

# RABBIT-SpA: Disease register for axial spondyloarthritis and psoriatic arthritis

**First published:** 13/05/2024

**Last updated:** 21/01/2026

Data source

Human

Disease registry

## Administrative details

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#### Data source ID

1000000100

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#### Data source acronym

RABBIT-SpA

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#### Data holder

[German Rheumatism Research Centre Berlin \(Deutsches Rheuma-Forschungszentrum Berlin, DRFZ\)](#)

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#### Data source type

Disease registry

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#### Main financial support

Funding from public-private partnership

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### **Care setting**

Hospital outpatient care

Primary care – specialist level (e.g. paediatricians)

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### **Data source qualification**

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

No

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### **Data source website**

[Rabbit-SpA Website](#)

## Contact details

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**Main**

[rabbit-spa@drfz.de](mailto:rabbit-spa@drfz.de)

## Data source regions and languages

### **Data source countries**

Germany

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### **Data source languages**

German

## Data source establishment

**Data source established**

01/05/2017

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**Data source time span**

**First collection:** 01/05/2017

The date when data started to be collected or extracted.

## Publications

### Data source publications

[Rabbit-SpA publications](#)

## Data elements collected

### The data source contains the following information

**Disease information**

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

Yes

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**Disease details**

Axial spondyloarthritis

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**Disease details (other)**

Psoriatic Arthritis

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## **Rare diseases**

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

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## **Pregnancy and/or neonates**

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

Yes

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## **Hospital admission and/or discharge**

Yes

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## **ICU admission**

Is information on intensive care unit admission available?

Yes

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## **Cause of death**

Captured

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## **Cause of death vocabulary**

MedDRA

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## **Prescriptions of medicines**

Captured

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## **Prescriptions vocabulary**

not coded

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## **Dispensing of medicines**

Not Captured

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## **Advanced therapy medicinal products (ATMP)**

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

No

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## **Contraception**

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

No

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## **Indication for use**

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Captured

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## **Indication vocabulary**

MedDRA

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## **Medical devices**

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

No

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## **Administration of vaccines**

Yes

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## **Procedures**

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Captured

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## **Procedures vocabulary**

ICD-10

MedDRA

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### **Healthcare provider**

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available?  
The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

Yes

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### **Clinical measurements**

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

Yes

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### **Genetic data**

Are data related to genotyping, genome sequencing available?

Not Captured

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### **Biomarker data**

Does the data source capture biomarker information? The term “biomarker” refers to a broad subcategory of medical signs ( objective indications of medical state observed from outside the patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

Captured

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### **Biomarker data vocabulary**

Other

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### **Biomarker vocabulary, other**

Lab values, free text.

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### **Patient-reported outcomes**

Is information on patient-reported outcomes (e.g., quality of life) available?

Yes

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### **Patient-generated data**

Is patient-generated information (e.g., from wearable devices) available?

Yes

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### **Units of healthcare utilisation**

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of preventing or curing health problems.

No

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### **Unique identifier for persons**

Are patients uniquely identified in the data source?

Yes

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### **Diagnostic codes**

Captured

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### **Diagnosis / medical event vocabulary**

ICD-10

MedDRA

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### **Medicinal product information**

Captured

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### **Medicinal product information collected**

Brand name

Dosage regime

Dose

Route of administration

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### **Medicinal product vocabulary**

Not coded (Free text)

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### **Quality of life measurements**

Captured

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### **Quality of life measurements vocabulary**

other

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### **Quality of life measurements, other**

Disease specific validated instruments

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### **Lifestyle factors**

Captured

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### **Lifestyle factors**

Alcohol use

Tobacco use

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### **Sociodemographic information**

Captured

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### **Sociodemographic information collected**

Age

Education level

Other

Sex

Quantitative descriptors

Population Qualitative Data

## **Population age groups**

Adult and elderly population ( $\geq 18$  years)

Adults (18 to  $< 65$  years)

Adults (18 to  $< 46$  years)

Adults (46 to  $< 65$  years)

Elderly ( $\geq 65$  years)

Adults (65 to  $< 75$  years)

Adults (75 to  $< 85$  years)

Adults (85 years and over)

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## **Estimated percentage of the population covered by the data source in the catchment area**

Unknown

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## **Description of the population covered by the data source in the catchment area whose data are not collected (e.g., people who are registered only for private care)**

Nation-wide collection of data from patients with axial spondyloarthritis and psoriatic arthritis from rheumatologists in private practice or outpatient clinics of hospitals.

## Family linkage

### **Family linkage available in the data source permanently or can be created on an ad hoc basis**

Ad hoc

## Population

## Population size

4853

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## Active population size

4760

## Population by age group

Age group	Population size	Active population size
Adult and elderly population ( $\geq 18$ years)	4853	4760

## Median observation time

**Median time (years) between first and last available records for unique individuals captured in the data source**

5.00

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**Median time (years) between first and last available records for unique active individuals (alive and currently registered) capt**

5.00

## Data flows and management

### Access and validation

### **Biospecimen access**

Are biospecimens available in the data source (e.g., tissue samples)?

No

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### **Access to subject details**

Can individual patients/practitioners/practices included in the data source be contacted?

Yes

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### **Description of data collection**

Longitudinal observational cohort study; once enrolled, patients are observed for at least 5 and up to 10 years. Inclusion is with start of a biologic DMARD or a tsDMARD or a csDMARD or NSAID after at least one treatment failure. Diagnosis of axial spondyloarthritis or psoriatic arthritis has to be secured by the rheumatologists according to standard criteria.

## **Event triggering registration**

### **Event triggering registration of a person in the data source**

Start of treatment

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### **Event triggering de-registration of a person in the data source**

Death

Loss to follow up

Other

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### **Event triggering de-registration of a person in the data source, other**

Patient declines further participation in the observation.

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### **Event triggering creation of a record in the data source**

After inclusion, new data is created on a regular base (without trigger). After 3 and 6 months and thereafter every 6 months, data is obtained from physicians and patients (e.g. regarding disease activity, treatment and treatment changes, reasons for that, adverse events, PROs). If no data is coming in at the intended time point of follow-up, reminders are sent to the physician.

## Data source linkage

### **Linkage**

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

No

## Data management specifications that apply for the data source

### **Data source refresh**

Every 6 months

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### **Informed consent for use of data for research**

Required for all studies

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### **Possibility of data validation**

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

Yes

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### **Data source preservation**

Are records preserved in the data source indefinitely?

Yes

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### **Approval for publication**

Is an approval needed for publishing the results of a study using the data source?

No

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### **Data source last refresh**

01/11/2025

## **Common Data Model (CDM) mapping**

### **CDM mapping**

Has the data source been converted (ETL-ed) to a common data model?

No