British Society for Rheumatology

Rheumatoid Arthritis Register

Celebrating 25 Years

Celebrating 25 years of BSRBR-RA!

Newsletter

Health Professionals

Spring 2026

www.bsrbr.org

BSRBR-RA TURNS 25!

Since it's very beginnings in 2001, the BSRBR-RA study has been a unique collaboration between The University of Manchester, the British Society for Rheumatology and the pharmaceutical industry.
Over the years, the study has had a wide impact on the Rheumatology world, answering many important questions about biologics, biosimilars and other targeted therapies. These have included questions about increased risk of serious infection and cancer and about how similar biologics and biosimilars really are.

We are incredibly proud of all that we have achieved. The data has contributed to:

- 110 academic study papers (Lay Summaries)
- Real change to the way products are prescribed
- Training of new doctors

We are also proud of our collaborations with:

- NHS colleagues, who provide the valuable data
- NIHR API scheme, which has contributed to the registration of new participants and the development of future PIs
- Similar international studies, allowing better understanding of the risk of rare outcomes.

There is still so much to discover, and we are grateful to our NHS sites, who continue to register participants and complete follow ups so that the long-term safety of the therapies can be monitored.

What questions remain? There are many but include:

- What is the long-term safety of JAKi therapy in routine clinical use and how should we best prescribe these treatments to maximise patient outcomes whilst minimising risk? How does this compare with other therapeutic choices?
- What is the longer term impact of targeted therapies on patient reported outcomes and quality of life?
- How do we best predict and manage difficult-to-treat RA?

We will be celebrating our special milestone at the BSR Annual Conference in Glasgow in April, so if you or any of your colleagues are attending, please get in touch or pop and see us at the BSR stand (26).

Welcome

25 years!! Who would have thought? I have had the privilege of working with the BSRBR-RA since its inception in 2000 and I very much look forward to sharing this journey with you at the upcoming BSR conference in Glasgow. Our first patient was recruited from a district general hospital in Melton Mowbray and the study has now expanded to have included over 30000 patients nationally. The team at the BSRBR-RA continue to work very hard to ensure that we are addressing topical issues regarding the safety and effectiveness of biologic and targeted DMARDs for rheumatoid arthritis. Someday we will have an easier way to access biologic treatment data suitable for research and analyses, but for now, I am so grateful for the national (significant) efforts that continue in order to bring these data together.
In this edition, we share details of recent publications and scientific activity of the register data. The dataset is a national resource and open to application from everyone. The BSR welcomes applications for data analysis. If you don't have time or capacity to analyse the data yourself, get in touch and we can explore ways that the team in Manchester can support you with your ideas.
I hope you enjoy this newsletter. You can find more information about all our publications and activities online at www.bsrbr.org.

Kimme

Professor Kimme Hyrich
BSRBR-RA Chief Investigator

BSR Annual Conference 2026

Tues 28th - Thurs 30th April
Glasgow SEC & Online

https://www.rheumatology.org.uk/eventslearning/conferences/annualconference

British Society for Rheumatology

Lizzy Allerton, Project Administrator Team Leader at the BSRBR-RA, on this year's BSR Annual Conference.

We are looking forward to attending the BSR Annual Conference in **Glasgow, 28th-30th April.** Members of the team will be on the BSR stand during breaks – come and say hello! If you want to come and have a chat with us about all things BSRBR-RA, just get in touch and we will arrange a time.

We would be delighted if you are able to attend our session: "From the first patient recruited in Melton Mowbray to today: 25 years of world-leading BSR registers research" (Wednesday 29th April, 09.00 – 10.30), which celebrates the silver anniversary of BSRBR-RA.

We are also pleased that our Chief Investigator, Professor Kimme Hyrich is giving the Barbara Ansell address; "Barbara Ansell Address and oral presentations" (Wednesday 29th April, 13.55 – 15.25). *We hope to see you there!*

Some of our wonderful contributors at BSR 2025!

Come and see us on stand 26

Key Events

Tues 28th

Poster presentation: Non melanoma skin cancer risk with JAKi compared to IL6 in RA: results from a national cohort study
Dr Zixing Tian
1pm | BSR Poster 110

Weds 29th

Registers 25 Year Coffee Celebration
8am | Mezzanine level

From the first patient recruited in Melton Mowbray to today: 25 years of world-leading BSR registers research
Professor Kimme Hyrich
9am | Hall 1

Barbara Ansell Address and oral presentations
Deep Roots, Shared Growth: Cultivating our National Strength in JIA Epidemiology Research
Professor Kimme Hyrich
1:55pm | Boisdale

How are we supporting our NHS sites?

Database Training

To help support our fantastic NHS colleagues in their roles, the BSRBR-RA study team provides monthly online training sessions for both new and existing database users. The team had a busy and successful year delivering training in 2025, with fantastic engagement from sites and extremely positive feedback from participants. Here is a snapshot of the three sessions we offer.

'Inspired and comprehensive training delivered in a friendly and approachable manner.'

Overview Training

The Database Overview training session continues to be one of the most valued sessions we offer, providing an outline of the study and covering all aspects of the database, from registering a new patient to completing follow-ups and more. Ideal for new database users.

Refresher Training

The Database Refresher training session is ideal for staff members who are returning to the study after some time away, or who want to keep up-to-date with the latest database improvements.

Adverse Event Training

This popular training session covers all key aspects of adverse event reporting, including how to distinguish between serious and non-serious events, how to enter them accurately into the database, and what information is required by the study team for effective safety monitoring. We recommend this session for all database users, as it helps to minimise queries and enables us to maintain the highest quality data.

'The entry for adverse and serious adverse events were clarified in a simple manner. Thank you for the wonderful session and I was glad to be part of it.'

New training session dates are sent out in our monthly newsletter. We also offer 1-2-1 and bespoke sessions. To join the mailing list, sign up for any of our scheduled sessions, or request individual training please email us at biologics.register@manchester.ac.uk.

Recruitment Workshops

In addition to our monthly online training, the BSRBR-RA team regularly runs Recruitment Workshops. These interactive sessions connect NHS colleagues from across the UK to share experiences, showcase effective recruitment strategies, and troubleshoot challenges together.

Our January session was very popular and our attendees gave some great tips and feedback. You can read some of these here, and on our blog.

'It was useful to listen to what worked and what hasn't worked with recruitment with other sites... reminder to use the patient engagement material and outreach consent process.'

What works well for recruitment?

- Getting to know the patients
- Attending drug education clinics
- Meeting patients at blood monitoring appointments
- Obtaining consent at 3 month clinics
- Postal consent
- Having a really engaged PI

Our next session is

Tuesday 7th July 2026
2pm-3pm

To sign up, or to request further information or support, email us: biologics.register@manchester.ac.uk.

Did you know that centres in England & Wales can access study support through the UK RDN?

Click here for more details.

How can we help?

We can provide:

- Clinic posters to encourage patients to learn about the registers
- Regular study information and news to share with wider colleagues involved in recruitment
- Postage stamps for outreach consent
- Talks to teams, showing the impact of the data that has been collected so far
- Monthly and bespoke 1-2-1 training sessions for rheumatology teams and the wider multi-disciplinary teams involved in patient care
- Support sites mentoring junior staff on the NIHR Associate PI Scheme for the study to assist in study recruitment

BSR Register Champions

Register Champions are recognised for their exceptional dedication to the BSR biologics and biosimilars registers. Through outstanding efforts in patient recruitment, follow-up and data quality, they help shape the future of rheumatology care. Their commitment makes a real difference, ensuring the success of the registers and supporting better outcomes for people living with rheumatic conditions.

Medway NHS Foundation Trust are the latest rheumatology team to join the ranks. They had a fantastic 2025, with two NIHR Associate PIs (see page 8), 16 registrations and 96 follow-ups completed. Well done to the whole team!

Srinivasan Srirangan, Amelia Gelson-Thomas, Sabita Pokharel and Shadman Sakib Rahman from Medway NHS Foundation Trust with their Special Recognition certificate.

Want to get involved?

Visit the blog *today to explore best practice, boost your team's recruitment and follow-up, and see how you could become one of our next Register Champions.*

Importance of JAKi recruitment

Recruitment to the JAK inhibitor cohort of the BSRBR-RA study is underway, however our current cohort is smaller and has less follow-up compared to biologic and biosimilar cohorts in the study – in part this is due to the lower use of JAKi in general compared to TNF inhibitors, but also we recognise the pressures NHS sites are facing and the multiple pulls on our increasingly limited time and resources.

We continue to explore ways that we can best support our NHS sites. **If you have patients who have recently started or are about to start treatment with any of the following JAK inhibitors, please approach them for recruitment to the study** (and do reach out to us to discuss how we can support you).

- **Tofacitinib (Xeljanz)**
- **Baricitinib (Olumiant)**
- **Upadacitinib (Rinvoq)**
- **Filgotinib (Jyseleca)**

Recent publications have provided some early data on the JAK inhibitor cohort (see Zixing's latest research on page 3) but we need more comprehensive information to assess the benefits and risks associated with these therapies, particularly following the recent risk-minimization measures issued by the European Medicines Agency (EMA).

For more information please visit our website or contact the team directly at biologics.register@manchester.ac.uk

Ensuring the BSRBR-RA is a diverse and representative study

It is important that the BSRBR-RA is as representative as possible of the entire UK population receiving biologic and targeted therapies for rheumatoid arthritis (RA). This will ensure our results are valid for all patients considering or receiving these therapies.

We recently reviewed the demographics of patients enrolled in the register. We found that there was a wide distribution of socioeconomic status distributed across the entire UK population but that 96% of the study population reported their ethnicity as White.

In 2011, the midpoint of recruitment to the BSRBR-RA, 86% of residents in England and Wales identified their ethnic group within the high-level White category. Unfortunately, we do not know with certainty the distribution of ethnicity among patients prescribed biologics for RA in the UK over the past 20 years although a study undertaken during COVID suggested that approximately 90% of patients who had received targeted therapies for skin, joint or bowel disease in the 6-12 months prior to March 2020 were recorded as White in their NHS record, suggesting that the recruitment to the BSRBR-RA may under-represent certain people.

It is important that we make our best efforts to ensure that our research is as representative as possible and we are about to launch a study to try and better understand those factors which may influence recruitment – you may receive email information shortly.

The NIHR have also developed an EDI toolkit which we are the reviewing to improve our processes. In addition, if there is any further support we can offer at your hospital, please contact us to discuss this further.

Resources

There are a number of print/ web resources available to promote the BSRBR-RA study to patients and colleagues.

Patient Data Journey

A visual guide for patients to show how their data is collected and analysed, and the important outcomes that have resulted from their contributions.

Web version Print version

Clinic recruitment poster

A poster to promote the study to patients and aid in recruitment.

Web/ print version

Celebrate your registers/ Support your registers

Flyers/ posters to show achievements so far and to promote the study to health professionals.

Web/ print versions

NIHR Associate Principal Investigator Scheme

In 2024, the BSRBR-RA study was delighted to join the NIHR Associate Principal Investigator Scheme. One of our recent APIs speaks about her experience.

Amelia Gelson-Thomas, an internal medicine trainee doctor, successfully completed her NIHR Associate PI training on the 8th July 2025 at the Medway Maritime Hospital, Gillingham, Kent.

Why did you apply for the API Scheme with BSRBR-RA?

I wanted to gain experience within research. During my training I haven't found many accessible points of entry for trainees wanting to get more experience within research and working on studies. At the time I was working within rheumatology and came across the BSRBR-RA study and the potential of getting involved via the API scheme. This sounded like a great opportunity to see the day-to-day workings of the PI and work closely alongside him and the rest of the research team in the hopes of one day becoming a PI myself.

What have been the benefits of being part of the scheme?

It has been a great way to gain experience of research and working on studies in a structured way, ensuring that you can get as much out of the experience as possible.

Have there been any challenges?

Over the six months it was sometimes difficult to give enough time to the study and recruiting patients alongside my clinical responsibilities. The research team and the wider API team were very supportive and understanding of this and allowed an extension to ensure I could get as much out of the experience as I needed.

What piece of advice would you give future APIs?

I would definitely recommend the API scheme to anyone looking to get involved in research and wanting to learn more about how it actually works. I would advise setting a plan when you first start of everything you need to get done and the steps you need to take to do it. I'd then advise setting aside some time each week, even if just an hour, to keep on top of your list.

Read more on the BSRBR-RA Study blog

What is the NIHR Associate Principal Investigator Scheme?

The Associate PI Scheme is a six-month training opportunity that gives health and care professionals hands-on experience in delivering an NIHR portfolio study. Working with a Local Principal Investigator, participants gain practical research skills and receive formal Associate PI recognition endorsed by the NIHR and Royal Colleges.

Click here for further information on the scheme and how to get involved.

Potential impact of European Medicines Agency measures to minimize risk of serious side effects on JAKi prescribing and utilization in the UK

DR ZIXING TIAN
University of Manchester

Zixing is an epidemiologist with a research focus on RA. Working on the BSRBR-RA study, her latest analysis focuses on how patients with RA using Janus kinase (JAK) inhibitors might be affected by the European Medicines Agency (EMA) advisory change. We ask her what motivated her to conduct this analysis, what the results tell us and her vision for future research in this area.

Hi Zixing, thank you for taking the time to share your research. What question did you want to solve with your analysis and why?

I wanted to investigate how many RA patients using JAK inhibitors in the UK might have had contraindications therapy following publication of the new safety guidelines for JAKi prescribing from the EMA. This would help us understand how these changes might affect JAK inhibitor prescriptions now and in the future.

What data did you look at?

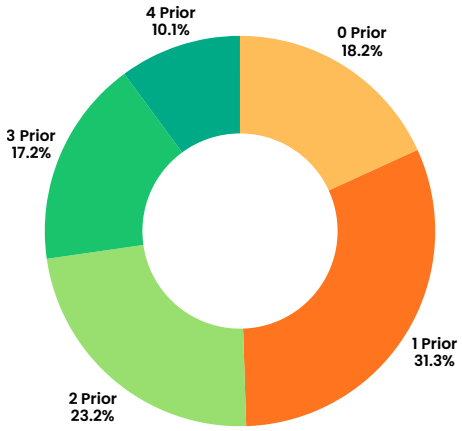
I used data from the BSRBR-RA on patients who had ever been prescribed one of the four licensed JAK inhibitors. I studied their baseline characteristics and mapped these against the recommendations for JAK inhibitor use from the EMA, such as prevalence of cardiovascular risk factors and prior biologic DMARD use.

What did you find?

We found that among 1,341 RA patients who had started JAK inhibitors before the EMA advisory change, 80% (1,075 patients) met at least one EMA risk criterion. Of these high-risk patients:

- 49% (529 patients) used JAKi as their first or second treatment type. Suitable alternatives might likely have existed for them, and re-evaluation of the suitability of their treatment may be needed.

- 28% (299 patients) had already tried at least three out of four other advanced RA treatment types. For these patients, options for alternative therapies would be very limited.



You can access the full paper at:
https://academic.oup.com/rheumatology/advance-article/doi/10.1093/rheumatology/keae279/7674871

What are JAK Inhibitors?

JAK inhibitors are the newest type (or class) of advanced targeted RA treatment and have been available since 2017. Four JAK inhibitors have been approved by the MHRA, which evaluates and supervises medicine use in the United Kingdom. These include Jyseleca (filgotinib), Olumiant (baricitinib), Xeljanz (tofacitinib) and Rinvoq (upadacitinib). There is less long-term observational data on the JAK inhibitors compared to other advanced RA treatments, such as biologic DMARDs that have been available for longer.

Published in 2023, the Oral Surveillance trial compared the risk of cardiovascular events and malignancy between JAK inhibitors and TNF inhibitors among people with RA over 50 years of age with at least one cardiovascular risk factor. The trial found a higher rate of cardiovascular events and malignancy with JAK inhibitors. Following this, the EMA published risk minimisation measures for the use of JAK inhibitors in patients at risk of cardiovascular disease and malignancy, limiting their use to certain high-risk patients where no other suitable treatments are available. This advisory change was also adopted by the UK Medicines and Healthcare Products Regulatory Agency (MHRA).

Looking to the future - where do you hope to take your research?

This is just the start of the JAK inhibitor story in the BSRBR-RA data and I would like to go on to look at the following once more data has been collected:

- Analysis of treatment data collected after January 2023 will help understand the impact of risk minimisation measures, and shifts in the practical use of JAK inhibitors and relative safety of these therapies.

- Comparing the risk of cardiovascular disease and cancer between JAK inhibitors and the other four types of advanced RA treatments. If enough data are available we could also look at the association between the introduction of risk minimisation measures and future risk of these events.

Evaluation of serious infections, including Mycobacterium tuberculosis, during treatment with biologic disease-modifying anti-rheumatic drugs: does line of therapy matter?

DR KIM LAUPER
University Hospitals Geneva

What was already known?

Rheumatoid arthritis (RA) is a chronic autoimmune condition characterised by persistent joint inflammation, progressive joint damage and resulting functional disability. When conventional therapies fail to adequately control symptoms, clinicians may escalate treatment to biologic disease-modifying anti-rheumatic drugs (biologic DMARDs). These include TNF inhibitors (etanercept, adalimumab, infliximab, certolizumab), IL-6 inhibitors (tocilizumab), B-cell targeted therapies (rituximab), and T-cell co-stimulation blockers (abatacept). However, these treatments can increase the risk of serious infections, including tuberculosis. This study aimed to find out if the number of different biologics a patient had tried subsequently affected their risk of infections.

What was discovered?

The study analysed data from over 33,000 treatment courses in the British Society for Rheumatology Biologics Register of Rheumatoid Arthritis (BSRBR-RA).

It found that the overall risk of serious infections did not seem to increase depending on how many different biologics a patient had already tried. When it came to tuberculosis, cases were mostly seen with the first few lines of treatment, and infections were less common after 2009, likely due to improved screening methods.

Why is this important for patients?

These findings suggest that patients who need to switch from one biologic treatment to another can do so without significantly increasing their risk of serious infections. This supports the safe and flexible use of different biologic drugs in treating RA. However, special attention is still needed for tuberculosis risk, especially when starting biologics for the first time.

Read the full text online
https://doi.org/10.1093/rheumatology/kead515

Association between body weight and tocilizumab effectiveness in rheumatoid arthritis: results from the BSRBR-RA

DR MAN FUNG TSOI
University of Manchester

What was already known?

Tocilizumab is an established and effective treatment for RA and can be administered intravenously (IV) or subcutaneously (SC). The IV formulation is weight-adjusted to ensure consistent drug exposure, whereas the SC formulation is a fixed-dose. Previous evidence on whether body weight influences clinical response has been mixed, and no large real-world study has explored this in depth.

This study looked at three main things:

- Whether bodyweight affects how well tocilizumab works after 6 months of treatment.
- Whether bodyweight affects how long patients remain on tocilizumab (treatment persistence being an indicator that the treatment is working for the patient) depending on the route of administration.
- How long patients remain on the treatment after switching from intravenous to subcutaneous, and whether this is related to bodyweight.

What was discovered?

The study looked at 2612 patients with RA starting tocilizumab, in either the IV or SC formulation, and who had no prior exposure to the drug.
Among these patients starting SC tocilizumab, higher body weight was only weakly associated with a poorer clinical response after 6 months of treatment, and this effect was unlikely to be clinically meaningful. No association was observed for IV treatment.
Body weight also did not affect how long patients remained on tocilizumab for either route, or how long patients remained on therapy after switching from IV to SC.

Why is this important for patients?

Although patients with higher body weight may experience a slightly reduced initial response to the SC formulation of tocilizumab, the effect is minimal and has no influence on how long they remain on the drug. Importantly, body weight had no impact on the effectiveness of IV tocilizumab or on treatment continuation for either route, offering reassurance that this therapy is suitable across body sizes.

Whilst minimal, these findings could highlight the value of closer monitoring in heavier patients starting subcutaneous therapy. Importantly, it could encourage shared decision-making and supportive conversations about healthy weight management—which can improve overall rheumatoid arthritis outcomes and long-term health.

Read the full text online
https://doi.org/10.1093/rheumatology/keae500

Latest Publications

Target trial emulation to incorporate real-world data in estimation of the clinical- and cost-effectiveness of biologic treatment

Singh, J., Stevenson, M., Hyrich, K., Gillies, C. L., Abrams, K. R. & Bujkiewicz, S., 15 Jan 2026, Medical Decision Making. doi: 10.1177/0272989X251408484

Association between body weight and tocilizumab effectiveness in rheumatoid arthritis: results from the BSRBR-RA

Man Fung Tsoi, Lianne Kearsley-Fleet, Narges Azadbakht, Kath Watson, Kimme L Hyrich, James Bluett, BSRBR-RA Contributors Group, February 2025, Rheumatology, Volume 64, Issue 2. doi: 10.1093/rheumatology/keae500

Potential impact of European Medicines Agency measures to minimise risk of serious side effects on JAKi prescribing and utilisation in the UK

Zixing Tian, Lianne Kearsley-Fleet, James Galloway, Kath Watson, BSRBR-RA Contributors Group, Mark Lunt, Kimme L Hyrich, Mar 2025, Rheumatology, Volume 64, Issue 3. doi: 10.1093/rheumatology/keae279

The BSRBR-RA is also actively participating in the international JAKPOT consortium. JAKPOT aims to combine registry data across EULAR and Canada to address the risk of less common adverse events, particularly in patients receiving JAK inhibitors.

Evaluation of discontinuation for adverse events of JAK inhibitors and bDMARDs in an international collaboration of rheumatoid arthritis registers (the 'JAK-pot' study)

Aymon R, Mongin D, Bergstra SA, Choquette D, Codreanu C, De Cock D, Dreyer L, Elkayam O, Huschek D, Hyrich KL, Iannone F, Inanc N, Kearsley-Fleet L, Koca SS, Kvien TK, Leeb BF, Lukina G, Nordström DC, Pavelka K, Pombo-Suarez M, Rodrigues A, Rotar Z, Strangfeld A, Verschueren P, Westermann R, Zavada J, Courvoisier DS, Finckh A, Lauper K, Mar 2024, Annals of the Rheumatic Diseases. doi: 10.1136/ard-2023-224670

Incidence of Major Adverse Cardiovascular Events in Patients With Rheumatoid Arthritis Treated With JAK Inhibitors Compared With Biologic Disease-Modifying Antirheumatic Drugs: Data From an International Collaboration of Registries

Aymon R, Mongin D, Guemara R, Salis Z, Askling J, Choquette D, Codreanu C, Di Giuseppe D, Flouri I, Huschek D, Hyrich KL, Iannone F, Kvien TK, Leeb BF, Nordström D, Otero-Varela L, Pavelka K, Pombo-Suarez M, Rodrigues A, Rotar Z, Sidiropoulos P, Provan SA, Strangfeld A, Nina T, Zavada J, Kearsley-Fleet L, Courvoisier DS, Finckh A, Lauper K, Sep 2025, Arthritis & Rheumatology. doi: 10.1002/art.43188

Upcoming Events

British Society for Rheumatology Annual Conference
Date: 28th-30th April 2026
Location: Glasgow SEC and Online

Eular Annual Conference
Date: 3rd-6th June 2026
Location: London

American College of Rheumatology: ACR Convergence 2025
Date: 6th-11th November 2026
Location: Orlando, FL