



'Rheumacensus' experts unite and call for essential psoriatic arthritis and axial spondyloarthritis care improvements

- UCB is sponsoring an expert-led, pan-European multistakeholder programme called Rheumacensus
- The programme brings together a variety of stakeholders to identify and propose solutions for key unmet care needs in two prevalent rheumatic conditions
- The programme's mission is to rethink standards of care in psoriatic arthritis and axial spondyloarthritis across Europe, driving change that makes a real difference to patients

Brussels (Belgium), 16 November 2023 – 7:00 am (CEST) – As part of its longstanding commitment to patients in rheumatology, UCB, a global biopharmaceutical company, is sponsoring an expert-led, multi-stakeholder programme called Rheumacensus. The programme aims to identify key challenges in the current care pathways of psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA) across Europe, and reach consensus on potential improvements.

Driven by 22 European experts, Rheumacensus combines healthcare professional (eight), patient (seven), and payor (seven) perspectives to ensure that every aspect of managing PsA and axSpA is considered. Through a series of Delphi surveys, care gaps and unmet needs were defined, and consensus was sought on how the priority challenges should be addressed. Consensus council meetings have been held to generate 'calls to action' which, if implemented consistently across Europe, could improve the standard of care for people living with PsA and axSpA.

Of the programme, Paul Atherfold, European Advocacy and Medical Education Lead for Rheumatology and Dermatology at UCB said, *"Despite the progress made in recent years, severe unmet needs persist for those impacted by psoriatic arthritis and axial spondyloarthritis. Rheumacensus allows us to build our expertise with patients at the forefront of our thinking and cement our partnerships within the scientific community who are working hard to address these unmet needs. Our ultimate goal is to elevate care for these patients, allowing them to live the lives they wish, as free as possible from challenges and uncertainty related to their condition."*

Xenofon Baraliakos, Professor of Internal Medicine and Rheumatology at Ruhr-University Bochum, President of ASAS, Treasurer of EULAR, and member of the Consensus Council for Rheumacensus, commented, *"The unique appeal of this innovative programme is that it brings together perspectives from a variety of stakeholders from across Europe: patients, patient organisation representatives, payors, dermatologists, rheumatologists, nurses, and physiotherapists. This approach allows us to take a 360-degree view of the challenges in front of us, learn from each other and propose practical solutions that will make a real difference for people living with axSpA and PsA."*

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About Psoriatic Arthritis

Psoriatic arthritis (PsA) is a serious, highly heterogeneous, chronic, systemic inflammatory condition affecting both the joints and skin, with a prevalence of 0.02 percent to 0.25 percent of the population, and 6 percent to 41 percent of patients with psoriasis.¹ Symptoms include joint pain and stiffness, skin plaques, swollen toes and fingers (dactylitis) and inflammation of the sites where tendons or ligaments insert into the bone (enthesitis) and/or spondylitis (pain, swelling, tenderness, stiffness).²

About Axial Spondyloarthritis

Axial spondyloarthritis (axSpA), which includes both non-radiographic axSpA (nr-axSpA) and radiographic axSpA (r-axSpA), also known as ankylosing spondylitis (AS), is a chronic, immune-mediated, inflammatory disease.³ nr-axSpA is defined clinically by the absence of definitive X-ray evidence of structural damage to the sacroiliac joints.³ axSpA is a painful condition that primarily affects the spine and the joints linking the pelvis and lower spine (sacroiliac joints).³ The leading symptom of axSpA in a majority of patients is inflammatory back pain lasting longer than 3 months that improves with exercise, but not with rest.^{3,4} Other common clinical features frequently include anterior uveitis, enthesitis, peripheral arthritis, psoriasis, inflammatory bowel disease and dactylitis.³ The overall prevalence of axSpA is 0.3 percent to 1.4 percent of adults.⁴ Approximately half of all patients with axSpA are patients with nr-axSpA.³ axSpA onset usually occurs before the age of 45.⁵ Approximately 10 to 40 percent of patients with nr-axSpA progress to AS over 2 to 10 years.³

About UCB

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