of AS folks have gut inflammation.

Theory is it's a gut triggered disease. Intestinal organism + gene = AS.

Diets, starch free. Don't see impact on diet on AS. Once you have the disease, changing diet doesn't reverse disease.

Scandinavia study: Children with have likely to get ???

C section children get different diseases then vaginally delivered, so that first exposure makes a difference.

Q. Are there tn timerics?

Biosimilars coming out soon.

Drugs were first made with a very expensive processes. But less expensive to make biosimilars. Not sure if equivalent efficacy. Perhaps better?

Q. Long term effectiveness of tn timer?

Don't know long term effectiveness, tough to measure this. In RA the disease changes a bit and a particular tn timer becomes less effective.

Please sign up to participate in study/research.

Tnf also reduces iritis episodes. Iritis meds are effective and few episodes is not a problem. but, Multiple attacks of iritis lead to glaucoma and loss of site.

Q. Pregnancy safety with tnf?

don't know if perfectly safe.

Some "Doctors" offering fertility help: Enbrel given to women to increase fertility, but that's not proven.

Data shows it won't make it worse. But it's a complex field. There is a crohn's disease study going on.

Since the majority of people with crohns are women and so that's the disease population that are studying the effect of tnf on pregnancy.