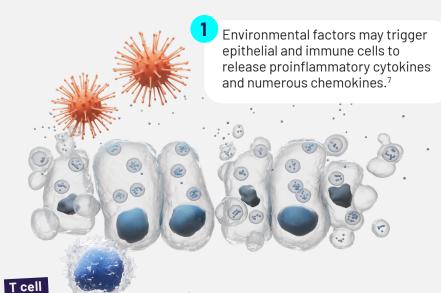
THE CRITICAL ROLE OF B CELLS IN SJÖGREN'S DISEASE 1-4

Sjögren's disease (SjD) is believed to be a B-cell-driven autoimmune disease in which hyperactivation of B cells can lead to chronic inflammation and potential irreversible organ damage. Systemic manifestations, if left untreated, may significantly impact long-term health and reduce life expectancy.¹⁻⁶

Epithelial and immune cell activation





Among these cytokines and chemokines is B-cell activating factor (BAFF), which is central to activating autoreactive B cells, promoting their proliferation, survival, and differentiation.^{8,9}

SjD is a self-perpetuating cycle of inflammation

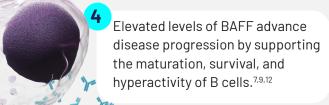
Initiation of autoimmune response



Activated epithelial cells also release autoantigens that trigger an autoimmune response in potentially any organ tissue or system. 10,11

B-cell hyperactivity and autoantibody production

Hyperactive B cells produce a constant supply of autoantibodies, which can contribute to epithelial cell damage and inflammation. 7,11,13,1







Sjögren's disease is a serious, systemic autoimmune disease that can be progressive 15-18

Beyond sicca, inflammation or damage can also occur in 11,19,20

Joints



Skin



Lungs



Lymph nodes



Salivary glands



A more comprehensive approach to patient care is needed—one that considers not just dryness, but also other factors such as fatigue, joint pain, organ involvement, and overall disease activity¹⁶

97% of patients report wanting more treatment options^{21*}



Novartis has expanded its commitment to rheumatology by partnering with experts and universities to explore new ways to target B-cell hyperactivity and BAFF.

* Based on the "Living with SjD" survey assessing demographics, symptoms, quality of life, cost, and treatment in adult patients with SjD (N=2961), which includes respondents who "somewhat agreed" or "strongly agreed." 21

References: 1. Meng Q, Ma J, Cui J, Gu Y, Shan Y. Subpopulation dynamics of T and B lymphocytes in Sjögren's syndrome: implications for disease activity and treatment. Front Immunol. 2024;15:1468469. doi:10.3389/fimmu.2024.1468469. doi:10.3389/fimmu.2021.61846999. doi:10.3389/fimmu.2021.61846999. doi:10.3389/fimmu.2021.61846999. doi:10.3389/fimmu.2021.61846999. doi:10.3389/fimmu.2021.61846999. doi:10.3389/fimmu.2021.61846999. doi:10.3389/fimmu.2021.61846999. doi:10.3389/fimmu.2021.6184699. doi:10.3389/fimmu.2021.6184699. doi:10.3389/fimmu.2021.6184699. doi:10.3389/fimmu.2021.618469. doi:10.3389/fimmu.2024.1421436. doi:10.3389/fimm



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