BRITSpA at 10

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Two thousand twenty-four marks the 10th Anniversary of the constitution of the British Society for Spondyloarthritis (BRITSpA), a group of UK based professionals working together with the common aim of advancing knowledge and treatment of Spondyloarthritis (SpA) (1). Fittingly, it was 50 years ago, in 1974 when the concept of "*seronegative spondarthritis*" was first proposed by the Leeds based researchers, Professor Verna Wright and Dr John Moll "*in order to identify a group of non-rheumatoid disorders in which striking clinical and familiar interrelationships could be observed*" (2). The term "spond" was chosen to emphasise the strong association between diseases in this group and ankylosing spondylitis (2). Half a century on, it is remarkable how the historic classification, purely based on clinical observations, just as the association with HLA-B27 was first described, and many years before MRI became mainstream, still stands today. It is a significant legacy indeed, since it opened the gates to a huge field of research leading to major advances in basic science, diagnostics and therapeutics, which has accelerated in the last two decades, improving the lives of millions.

BRITSpA was established primarily to facilitate the sharing of information and networking among members of the various medical and scientific disciplines working in SpA, engaging UK based clinicians, scientists and health care professionals in collaborative working and research in this field. However, the creation of the BritPACT consortium soon after (Figure), aimed solely at psoriatic arthritis resulted in BRITSpA developing a closer, though not exclusive focus in axial Spondyloarthritis, formerly known as ankylosing spondylitis. Both groups, in essence, work in parallel to advance knowledge and clinical care of SpA related conditions in the UK. From a global historical perspective, it is noteworthy how SpA patient organisations emerged much earlier than professional societies (Figure) poignantly highlighting the need for research and improved care from those living with these diseases. Ten years after the emergence of BRITSpA, we hereby reflect in its progress and achievements.

Following its first annual scientific meeting in 2015, the success of BRITSpA in engaging the community is reflected by the rapid growth in its membership. Rheumatologists, radiologists, scientists, epidemiologists, physiotherapists, and nurse specialists among others comprise the 230 strong membership, testifying to the multi-specialty and multi-disciplinary team structure involved in the care of people living with these complex conditions, and the strong academic record of SpA-related research in the UK. However, with growing numbers come growing challenges, chiefly, the need to secure a sustainable funding model in full alignment with the society's charitable status. Collaborative working with the pharmaceutical industry helps to support the annual scientific meeting and enhances the delivery of initiatives for the benefit of patient care. Indeed, the annual scientific meeting provides a great forum for education, knowledge sharing, generation of new research ideas and networking. Growing interest in the society is also reflected in the increasing number of submitted abstracts in one of three award categories; clinical science, basic science and service development. Since 2020, the highlight of the meeting has been the *Andrew Keat Lecture and Award*, instituted in memory of BRITSpA's inaugural chairman and founding member, sadly departed before his time (3), to honour significant professional trajectories in the field of SpA. Indeed, the awardees of previous years have reflected the breath of expert contribution in clinical and scientific aspects of axial Spondyloarthritis and psoriatic arthritis, the two main phenotypic manifestations of the SpA disease group, three of whom have contributed scientific articles to this supplement.

The recent COVID-19 pandemic has resulted in a time of evolution and innovation. Like many other societies and scientific groups worldwide, BRITSpA adapted with the rapid integration of online educational meetings and seminars, which have reached out beyond the membership to a global audience. Post-COVID reintegration has seen the return to in-person meetings and the re-opening of the BRITSpA Travelling Fellowship, a successful initiative supported by a pharma partnership. Through a competitive application process, this fellowship allows clinicians and health care professionals the opportunity to travel to other rheumatology centres in the UK or abroad, to gain knowledge and experience in clinical and research aspects of SpA.

Perhaps one of the main achievements of BRITSpA to date, has been the strong partnership developed with the UK patient association, the National Axial Spondyloathritis Society (NASS). Despite recent advances, many unmet needs remain in axSpA, chiefly the need to achieve an earlier diagnosis in order to improve outcomes and quality of life. In June 2021, NASS launched the Act on Axial SpA campaign aiming to decrease the time to diagnosis in axSpA, currently estimated at more than 8 years in the UK, double that of psoriatic arthritis (4).

Central to this campaign is the Gold Standard Time to Diagnosis programme, which brings together people living with axial SpA, primary and community care, secondary care, professional bodies, commissioners, parlamentarians and policy makers, to focus and streamline efforts to reduce the time to diagnosis (5). Educational attainment and disease presentation including younger age of onset and extra musculoskeletal manifestations were associated with delayed diagnosis in a recent meta-analysis (6). In order to understand the main factors contributing to this delay in the UK, the British Axial Spondyloarthritis Inception Cohort (BAxSIC) study was conceived under the auspices of BRITSpA and NASS (7). BRITSpA have also adopted the NIHR funded Improving the Diagnosis and Early referral of patients with AxiaL spondyloarthiritis (IDEAL) study, which aims to develop and validate referral pathways for axSpA from primary care.

Another significant research contribution in recent years has been raising awareness of the need to improve the use of MRI for the diagnosis of axSpA in the UK. A survey of more than 200 UK based radiologists published in 2017 showed wide variation in the use of MRI, including protocols and lesion interpretation highlighting the need for better rheumatology-radiology collaboration on the use of MRI for axial SpA (differential) diagnosis (8). This led to the development of recommendations from a consensus exercise by radiologists and rheumatologists in 2019 on MRI interpretation and the most appropriate protocols to be used in clinical practice (9). A recent freedom of information survey has identified positive advances since the initial survey, although new challenges have also emerged, including the increase in waiting times, reliance on outsourcing, and the reporting of MRI by non-musculoskeletal radiologists, which will form the focus for further work in coming years (10).

Overall, BRITSpA’s original aims of improving engagement, education and research are now affirmed and continue to evolve ten years on. The clinical observations of Wright and Moll half a century ago, have shed much light on the diagnostic and therapeutic advances in the SpA disease spectrum through this time. Yet, more remains to be done in order to improve the lives of people living with SpA including raising disease awareness in society. The development of referral pathways and diagnostic tools remain a priority, alongside the need to personalise treatment through the identification of biomarkers and predictors of treatment response and disease progression. Bringing the rheumatology community together and engaging all stakeholders in addressing these issues is ultimately BRITSpA's best contribution and a fitting legacy for future generations.

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Data availability statement

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Figure. Timeline summarising the emergence of SpA related patient groups and professional societies since 1974 outlining BRITSpA's contributions to date.

Figure Legend

NASS: National Axial Spondyloarthritis Society (https://nass.co.uk), UK. ASIF: Axial Spondyloartritis International Federation (https://asif.info); SAA: Spondylitis Association of America (https://spondylitis.org), USA; ASAS: Assessment of Spondyloarthritis International Society (https://asas-group.org); SPARTAN: Spondyloarthritis Research and Treatment Network (https://spartangroup.org), USA; GRAPPA: Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (https://grappanetwork.org); BRITSpA: British Society for Spondyloarthritis (https://britspa.col.uk), UK; BritPACT: British Psoriatic Arthritis Consortium (https://britpact.org), UK. NB: this figure is for illustrative purposes only and it is not meant to be a comprehensive list of all existing SpA related societies or study groups.