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IL-17A inhibitors offers new wave of treatment efficacy for AS patients

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Dr. Chandrashekara. S, Professor and Managing Director, ChanRe Rheumatology and Immunology Center and Research, Bangalore talks about how IL-17A inhibitors offers new wave of treatment efficacy for Ankylosing Spondylitis patients

There is an urgent need to raise awareness on providing effective and timely treatment to Ankylosing Spondylitis (AS) patients. AS is a condition that usually affects men (25- 40 years) during the most productive years of their lives and can lead to an extremely poor QoL.

According to medical experts, there is high incidence of delayed diagnosis for AS with many patients being diagnosed after 6-7 years of disease onset. AS can also cause damage to posture and disrupt mobility if left untreated or in case of severe delay in diagnosis. This leads to bending of the spine and neck to an extent that can cause ‘structural damage progression’ and in some cases, patients could even become wheelchair bound.

Traditionally, over a decade ago, biologics such as TNF inhibitors were popularly prescribed by medical experts for AS treatment. However, further trials indicated that safety was also a risk with anti-TNF therapy.

However, with further medical research, IL-17A inhibitors have been known to revolutionize the management of ankylosing spondylitis. IL-17 is a cytokine responsible for bone destruction and new bone formation in Ankylosing Spondylitis. Interleukin-17A (IL-17A) is the first non-TNF alpha inhibitor which has shown tremendous results amongst patients living with ankylosing spondylitis (AS). As an alternative cytokine, this new biologic has shown much better results than TNF inhibitors. Medical experts have also expressed that IL-17A inhibitors demonstrated equal efficacy in physical function, controlling inflammation, and slowing down ossification of the axial skeleton than TNF inhibitors. However, the current recommendation is to use it after Anti-TNF failure.

Most AS Patients respond faster to IL-17A inhibitors which also help significantly slow down structural damage progression. In a global study, it was indicated that about 80% of AS patients consistently achieved an ASAS 20 response (Assessment of Spondyloarthritis International Society response criteria) at 3 years with IL-17A inhibitor. This signifies that patients show no progression of structural damage for at least 3 years.

Another study also indicated that almost 80 percent of AS patients treated with IL-17A inhibitor biologic had no radiographic progression of the spine at 4 years and exhibited sustained improvement in signs and symptoms.

The IL-17A inhibitor biologic works by specifically inhibiting the IL-17A cytokine, which plays a significant role in the pathogenesis of AS. It is equally important that patients with active AS should be systematically examined for any other existing health conditions before starting biological treatment.

Medical practitioners should also make the patients aware about the treatment cycle. The long-term goal of treatment in AS patients should extend beyond pain relief, to preventing disability, maintaining mobility for a longer time and ensuring an improved quality of life.