

## EULAR congress 2026 – 9 abstracts based on SCQM data

### ORAL PRESENTATIONS

#### OP019-HPR

### DEVELOPMENT OF THE SQUEEZE eHEALTH-FACILITATED INTEGRATED CARE MODEL TO IMPROVE DMARD ADHERENCE IN ADULTS WITH RHEUMATOID ARTHRITIS: AN IMPLEMENTATION SCIENCE-INFORMED INTERVENTION

Session	Health Professionals in Rheumatology (HPR)
Date	Thursday, 4 June
Time	15:45 - 15:55
Room	Victoria Room 1
Presentation type	Oral Abstract Presentation
Presenting author	Agnes Kocher (Basel, Switzerland)

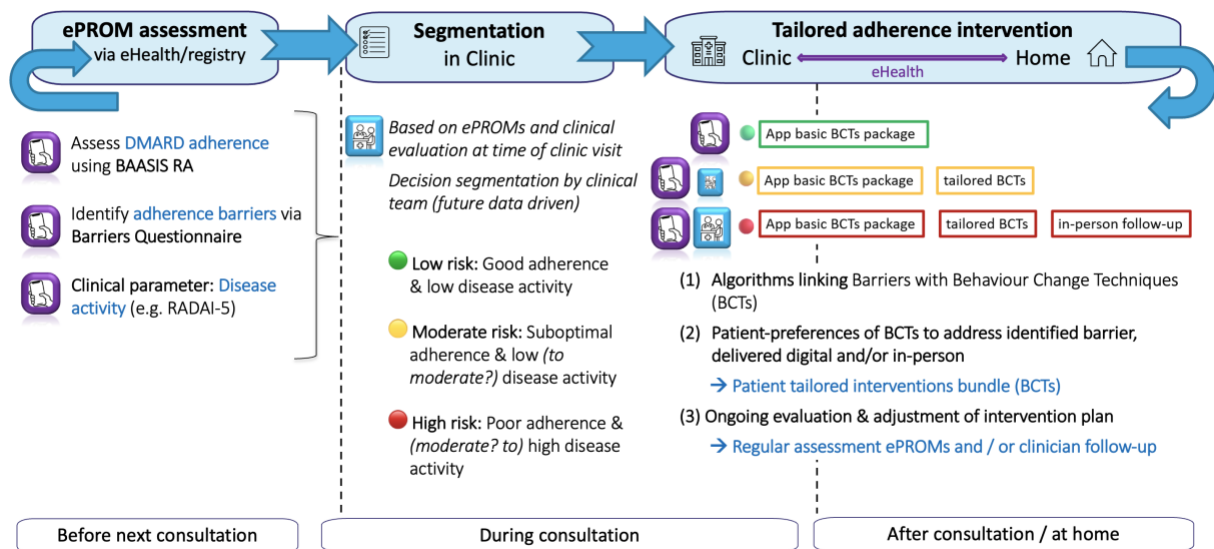


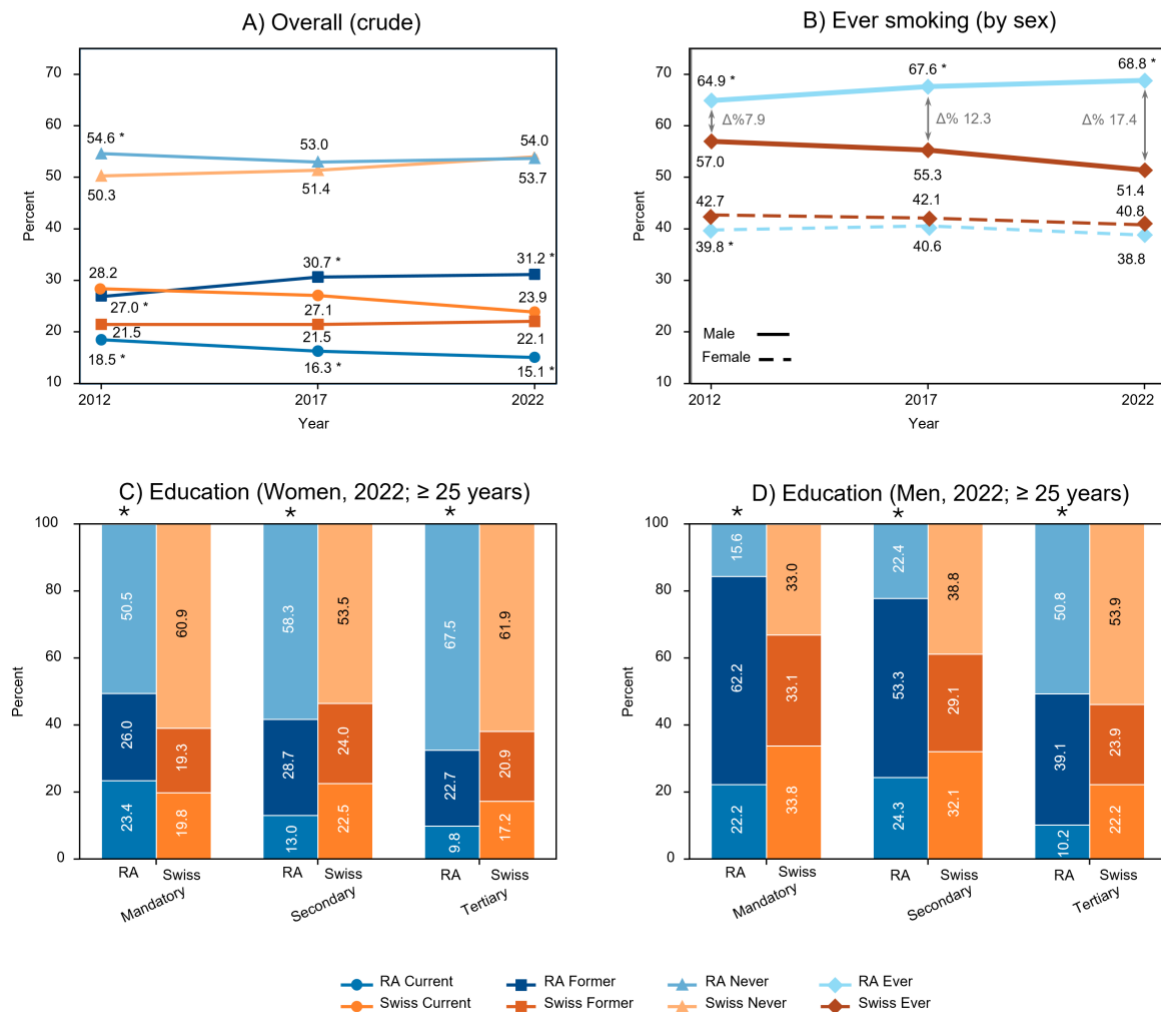
Figure 1. The SQUEEZE eHealth facilitated integrated care model (eSCM)

OP0109

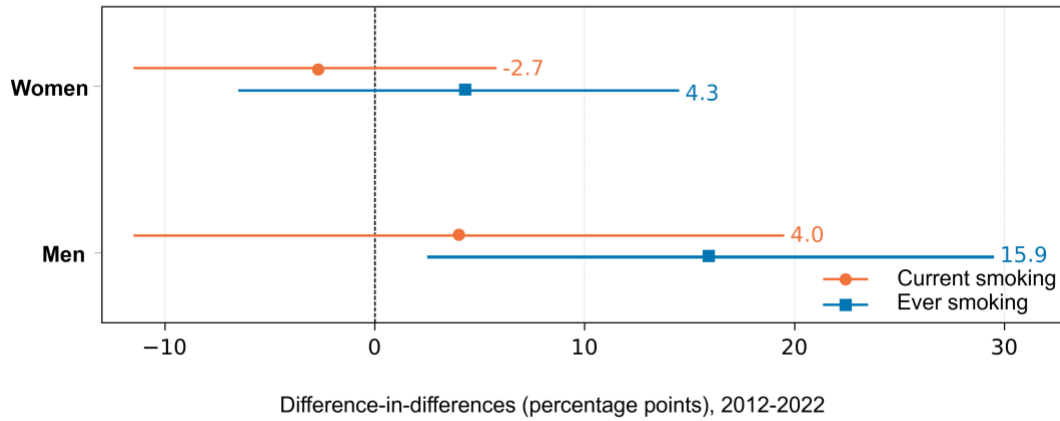
**INCREASING LIFETIME SMOKING EXPOSURE AMONG MALE RHEUMATOID ARTHRITIS PATIENTS DESPITE DECLINING CURRENT USE IN SWITZERLAND**

Session	Clinical Abstract Sessions: New Trends in Global Health
Date	Wednesday, 3 June
Time	16:30 - 16:40
Room	Connaught Room 1 & 2
Presentation type	Oral Abstract Presentations
Presenting author	Eve Caroline Berthouzoz (Zurich, Switzerland)

**Figure 1.** Crude smoking-status distributions (current/former/never) in SCQM-RA vs Swiss population (BFS). Values shown in percentages.  $\chi^2$  test;  $p < 0.05$  for differences in smoking distributions between RA and BFS (\*): A) Overall by year.; B) Ever smoking by sex.  $\Delta\%$  between RA and BFS values for men shown.; C–D) Overall by education (2022,  $\geq 25$  years).



**Figure 2.** Sex-specific difference-in-differences (DiD) for current and ever smoking comparing change in RA vs Swiss population between 2012 and 2022 after age×education standardisation (≥25 years). Points show DiD (pp) with 95% bootstrap CIs.



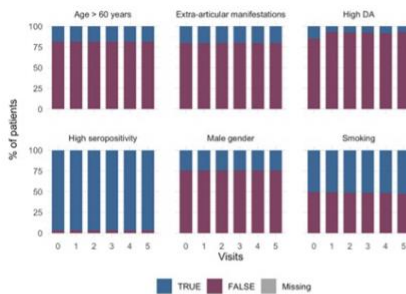
POSTER PRESENTATIONS

POS0065

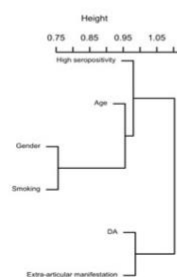
**RISK FACTORS FOR INTERSTITIAL LUNG DISEASE IN RHEUMATOID ARTHRITIS**

Session	Clinical Poster Tours: Comorbidities in Rheumatoid Arthritis
Date	Thursday, 4 June
Time	09:48 - 09:54
Room	Poster Tour II
Presentation type	Poster Tour
Presenting author	Anna-Maria Hoffmann-Vold (Oslo, Norway)

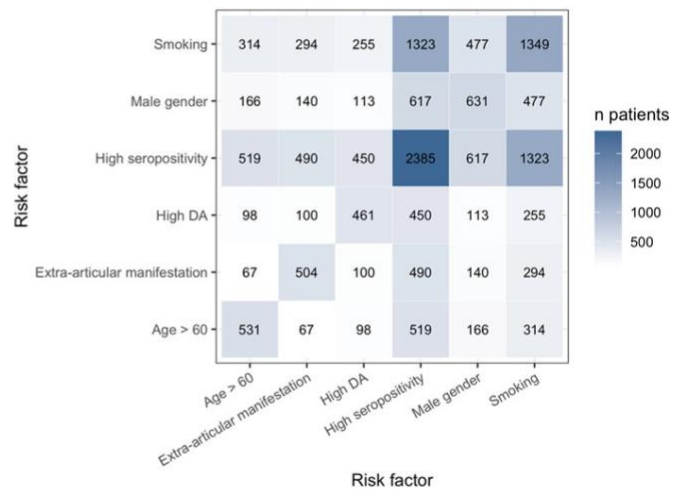
**Figure 1:** Percentage of RA patients with each risk factor across yearly follow-up (FU) visits with complete data



**Figure 2A:** Hierarchical clustering of the risk factors at their first visit based on their correlation across patients. The height on y-axis represents how different two risk factors are from each other. A smaller height means they are more closely related, while a larger height means they are less similar.



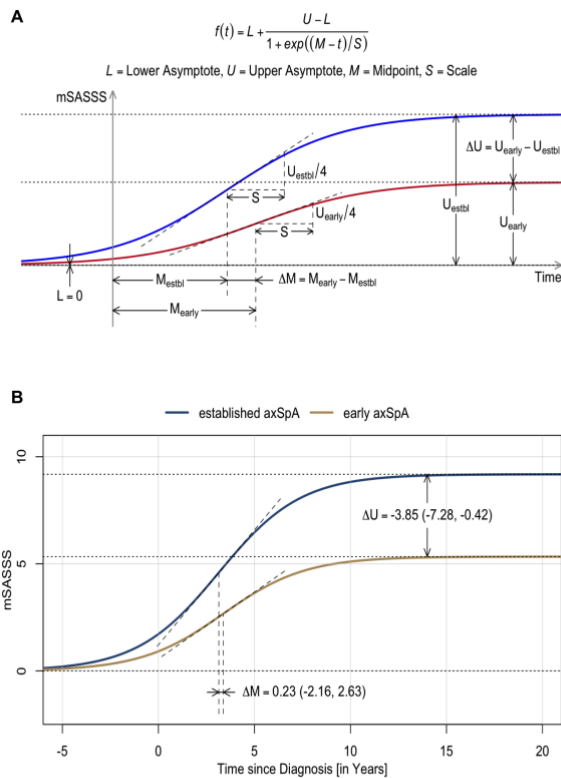
**Figure 2B:** Heatmap showing the number of patients who exhibited each pair of risk factors at their first visit



POS0191

**EARLY DIAGNOSIS OF AXIAL SPONDYLOARTHRITIS IS ASSOCIATED WITH LESS LONG-TERM SPINAL STRUCTURAL DAMAGE: A LONGITUDINAL ANALYSIS OF THE SWISS CLINICAL QUALITY MANAGEMENT REGISTRY**

Session	Clinical Poster Tours: SpArking new research in Spondyloarthritis
Date	Thursday, 4 June
Time	16:18 - 16:24
Room	Poster Tour V
Presentation type	Poster Tour
Presenting author	Annik Steimer (Zurich, Switzerland)



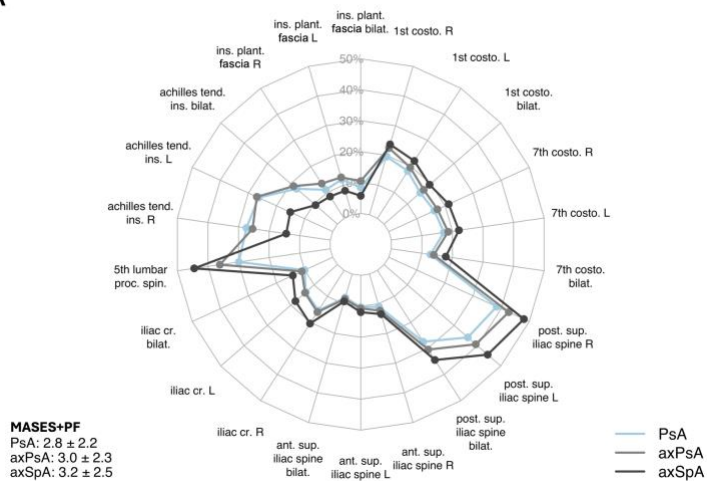
**Figure 1.** **A.** Four-parameter logistic model to compare radiographic progression over time between early and established axSpA: schematic representation. **B.** Estimated differences in long-term spinal structural damage and time to median progression between early and established axSpA (modelled data from SCQM). axSpA, axial spondyloarthritis; mSASSS, modified Stoke Ankylosing Spondylitis Spine Score.

POS0942

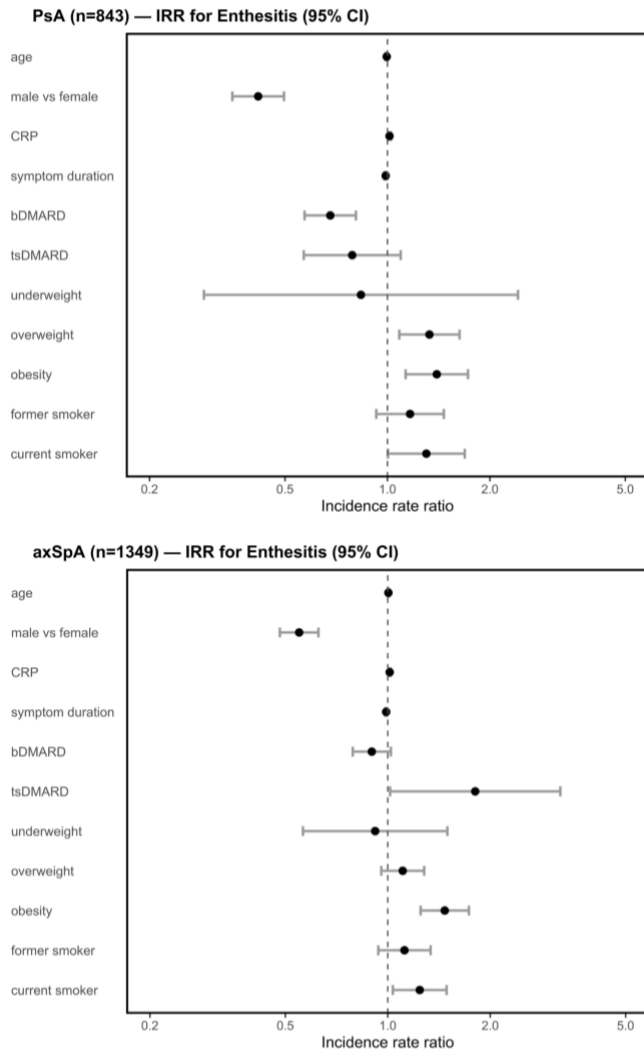
**DISTINCT ANATOMICAL PATTERNS, SHARED MECHANOMETABOLIC DRIVERS:  
DETERMINANTS OF ENTHESITIS IN PSORIATIC ARTHRITIS VERSUS AXIAL  
SPONDYLOARTHRITIS**

Session	Clinical Poster Tours: Across Diseases
Date	Friday, 5 June
Time	09:30 - 10:30
Room	Poster View
Presentation type	Poster View Presentations
Presenting author	Felix Doll (Zurich, Switzerland)

A



**B**



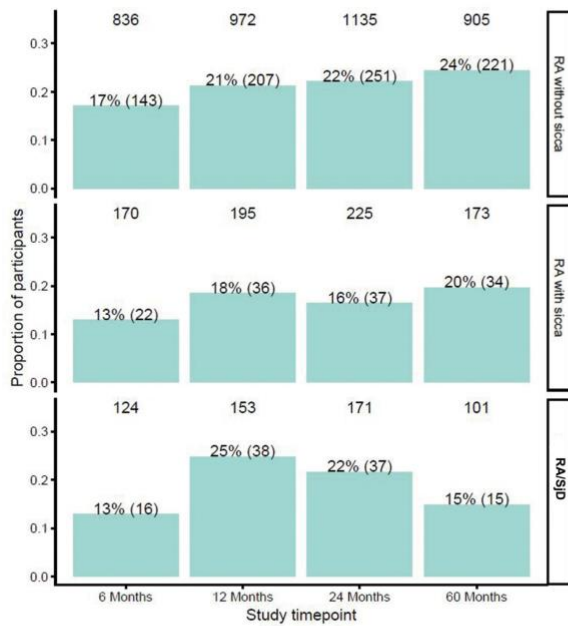
**Abbreviations:** SCQM, Swiss Clinical Quality Management; PsA, psoriatic arthritis; axPsA, psoriatic arthritis with axial involvement; axSpA, axial spondyloarthritis; MASES, Maastricht Ankylosing Spondylitis Enthesitis Score; PF, plantar fascia; IRR, incidence rate ratio; CI, confidence interval; BMI, body mass index; CRP, C-reactive protein; bDMARD, biologic DMARD; tsDMARD, targeted synthetic DMARD; R, right; L, left; bilat., bilateral; costo., costochondral; ins., insertion; proc. spin., spinous process.

POS1323

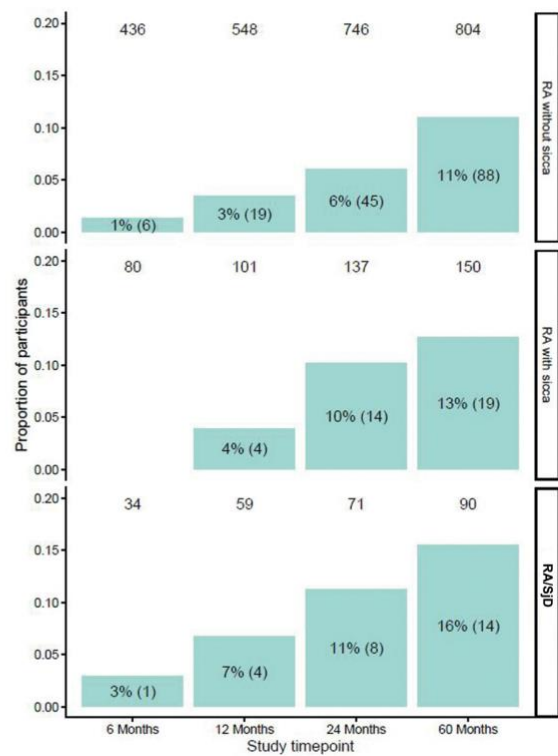
**LONG-TERM REMISSION AND DIFFICULT-TO-TREAT DISEASE IN ESTABLISHED RHEUMATOID ARTHRITIS WITH CONCOMITANT SJÖGREN’S DISEASE: RESULTS FROM A MULTICENTRIC NATIONAL REGISTRY**

Session	Poster View VIII
Date	Saturday, 6 June
Time	10:15 - 11:15
Room	Poster View
Presentation type	Poster View Presentations
Presenting author	Florian Kim Kollert (Germany)

**A. ACR/EULAR Boolean 2.0 remission**



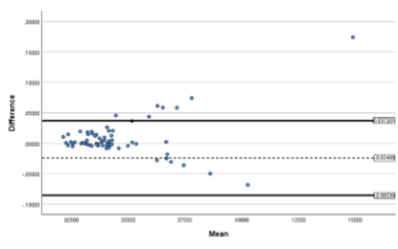
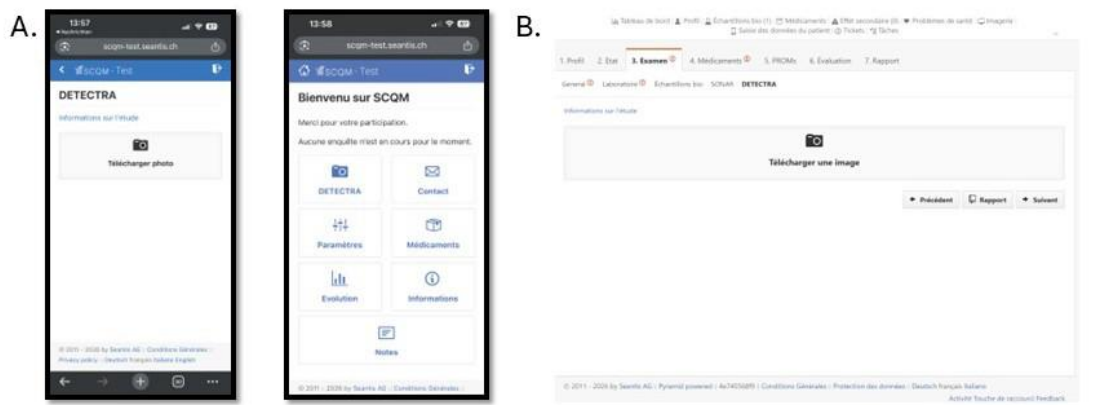
**B. Difficult-to-treat disease**



AB0467

**INTEGRATION OF SELF-IMAGING INTO THE SWISS NATIONAL RHEUMATOLOGY REGISTRY:  
A MULTICENTER FEASIBILITY STUDY INCLUDING COMPUTER-VISION ASSESSMENT**

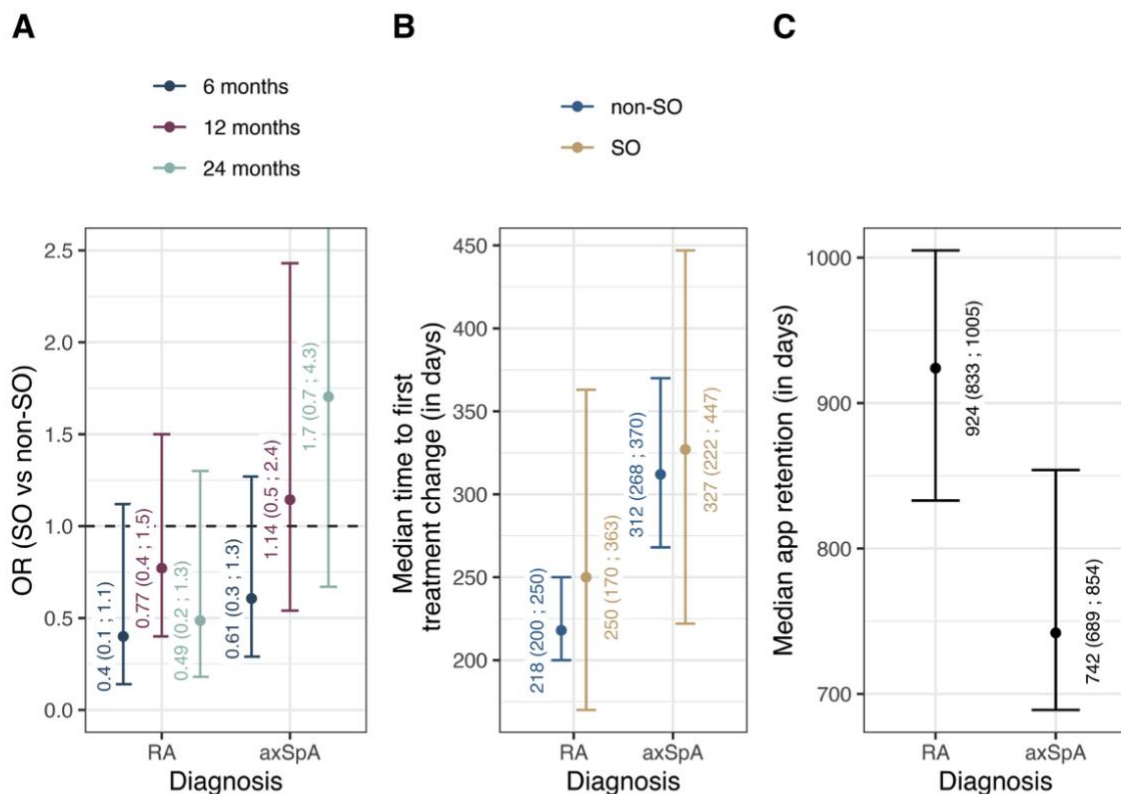
Session	Publication Only
Author	Cinja Nadana Koller (Switzerland, Lausanne)



AB0489

**REAL-WORLD EFFECTIVENESS OF THE MYSCQM SELF-OBSERVATION APP ON 2-YEAR OUTCOMES AND TREATMENT CHANGES IN RHEUMATOID ARTHRITIS AND AXIAL SPONDYLOARTHRITIS: AN INVERSE PROBABILITY OF TREATMENT WEIGHTING ANALYSIS**

Session	Publication Only
Author	Jonas Brändli (Zurich, Switzerland)



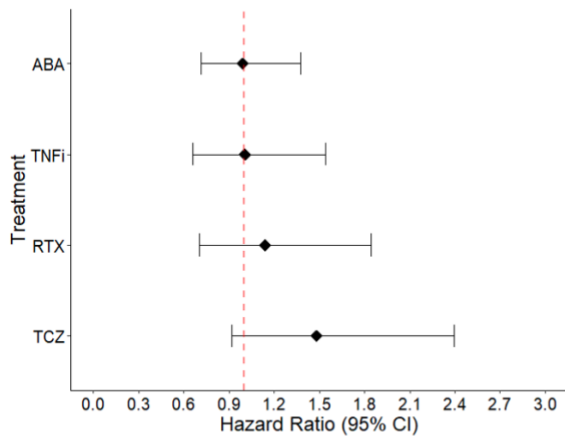
**Figure 1:** Odds ratio of achieving remission (according to CDAI in RA, and ASDAS in axSpA) in SO vs. Non-SO at 12 and 24 months after treatment initiation (A), median time to first treatment change in SO and Non-SO (B), and median app retention in SO (C). The dots represent the point estimates and the whiskers the 95%-confidence intervals.

AB0931

**THE INFLUENCE OF THE SHARED EPITOPE ON THE EFFECTIVENESS OF BIOLOGIC ANTIRHEUMATIC AGENTS IN EUROPEAN PATIENTS WITH RHEUMATOID ARTHRITIS**

Session	Publication Only
Author	Axel Finckh (Switzerland, Geneva)

**Figure 1.** Treatment discontinuation in SE-positive versus SE-negative patients stratified by bDMARD group. Results from multivariable Cox-regression analysis



The association of the SE-status (positive/negative) with treatment retention across bDMARD groups were all non-significant. Multivariable Cox regression analyses adjusted for the following baseline factors: age, history of b/tsDMARD treatment(s), disease duration, seropositivity, concomitant therapy with conventional synthetic DMARDs and glucocorticoids, disease activity, any comorbidity, and calendar year with a strata term for country and a cluster term for patient to account for patients contributing multiple bDMARD courses. Matching variables were also included as covariates, to account for residual confounding, except sex which was too collinear with treatment.  
**Abbreviations:** ABA=abatacept; TNFi=TNF-inhibitors; RTX=rituximab; TCZ=tocilizumab