CLINICAL FLASHCARDS

Stopping Spinal Fusion Or Protecting The Gut?

The Life Science Feed

QUESTION

Which three cytokines are the primary drivers of inflammation across the spondyloarthropathy spectrum?

ANSWER

IL-17, IL-23, and TNF.

QUESTION

What term describes the hallmark clinical feature of SpA involving inflammation at the site where tendons or ligaments insert into bone?

ANSWER

Enthesitis.

QUESTION

Which specific genetic marker is most strongly associated with the axial forms of spondyloarthropathy?

ANSWER

HLA-B27.

QUESTION

What type of joint involvement is typical of the spondyloarthropathies?

ANSWER

Asymmetric oligoarthritis.

QUESTION

Which five clinical domains are used to categorise psoariatic arthritis (PsA)?

ANSWER

Peripheral arthritis, axial disease, enthesitis, dactylitis, and skin psoriasis.

QUESTION

How does the role of IL-17 inhibitors differ between rheumatoid arthritis and psoariatic arthritis?

ANSWER

They are highly effective in PsA but have no role in RA.

QUESTION

Which biologic class is licensed for psoariatic arthritis but has no established role in rheumatoid arthritis?

ANSWER

IL-23 inhibitors.

QUESTION

In terms of combination therapy, how does the benefit of methotrexate differ in PsA compared to RA?

ANSWER

The efficacy-enhancing benefit of methotrexate is less clear in PsA than in RA.

QUESTION

Which biologic classes provide superior skin clearance in PsA compared to anti-TNF therapy?

ANSWER

IL-17 and IL-23 inhibitors.

QUESTION

Which IL-23 inhibitor was established for PsA treatment through the DISCOVER-1 and DISCOVER-2 trials?

ANSWER

Guselkumab.

QUESTION

Which clinical trial demonstrated the efficacy of guselkumab in PsA patients who had already failed anti-TNF therapy?

ANSWER

The COSMOS trial.

QUESTION

Which JAK inhibitor was shown to have strong efficacy in PsA, including in anti-TNF failures, during the SELECT-PsA trials?

ANSWER

Upadacitinib.

QUESTION

Which safety trial's findings are applied to the risk-stratification of JAK inhibitors in psoariatic arthritis?

ANSWER

ORAL Surveillance.

QUESTION

Why should IL-17 inhibitors, such as secukinumab and ixekizumab, be avoided in patients with comorbid IBD?

ANSWER

They can exacerbate or induce inflammatory bowel disease.

QUESTION

Which specific anti-TNF monoclonals are preferred for PsA patients with concurrent IBD?

ANSWER

Infliximab and adalimumab.

QUESTION

Which IL-23 inhibitor is approved for the treatment of Crohn's disease and also effective in PsA?

ANSWER

Risankizumab.

QUESTION

Which Phase 3 trial evaluated the use of guselkumab for Crohn's disease?

ANSWER

The QUASAR trial.

QUESTION

What are the two major clinical entities included under the term axial spondyloarthropathy (axSpA)?

ANSWER

Ankylosing spondylitis (AS) and non-radiographic axial SpA (nr-axSpA).

QUESTION

Which two cytokines are the dominant drivers of spinal fusion and syndesmophyte formation in axSpA?

ANSWER

TNF and IL-17.

QUESTION

Which anti-TNF biologic was evaluated in the ATLAS trial for axial spondyloarthropathy?

ANSWER

Adalimumab.

QUESTION

Which anti-TNF biologic was evaluated in the ASSERT trial for axial spondyloarthropathy?

ANSWER

Infliximab.

QUESTION

Which biologic was the first to convincingly demonstrate the prevention of structural modification (spinal fusion) in AS?

ANSWER

Secukinumab.

QUESTION

Which clinical trials first established the efficacy of secukinumab in ankylosing spondylitis?

ANSWER

MEASURE-1 and MEASURE-2.

QUESTION

What was the landmark finding of the PREVENT trial regarding secukinumab and AS?

ANSWER

It significantly reduced radiographic progression (syndesmophyte formation) over two years.

QUESTION

Why is IL-17 inhibition often a favoured first-line choice for younger patients with AS?

ANSWER

To prioritise the prevention of long-term spinal ankylosis and structural damage.

QUESTION

What defines non-radiographic axial spondyloarthropathy (nr-axSpA) in contrast to ankylosing spondylitis?

ANSWER

The presence of inflammatory pathology without definitive radiographic changes.

QUESTION

Which biologic drug was studied in the RAPID-axSpA trial for non-radiographic axial SpA?

ANSWER

Certolizumab.

QUESTION

In patients with nr-axSpA, which two clinical biomarkers are associated with a better response to biologic therapy?

ANSWER

High MRI inflammation and elevated C-reactive protein (CRP).

QUESTION

What is the estimated prevalence of anterior uveitis among patients with ankylosing spondylitis?

ANSWER

25–30 percent.

QUESTION

What are the primary symptoms of anterior uveitis in the context of AS?

ANSWER

Pain, red eye, and photophobia.

QUESTION

Which class of biologics is preferred for the prevention of anterior uveitis flares?

ANSWER

Monoclonal anti-TNF antibodies.

QUESTION

Which anti-TNF agent is a fusion protein and does not protect against uveitis or IBD?

ANSWER

Etanercept.

QUESTION

Why are monoclonal anti-TNF agents like adalimumab preferred over etanercept in AS patients with eye disease?

ANSWER

Monoclonal antibodies reduce uveitis flare rates, while fusion proteins do not.

QUESTION

Which biologic class is generally preferred for the PsA-IBD overlap patient due to its efficacy in both conditions?

ANSWER

IL-23 inhibitors.

QUESTION

The term for 'sausage-like' swelling of an entire digit, common in PsA, is _____.

ANSWER

Dactylitis

QUESTION

Which biologic class is avoided in axial SpA patients who have comorbid IBD?

ANSWER

IL-17 inhibitors.

QUESTION

What bony growths originate inside ligaments and lead to spinal fusion in ankylosing spondylitis?

ANSWER

Syndesmophytes.

QUESTION

Besides skin psoriasis and IBD, what is a major extra-articular feature of the spondyloarthropathies?

ANSWER

Uveitis.

QUESTION

Which IL-17 inhibitors are mentioned as providing superior skin clearance compared to anti-TNF in PsA?

ANSWER

Secukinumab and ixekizumab.

QUESTION

Which domain of PsA is the primary driver of treatment choice when joint disease is minimal but skin involvement is severe?

ANSWER

Skin psoriasis.

QUESTION

In the DISCOVER trials, guselkumab showed significant improvement in which skin measurement?

ANSWER

PASI skin score.

QUESTION

Which JAK inhibitor is licensed for use in PsA alongside upadacitinib?

ANSWER

Tofacitinib.

QUESTION

Which biologic therapy targets both PsA and Crohn's disease and was validated in the QUASAR trial?

ANSWER

Guselkumab.

QUESTION

What are the two dominant clinical features of nr-axSpA that indicate a high inflammatory burden?

ANSWER

MRI inflammation and elevated CRP.

QUESTION

Which anti-TNF agent should be avoided in patients with a history of uveitis or IBD?

ANSWER

Etanercept.

QUESTION

Which specific cytokines drive the skin clearance benefits seen with IL-23 and IL-17 inhibitors in PsA?

ANSWER

IL-17 and IL-23.

QUESTION

What is the primary risk of inadequately managed anterior uveitis?

ANSWER

Vision loss.

QUESTION

Which biologic drug is indicated for nr-axSpA and was evaluated in the PREVENT trial?

ANSWER

Secukinumab.

QUESTION

Which disease domain of PsA is best addressed with anti-TNF when skin involvement is minimal?

ANSWER

Peripheral arthritis (joint disease).

QUESTION

Which specific biologic class represents a landark moment for potential structural modification in AS?

ANSWER

IL-17 inhibitors.

QUESTION

Which biologic class is the preferred alternative for PsA patients with enthesitis-predominant disease?

ANSWER

IL-17 or IL-23 inhibitors.

QUESTION

Which anti-TNF monoclonal antibody is specifically mentioned as licensed for both PsA and IBD?

ANSWER

Infliximab (or adalimumab).

QUESTION

What is the role of IL-17 inhibitors in the treatment of uveitis?

ANSWER

Their efficacy for prevention is not well established.

QUESTION

Which cytokine inhibitor class is preferred in the PsA-IBD overlap because it can treat both with one drug?

ANSWER

IL-23 inhibitors.

QUESTION

Which genetic association is most common in patients with axial forms of SpA?

ANSWER

HLA-B27.

QUESTION

Which specific condition is characterised by syndesmophyte formation and eventual spinal fusion?

ANSWER

Ankylosing spondylitis.

QUESTION

Which trial provides the evidence for certolizumab in nr-axSpA?

ANSWER

RAPID-axSpA.

QUESTION

Which biologic class is generally favoured first-line in younger AS patients to prevent spinal ankylosis?

ANSWER

IL-17 inhibitors.

QUESTION

What clinical feature involves a red, painful eye and sensitivity to light?

ANSWER

Anterior uveitis.

QUESTION

Which biologic class is first-line for PsA when skin disease and enthesitis are the dominant domains?

ANSWER

IL-17 or IL-23 inhibitors.

QUESTION

Which trial established the role of adalimumab in axSpA?

ANSWER

ATLAS.

QUESTION

Which trial established the role of infliximab in axSpA?

ANSWER

ASSERT.

QUESTION

Which biologic drug is an IL-23 inhibitor licensed for both PsA and Crohn's disease?

ANSWER

Risankizumab.

QUESTION

Which JAK inhibitor is associated with the safety concerns detailed in the ORAL Surveillance trial?

ANSWER

Tofacitinib.

QUESTION

In the context of PsA, what are the preferred biologic options for patients who also have IBD?

ANSWER

IL-23 inhibitors or monoclonal anti-TNF agents.