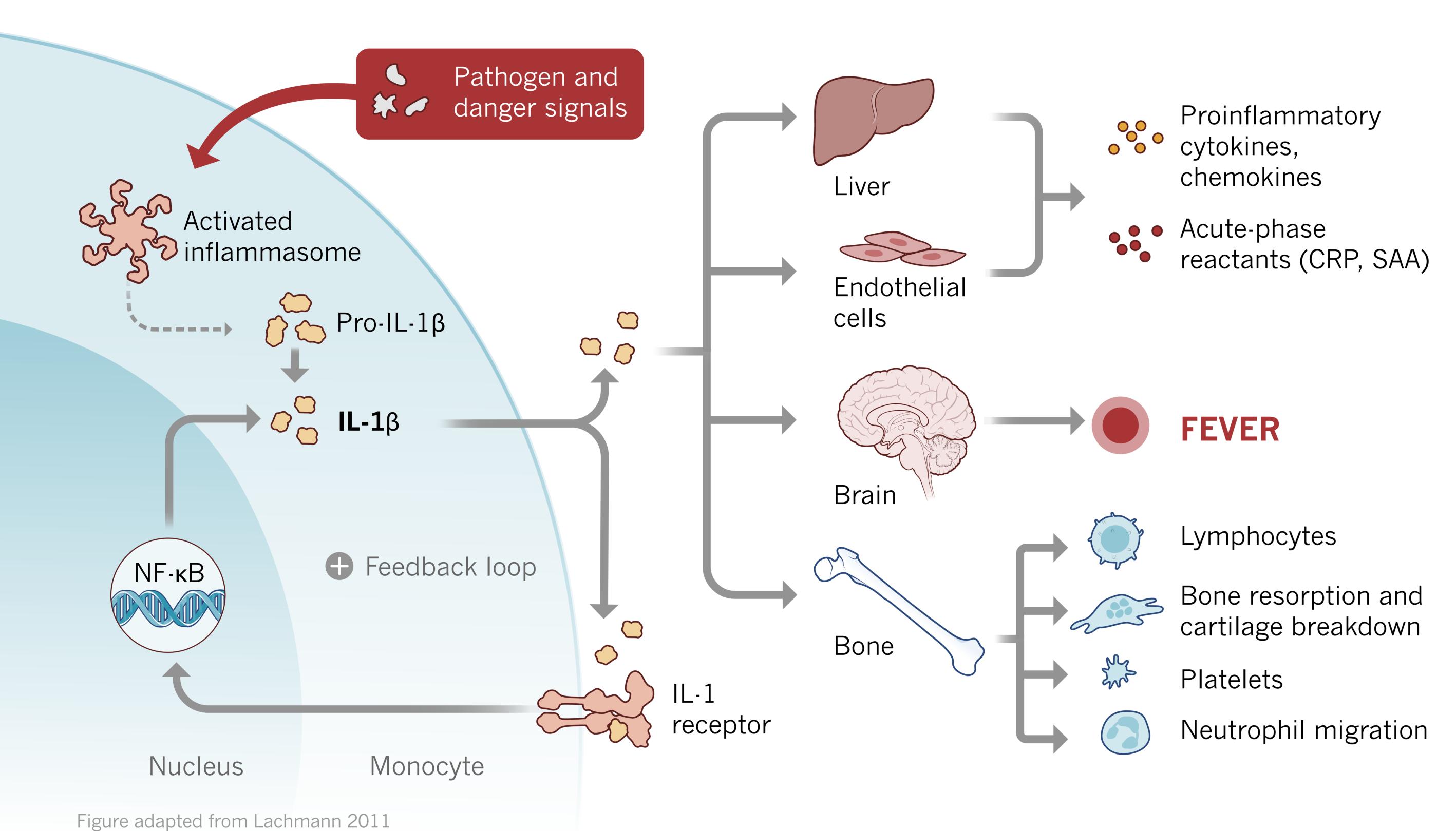
The Challenge and Untold Burden of

Periodic Fever Syndromes

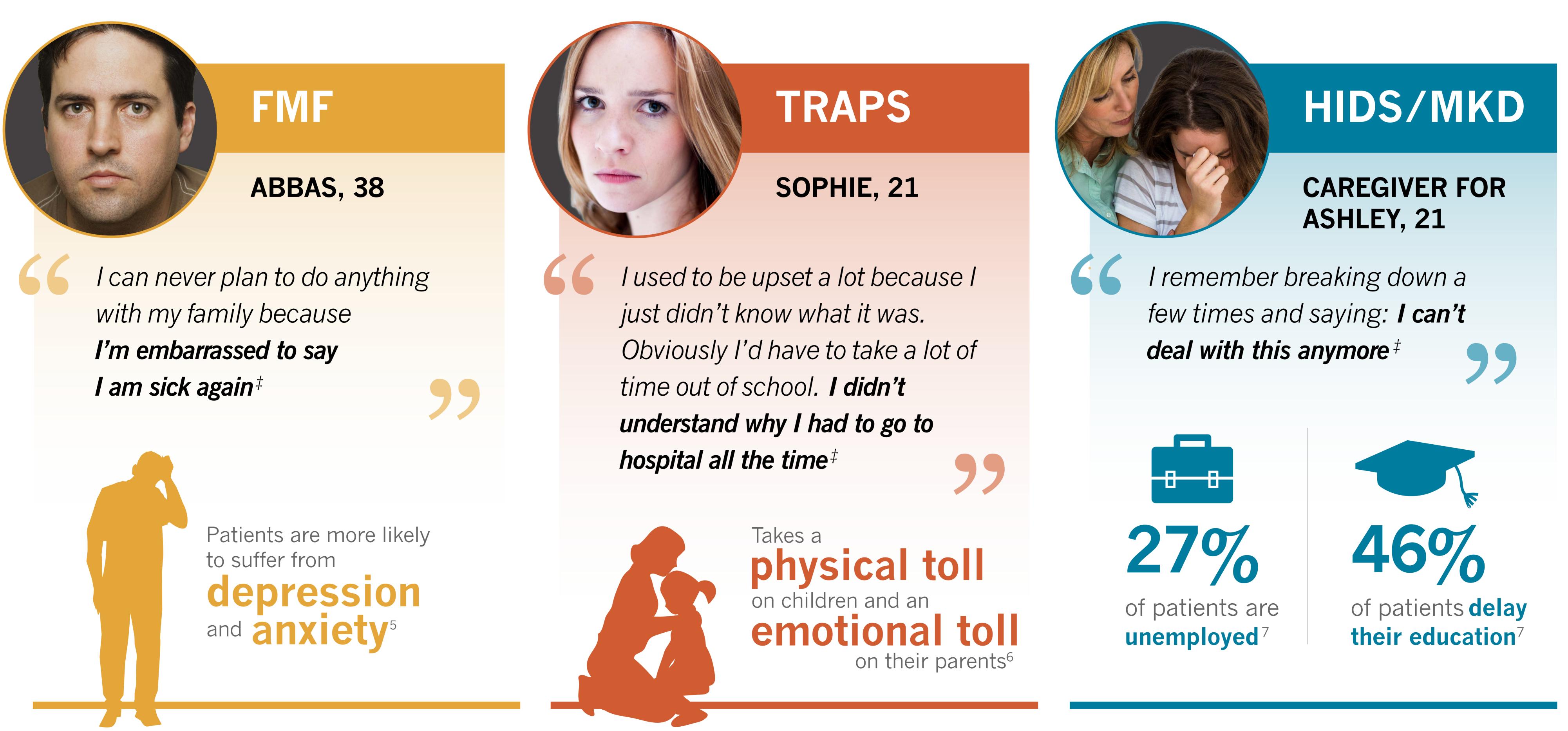
Periodic Fever Syndromes comprise a cluster of diseases recognized as part of the expanding group of autoinflammatory disorders^{1,2}



- The 3 classic syndromes are familial Mediterranean fever (FMF), tumor necrosis factor receptor—associated periodic syndrome (TRAPS), and hyperimmunoglobulinemia D with periodic fever syndrome (HIDS/MKD*)^{1,2}
- Hyperactivation of the innate immune system leads to **recurrent episodes of systemic inflammation** with hallmark features of high fever, rash, and joint symptoms; amyloid A amyloidosis is a serious long-term complication, often leading to renal failure.
- Interleukin-1β (IL-1β) is a potent proinflammatory cytokine produced by innate immune cells that plays a prominent role in Periodic Fever Syndromes pathogenesis.^{1,2} It elicits a range of inflammatory responses, including production and release of acute phase proteins, induction of fever, stimulation of bone resorption and cartilage breakdown, and roduction/activation of lymphocytes, neutrophils, and platelets.¹

Currently no approved treatments for TRAPS, HIDS/MKD, and colchicine-resistant (cr)FMF[†] exist

Understanding the Human Burden of Periodic Fever Syndromes



CRP, C-reactive protein; SAA, serum amyloid A. *Also known as mevalonate kinase deficiency; †A subset of FMF patients are resistant or intolerant to colchicine, the only approved treatment.8-10 ‡From patient experience recorded during Novartis market research, 2013. NOTE: Patient photos are representative and not actual patients.