

ACR Convergence 2022

12S142. Abstracts: Spondyloarthritis Including PsA – Treatment I: Axial Spondyloarthritis (0542–0547)

0546. 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: An Open-Label Randomised, Controlled, Multicentre trial (CONSUL). (Clinical trial no. NCT02758782)

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The objective of this study was to evaluate the impact of treatment with a COX-II selective NSAID (Celecoxib) when added to a TNFi (golimumab) compared with TNFi (golimumab) alone on the progression of structural damage in the spine over 2 years in patients with active radiographic axial spondyloarthritis.

The study was undertaken because the data on NSAIDs and spinal radiographic progression is controversial and not consistent. In this study, a selective NSAID, celecoxib, was used as it has been shown to inhibit radiographic progression, whereas a non-selective NSAID, diclofenac, has not.

The primary endpoint in the study was a change in mSASSS (modified Stoke Ankylosing Spondylitis Spinal Score), with secondary endpoints of new syndesmophytes, clinical outcomes (activity, function, mobility, HR-QoL) and safety assessments.

The conclusion of the study was that the combination therapy with golimumab and celecoxib did not show any significant superiority over golimumab monotherapy in retarding radiographic progression over two years in r-axSpA patients. However, the observed numerical reduction in radiographic spinal progression associated with the combined treatment might be relevant in high-risk patients.

There were no significant differences in terms of safety data between combined therapy and monotherapy.