

Supplement B. PICO Questions and Panel Recommendations for the treatment of Non-radiographic Axial Spondyloarthritis.

PHARMACOLOGICAL THERAPY

PICO 33. In adults with active or stable non-radiographic axial SpA, is continuous treatment with NSAIDs more effective than on-demand NSAID treatment in improving outcomes?

Recommendation: We conditionally recommend continuous treatment with NSAIDs over on-demand treatment with NSAIDs (very low quality evidence; vote 100% agreement).

PICO 34. In adults with active non-radiographic axial SpA, is treatment with NSAIDs more effective than no treatment with NSAIDs in improving outcomes?

Recommendation: We strongly recommend treatment with NSAIDs over no treatment with NSAIDs (very low quality evidence; vote 100% agreement).

PICO 35. In adults with active non-radiographic axial SpA, are certain NSAIDs more effective than other NSAIDs in improving outcomes?

Recommendation: We do not recommend any particular NSAID as the preferred choice (very low quality evidence; conditional recommendation; vote 100% agreement).

PICO 36. In adults with active non-radiographic axial SpA, are systemic corticosteroids more effective than no treatment with systemic corticosteroids in improving outcomes?

Recommendation: We strongly recommend against treatment with systemic glucocorticoids (very low quality evidence; vote 100% agreement).

PICO 37. In adults with active non-radiographic axial SpA, are certain TNFi more effective than other TNFi in improving outcomes?

Recommendation: We do not recommend any particular TNFi as the preferred choice, except for patients with concomitant inflammatory bowel disease or recurrent iritis (very low quality evidence; conditional recommendation; vote 100% agreement).

PICO 38. In adults with active non-radiographic axial SpA despite treatment with NSAIDs, are TNFi more effective than no treatment with TNFi in improving outcomes?

Recommendation: We conditionally recommend treatment with TNFi compared to no treatment with TNFi (moderate quality evidence; vote 90% agreement).

PICO 39. In adults with active non-radiographic axial SpA despite treatment with NSAIDs, are slow-acting antirheumatic drugs more effective than no treatment with slow-acting antirheumatic drugs in improving outcomes?

Recommendation: We conditionally recommend against treatment with slow-acting antirheumatic drugs (low quality evidence; vote 90% agreement).

PICO 40. In adults with active non-radiographic axial SpA despite treatment with NSAIDs and who have contraindications to TNFi, is treatment with a non-TNFi biologic more effective than treatment with slow-acting antirheumatic drugs in improving outcomes?

Recommendation: We conditionally recommend treatment with a slow-acting antirheumatic drug over treatment with a non-TNFi biologic (very low quality evidence; vote 100% agreement).

PICO 41. In adults with active non-radiographic axial SpA despite treatment with the first TNFi agent used, is switching to a different TNFi more effective than adding a slow-acting antirheumatic drug in improving outcomes?

Recommendation: We conditionally recommend treatment with a different TNFi over adding a slow-acting antirheumatic drug (very low quality evidence; vote 100% agreement).

PICO 42. In adults with active non-radiographic axial SpA despite treatment with the first TNFi agent used, is switching to a different TNFi more effective than switching to non-TNFi biologics in improving outcomes?

Recommendation: We conditionally recommend treatment with a different TNFi over treatment with a non-TNFi biologic (very low quality evidence; vote 100% agreement).

PICO 43. In adults with stable non-radiographic axial SpA on treatment with TNFi and NSAIDs, is continuation of both medications more effective in improving outcomes than continuing treatment with TNFi alone?

Recommendation: We conditionally recommend continuing treatment with TNFi alone compared to continuing both treatments (very low quality evidence; vote 100% agreement).

PICO 44. In adults with stable non-radiographic axial SpA on treatment with TNFi and slow-acting antirheumatic drugs, is continuation of both medications more effective in improving outcomes than withdrawing one treatment and continuing either TNFi or slow-acting antirheumatic drugs alone?

Recommendation: We conditionally recommend continuing treatment with TNFi alone compared to continuing both treatments (very low quality evidence; vote 100% agreement).

PICO 45. In adults with non-radiographic axial SpA and isolated active sacroiliitis despite treatment with NSAIDs, is treatment with local corticosteroids more effective than no treatment with local corticosteroids in improving outcomes?

Recommendation: We conditionally recommend treatment with local glucocorticoids over no treatment with local glucocorticoids (very low quality evidence; vote 100% agreement).

PICO 46. In adults with non-radiographic axial SpA and active enthesitis despite treatment with NSAIDs, are locally administered parenteral corticosteroids more effective than no treatment with local corticosteroids in improving outcomes?

Recommendation: We conditionally recommend treatment with locally administered glucocorticoids over no treatment with local glucocorticoids. Peri-tendon injections of achilles, patellar and quadriceps tendons should be avoided (very low quality evidence; vote 100% agreement).

PICO 47. In adults with non-radiographic axial SpA and active peripheral arthritis despite treatment with NSAIDs, are locally administered parenteral corticosteroids more effective than no treatment with local corticosteroids in improving outcomes?

Recommendation: We conditionally recommend treatment with locally administered glucocorticoids over no treatment with locally administered glucocorticoids (very low quality evidence; vote 100% agreement).

REHABILITATION

PICO 22. In adults with active non-radiographic axial SpA, is physical therapy more effective than no physical therapy in improving health status and functional status?

Recommendation: We strongly recommend treatment with physical therapy over no treatment with physical therapy (low quality evidence; vote 100% agreement).

PICO 23. In adults with active non-radiographic axial SpA, are active physical therapy interventions (supervised exercise) more effective than passive physical therapy interventions (massage, ultrasound, heat) in improving health status and functional status?

Recommendation: We conditionally recommend active physical therapy interventions (supervised exercise) over passive physical therapy interventions (massage, ultrasound, heat) (very low quality evidence; vote 82% agreement).

PICO 24. In adults with active non-radiographic axial SpA, are aquatic physical therapy interventions more effective than land-based physical therapy interventions in improving health status and functional status?

Recommendation: We conditionally recommend land-based physical therapy interventions over aquatic therapy interventions. (very low quality evidence; vote 100% agreement).

DISEASE MONITORING

PICO 56. In adults with active or stable non-radiographic axial SpA, is regular interval use and monitoring of a validated AS-specific disease activity measure more effective than usual care without monitoring of these measures in improving outcomes?

Recommendation: We conditionally recommend the regular interval use and monitoring of a validated AS disease activity measure over no regular use and monitoring of such a measure (very low quality evidence; vote 100% agreement).

PICO 57. In adults with active or stable non-radiographic axial SpA, is regular interval use and monitoring of C-reactive protein (CRP) levels or erythrocyte sedimentation rate (ESR) more effective than usual care without CRP or ESR monitoring in improving outcomes?

Recommendation: We conditionally recommend regular interval use and monitoring of the CRP levels or ESR over usual care without regular CRP or ESR monitoring (very low quality evidence; vote 100% agreement).