

# Understanding “Sicca Plus”

## A Framework to Identify Patients With Sjögren’s Disease Who May Be Eligible for Biologic Therapy

Featuring expert insights from

**Jaishree Manohar, MD**



*Assessing patients with Sjögren’s holistically is essential—we can’t rely on dryness symptoms alone to guide treatment decisions. Systemic involvement often emerges gradually, and without a thorough evaluation, we risk missing the window to intervene. When signs of systemic involvement are present, that’s when we need to start thinking seriously about systemic therapy, particularly biologics.*

- Jaishree Manohar, MD

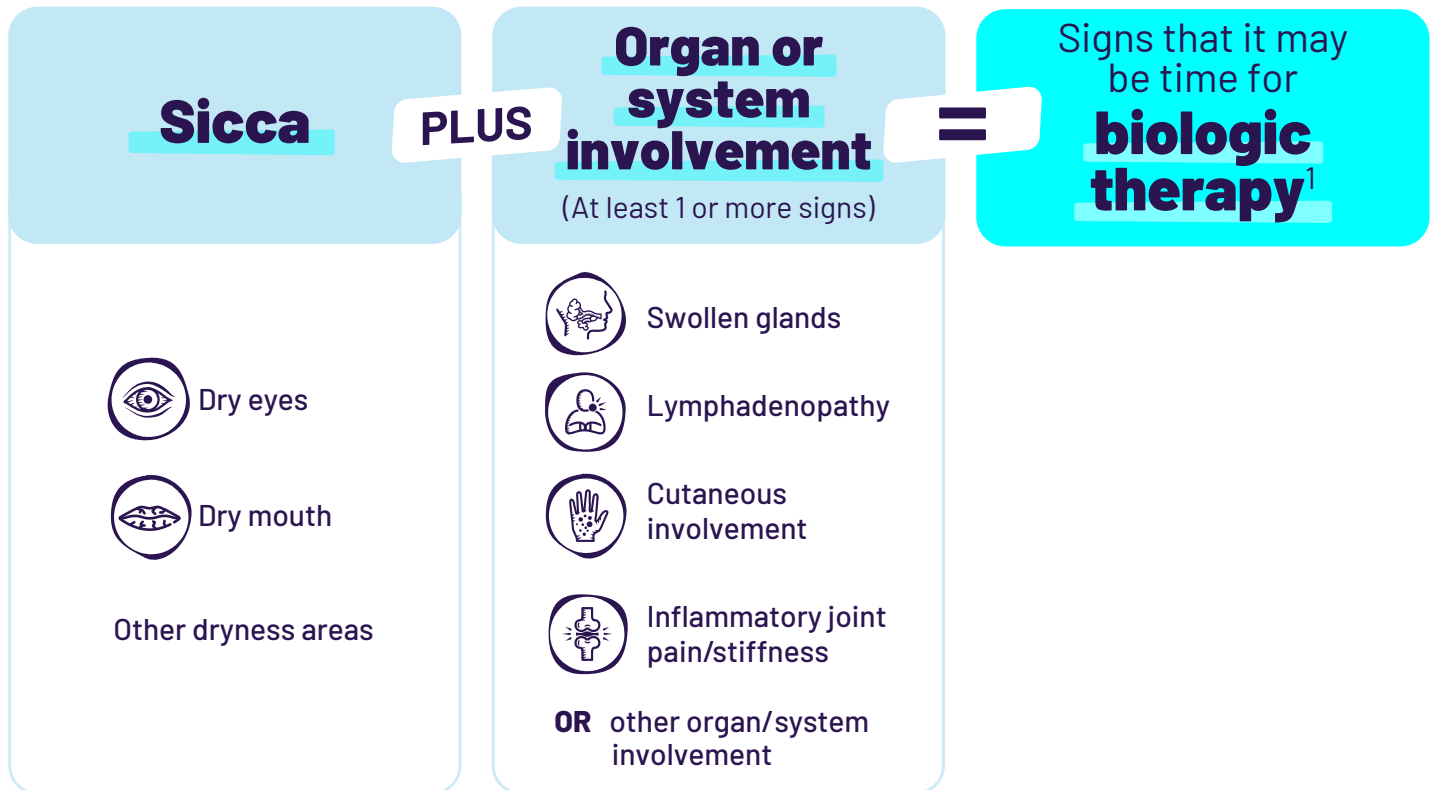


Dr Jaishree Manohar was compensated for her time by Novartis Pharmaceuticals Corporation.

# When is it appropriate to consider starting a biologic for a patient with Sjögren's disease?

## Introducing the "Sicca Plus" Framework in Clinical Practice

To simplify treatment decisions, the "sicca plus" framework has been created to support initiation of biologic therapy in patients with Sjögren's disease at the first sign of systemic involvement beyond sicca.



Evaluating disease activity in Sjögren's disease is challenging due to heterogeneity in symptom presentation and time course of progression.<sup>2</sup> Almost all patients with Sjögren's disease experience sicca, especially ocular and/or mouth dryness.<sup>2</sup> However, **up to 40% of patients also experience systemic manifestations**, which can occur in the joints, skin, lymph nodes, lungs, brain, or other organ systems.<sup>3</sup> Systemic manifestations could be overlooked because patients may not realize these symptoms are linked to Sjögren's disease or may struggle to describe what they're feeling.

**Applying the "sicca plus" framework in clinical practice** can offer a more holistic approach, guide ongoing monitoring, and can inform treatment decisions regarding the use of biologic therapy.



**Systemic involvement in Sjögren's can affect a wide range of organs—including the joints, glands, lymph nodes, skin, lungs, kidneys, and nervous system—but these manifestations are often underrecognized. Many patients struggle to connect their symptoms to Sjögren's or may not report them unless specifically asked. As rheumatology providers, we should be carefully assessing these areas and working with additional specialists as needed to comprehensively manage patients.**

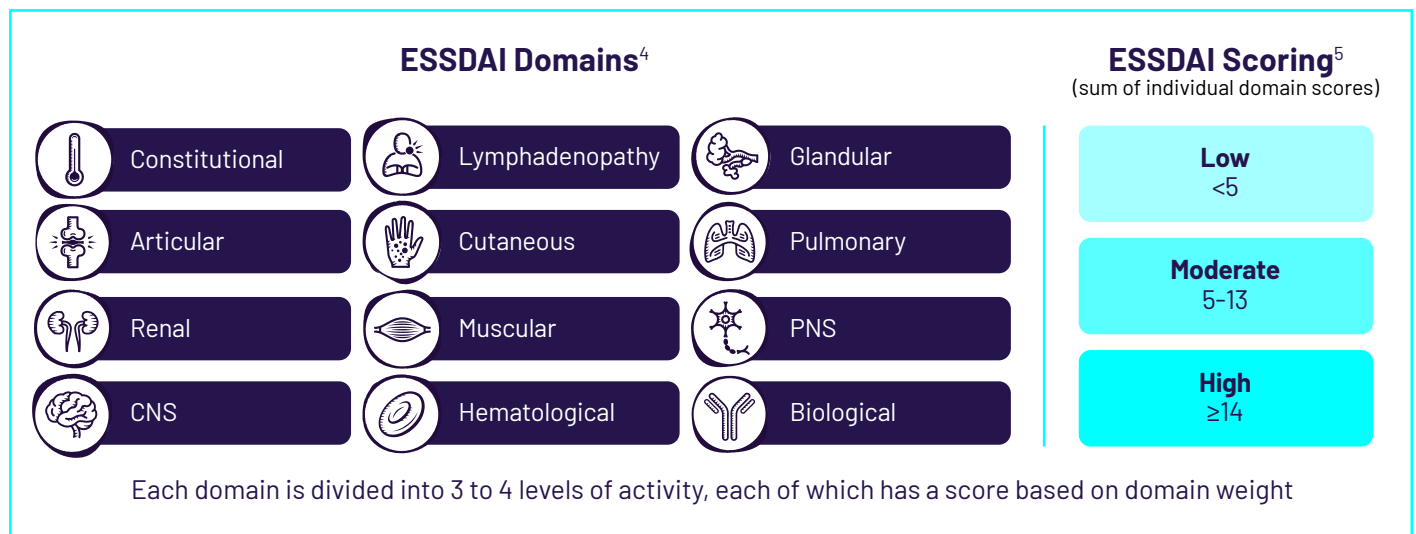
- Jaishree Manohar, MD



# The “sicca plus” framework builds on insights from the ESSDAI score

The “sicca plus” framework builds on insights from the EULAR Sjögren’s syndrome disease activity index (ESSDAI) and the latest EULAR guidelines.\* The ESSDAI measures systemic disease activity in Sjögren’s across 12 organ-specific domains and is considered the gold standard for assessing disease activity in clinical trials.<sup>4</sup>

Each domain is weighted and scored based on the severity and extent of involvement, generating a total score that reflects overall systemic disease activity.<sup>4</sup> While quantification of ESSDAI scores is critical to measure differences in response in clinical trials, qualitative assessment of ESSDAI domains has value in clinical practice.



Asking deeper questions based on the ESSDAI domains can help identify your patients with **sicca** symptoms **plus** additional signs of systemic activity. Initial identification of systemic activity guides ongoing monitoring and can inform treatment decisions about when to initiate systemic or particularly biologic therapy.<sup>4</sup>



*The ESSDAI framework helps bring structure to what can often feel like a scattered clinical picture. It prompts us to systematically assess each organ domain, making it easier to uncover systemic involvement that might otherwise go unnoticed.*

- Jaishree Manohar, MD



EULAR, European Alliance of Associations for Rheumatology.

\*EULAR recommendations for the management of Sjögren’s syndrome with topical and systemic therapies.<sup>1</sup>

# The total number of organs involved in patients with articular manifestations was found to be twice that of those without **articular** manifestations<sup>6,\*</sup>

Here are some sample questions to assess articular, glandular, lymphatic, and cutaneous involvement, along with a description of ESSDAI scoring criteria for each of these domains.

Asking ESSDAI-based questions can help uncover the disease burden in patients with Sjögren's disease. The ESSDAI recommends to begin evaluating the articular domain by asking patients the following targeted questions<sup>4</sup>:

Have you had **pain in your hands, wrists, ankles, or feet** in the past 4 weeks?

Have you noticed any **stiffness in the morning** lasting for at least 30 minutes?



Score <sup>4</sup>	Description
No = 0	Absence of currently active articular involvement
Low = 2	<b>Arthralgias</b> in hands, wrists, ankles, and feet accompanied by <b>morning stiffness</b> (>30 minutes)
Moderate = 4	1-5 (of 28 total count) joints affected by <b>synovitis</b>
High = 6	≥6 (of 28 total count) joints affected by <b>synovitis</b>

Articular involvement is seen in ~53% of patients with Sjögren's disease<sup>7</sup>



*Joint involvement in Sjögren's can be subtle but impactful—patients may report joint pain, stiffness, or swelling that fluctuates over time. It's important to assess these symptoms carefully, as they may be predictive of higher overall systemic disease burden.*

– Jaishree Manohar, MD



\*In a retrospective study of 419 patients with Sjögren's disease, 45% (n=188) presented with articular manifestations. Organ involvement was assessed after a mean follow-up of 73 months.

# **Glandular** involvement: associated with higher disease activity in Sjögren's<sup>8,9</sup>

Begin evaluating the glandular domain by asking patients the following targeted question:

Have you noticed any **swelling in your face and neck?**



**Score<sup>4</sup>**

**Description**

**No = 0**

Absence of glandular swelling

**Low = 2**

- Small **glandular swelling with enlarged parotid gland** ( $\leq 3$  cm)
- **Submandibular** ( $\leq 2$  cm) or **lacrima** ( $\leq 1$  cm) swelling

**Moderate = 4**

- Major glandular swelling with enlarged parotid gland ( $> 3$  cm)
- Important submandibular ( $> 2$  cm) or lacrima ( $> 1$  cm) swelling

**Glandular involvement is seen in ~22% of patients with Sjögren's disease<sup>3</sup>**



*Glandular involvement in Sjögren's often presents with salivary or parotid gland swelling, which may be persistent or episodic. While it can seem benign, recurrent or asymmetric glandular swelling can signal underlying immune activity or even a risk for lymphoma, so it warrants close attention and further evaluation.*

- Jaishree Manohar, MD



## Lymphadenopathy: assess for lymphoma risk

Begin evaluating the lymphadenopathy domain by asking patients the following targeted question:

Have you noticed any **swollen lymph nodes**?



Score <sup>4</sup>	Description
No = 0	Absence of the following features
Low = 4	<b>Lymphadenopathy</b> $\geq 1$ cm in any nodal region or $\geq 2$ cm in inguinal region
Moderate = 8	<b>Lymphadenopathy</b> $\geq 2$ cm in any nodal region or $\geq 3$ cm in inguinal region, and/or <b>splenomegaly</b>
High = 12	Current <b>malignant B-cell proliferative</b> disorder

Lymphadenopathy occurs in ~13% of patients with Sjögren's disease<sup>10</sup>



*Lymphadenopathy in Sjögren's can be an early clue to systemic involvement. While often mild and reactive, persistent or generalized lymph node enlargement—especially when accompanied by systemic symptoms—should raise concern for more serious complications like lymphoma and prompt further workup.*

- Jaishree Manohar, MD

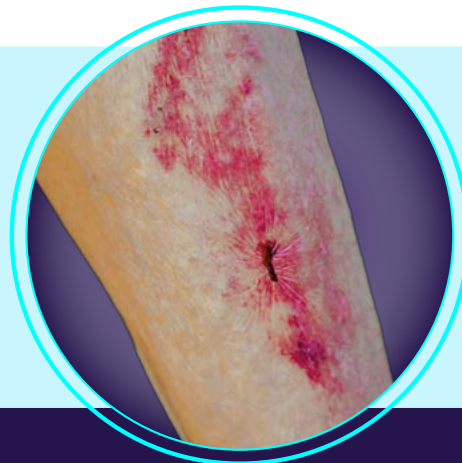


# Cutaneous domain: surface signs of deeper systemic involvement<sup>7</sup>

Begin evaluating the cutaneous domain by asking patients the following targeted questions:

Have you noticed any **changes in skin color or texture?**

Have you noticed any **skin rashes or lesions?**



Score <sup>4</sup>	Description
No = 0	Absence of currently active cutaneous involvement
Low = 3	<b>Erythema multiforme</b>
Moderate = 6	Limited <b>cutaneous vasculitis</b> , including urticarial vasculitis, or purpura limited to feet and ankle, or subacute cutaneous lupus
High = 9	Diffuse cutaneous vasculitis, including urticarial vasculitis, or diffuse purpura, or ulcers related to vasculitis

**Cutaneous involvement is observed in ~16% of patients with Sjögren's disease<sup>11</sup>**



*Cutaneous manifestations in Sjögren's, such as palpable purpura, often reflect underlying vasculitis. These skin findings can be the first visible signs of systemic disease and should prompt a broader evaluation for multisystem involvement.*

- Jaishree Manohar, MD



The “sicca plus” framework, informed by insights from the ESSDAI and guidelines, offers a structured, clinically relevant approach to help us connect symptoms affecting different domains and identify the full impact of Sjögren’s disease. As we prepare for future innovations in the treatment of Sjögren’s disease, now is your time to uncover the disease’s systemic nature. This proactive approach enables more comprehensive monitoring and supports informed decision-making regarding the use of systemic or particularly biologic therapy.

## LEARN MORE ABOUT “SICCA PLUS”

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