SJÖGREN'S DISEASE:
Beyond sicca symptoms

With insights from **Sara McCoy, MD, PhD**

Sjögren's disease (SjD) is a serious, systemic, heterogeneous autoimmune disease[1]

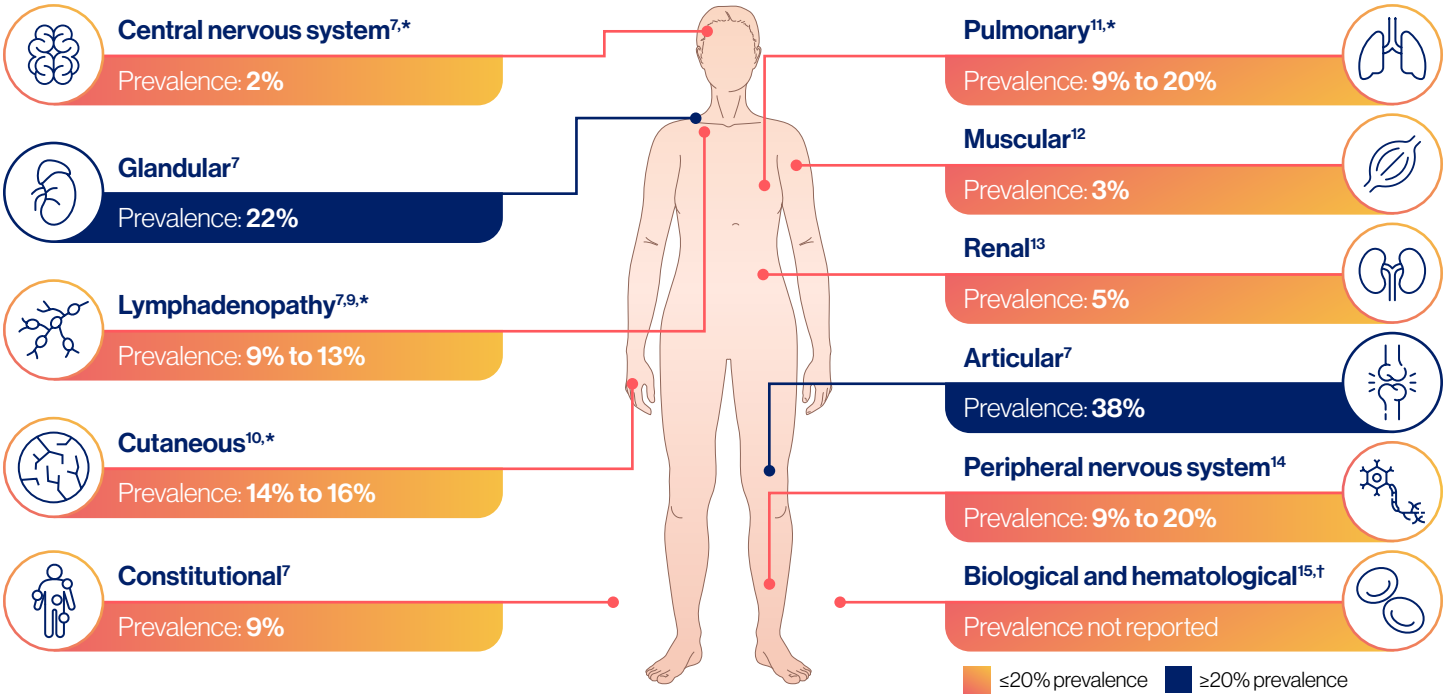
No 2 patients with SjD present the same, and their glandular and extraglandular disease can be variable[1,2]

- **>90%** of patients experience **mouth** and/or **ocular sicca**[3,*]
- **~30%** of patients experience **vaginal dryness**[4,*]
- **Up to ~80%** of patients experience **fatigue**[3,5,*]
- **Up to 96%** of patients experience **joint pain**[6,*]
- **30% to 40%** of patients may have **systemic disease**[7,*]

*Prevalence can be variable and range depending on a multitude of factors (ie, definition of the manifestation, study inclusion, specificity of symptom).

There is growing appreciation of the systemic and serious nature of this disease by the medical community[8]

Sara McCoy, MD, PhD



An assessment of patients with SjD should include monitoring for systemic disease, and may include areas that are routinely assessed such as the joints, glands lymph nodes, and skin[16]

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Systemic disease may precede sicca symptoms in patients with SjD[13,17–19]

Articular manifestations precede sicca in **17%** of cases[20,*]

*Prevalence can be variable and range depending on a multitude of factors (ie, definition of the manifestation, study inclusion, specificity of symptom); †Prevalence not reported – domains based on measurement of various proteins and immune components.

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Significant burden

SjD can significantly impact patient QoL and carries a risk for serious and life-threatening complications[3,21]

81% report significant emotional burden[22,*]

66% struggle to cope with their disease[22,*]

50% of patients with SjD experience anxiety and depression[22,*]

Our patients with SjD face significant burdens, impacts on their overall QoL, and on activities of daily living

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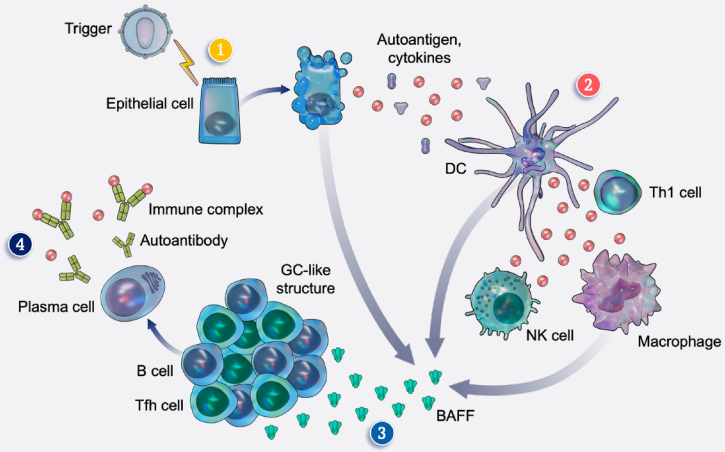
*From a survey of 3622 adults with SjD living in the United States.

Hallmark B-cell disease

Hyperactive B cells drive a pathological cycle of immune activation leading to chronic inflammation and irreversible tissue damage throughout the body[7,23-25]



1. In genetically susceptible individuals, **environmental factors** may trigger inflammation and release of autoantigens from SGECs[25,26]
2. **Innate immune cells** respond, activating **T cells** and producing inflammatory cytokines[25]
3. **BAFF** is produced, driving activation of **autoreactive B cells** and their differentiation into plasma cells[24–26]
4. **Plasma cells secrete autoantibodies**, which bind autoantigen to form immune complexes.[26,27] These are deposited in different tissues, triggering **chronic systemic inflammation and tissue damage**[26]

Management of Sjögren's

There are no FDA-approved disease-modifying drugs for SjD. Current management does not address systemic complications and provides only partial and symptomatic relief[16,28,29]

Systemic treatments have demonstrated limited improvements in systemic disease outcomes[16,30,31]

97% **of patients somewhat or strongly agree that they wish there were better treatments available for SjD**[22,*]

*From a survey of 3622 adults with SjD living in the United States.

There is a need to improve standards of care in SjD

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BAFF, B-cell–activating factor; DC, dendritic cell; FDA, US Food and Drug Administration; NK, natural killer; QoL, quality of life; SGEC, salivary gland epithelial cell; Tfh, T-follicular helper cell; Th1, T-helper 1 cell.

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