

2015 American College of Rheumatology Annual Meeting

San Francisco, November 6-11, 2015



American College of Rheumatology Annual Meeting has always been a venue for various opportunities to all its attendees. It has been one of the most awaited Rheumatology summits yearly where most rheumatologists gather worldwide. Rheumatologists at different levels from trainees, consultants to the most expert in the field of clinical and

research were well represented. It was a setting for seeing old faces and meeting new people, it opened windows of great opportunities at different aspects of professional career, enhancing our knowledge and gaining innovative learning especially in upcoming and ongoing researches.

The American College of Rheumatology annual meeting has 3 highlights

Pre-meeting Course

November 6-7, 2015



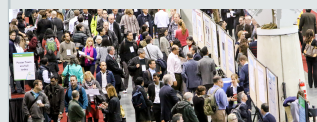
Main Scientific Sessions

November 7-11, 2015



Poster Exhibits

November 8-10, 2015



-  **Basic Science**
This track is designed for **researchers and academicians** pursuing cutting-edge science.
 -  **Business/Administration**
This track will assist **practice managers, clinicians and health professionals** searching for information or guidance on issues impacting the business side of rheumatology practice.
 -  **Clinical Practice**
This track is geared towards **clinicians and health professionals** seeking practical applications in the patient-care setting.
 -  **Clinical Science**
This track is intended for **researchers, clinicians and health professionals** looking for the latest research findings and their practical treatment applications.
- Sub-tracks Include:*
-  **Educators**
This sub-track indicates sessions that will be of value to **educators, program directors and division chiefs**.
 -  **Fellows-in-Training**
This sub-track identifies sessions that may be of interest to **fellows-in-training or medical students**.
 -  **Pediatrics**
This sub-track is aimed toward **pediatric rheumatologists and health professionals**, and highlights sessions that contain content relative to the care, treatment and research of childhood or juvenile rheumatologic diseases and disorders.
 -  **Practice Management**
This sub-track provides **practice managers** with in-depth training that focuses on practical skills needed to keep rheumatology practices current with medical coding updates, compliance rules and Federal regulations.
 -  **TechMed**
This sub-track targets all **rheumatologists and health professionals** with an interest in advancing their profession and patient care using social media outlets and technological tools.

Pre-meeting Course

During the Pre-meeting sessions, on-hand courses were fundamentals of musculoskeletal ultrasound course for rheumatologists as well as basic and clinical research conferences and also ACR review course which would entail additional pay to be able to grace these worthwhile sessions.

Scientific Sessions

During the main scientific sessions, offered daily were various simultaneous topic lists from which you can choose what better suit your need in your practice. It was very overwhelming at a glance of these topics that it became difficult to select what to attend to. And as you listen to the speakers, I feel awed that these people whom I'm just hearing names cited from various reports and authors from different books, pioneers of some great researches were all present speaking in front and meeting in person.

This year's annual meeting focuses on clinical as well as molecular aspects the background explaining the clinico-pathologic correlation of different rheumatologic diseases. They also indulge on topics concerning the emotional aspects of managing young LGBTQ population. It has been emphasized that *"When we ask them the questions that we need to ask in order to*

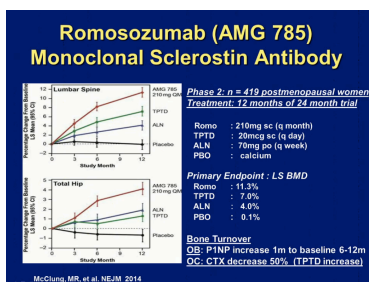
provide care, we need to be nonjudgmental, explaining to them why we're asking those questions." Since many of their health care concerns must be addressed with knowledge, sensitivity and support according to experts. One area of the scientific lectures dwelled on the use of the technological advancement and social media like twitter to our advantage in caring for these patients efficiently.



The Great Debate

The great debate on the use of low-dose corticosteroids early in managing rheumatoid arthritis gained interest from many of the delegates. It was a lively debate between Marten Boers, MD and Eric Ruderman, MD presenting different researches and studies supporting their arguments. It was mentioned during the debate that Rheumatoid arthritis is a state of Glucocorticoid-deficiency reinforcing the need for glucocorticoid use. However, Dr. Ruderman confronted the arguments by citing different complications brought about by long-term use of steroids.

Based on the FDA statement 2011, “Optimal duration of use has not been determined. All patients on bisphosphonates should have the need for continued therapy re-evaluated on periodic basis”. In one of the sessions, *Osteoporosis update* by Chad Deal, MD, tackled on the definition and significance of drug “holiday”. It was mentioned that drug holiday doesn’t really entail that the drug is not present (because some the drugs like bisphosphonates have residual effect) but rather it signifies Administration holiday. So the question lies “Why give drug holiday?” There are certain situations when we can or cannot consider drug holiday: when fracture risk is low, weighing the benefit and risk for the patient, drug is no longer effective based on the FDA report 2011 that there is no added benefit in continuing beyond 5 years and drug not needed considering residual effect of bisphosphonates after discontinuation.



Abaloparatide (PTHrp 1-34) Teriparatide (rhPTH 1-34)	
Abaloparatide	Teriparatide
• Daily sc injection	• Daily sc injection
• Binds to PTH 1 receptor	• Binds to PTH 1 receptor
– R ² conformation	– R ² conformation
• Bone resorption : lower	• Bone resorption : higher
• Hypercalcemia : less	• Hypercalcemia : more
– <1.25 vit D	– >1.25 vit D (intestinal Ca)
• Cortical porosity : less	• Cortical porosity : more
• Bone mass : > increase	• Bone mass : < increase

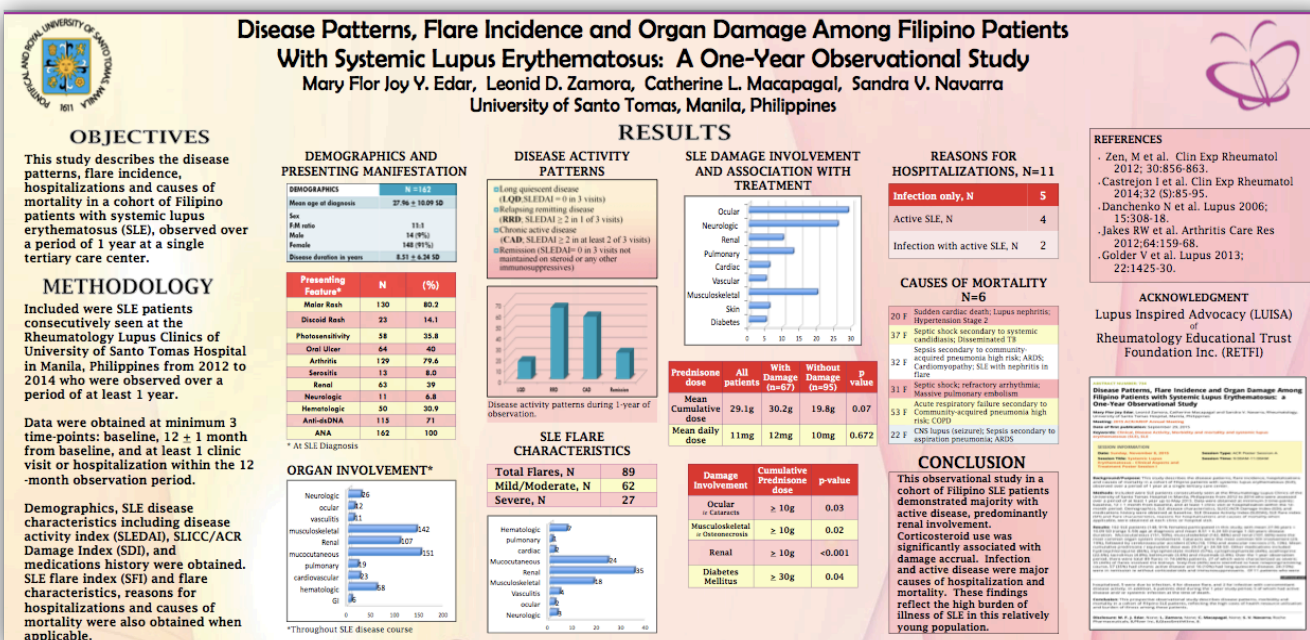
2015: New SLE Treatments in Clinical Trials

- Anti-type 1 IFN: rontalizumab, sifalimumab, anifrolumab
- Anti-IL6/IL6R
- JAK/Stat inhibitors – tofacitinib
- BAFF inhibitors ; blisibimod, belimumab SC in LN and in African Americans
- Anti-CD74
- Anti-CD30 (on activated B and T)
- Netinavir (binds anti-DNA)
- Proteasome inhibitors
- Ustekinumab (blocks Th1 and Th17 signaling)

Green circle = successful
Trials reported at ACR
2015

Courtesy Jennifer Grossman, MD

Topics also dwell on various treatment options and new treatment armamentarium for the management of these rheumatic diseases, discussing on safety of these drugs. Some new treatments introduced during these sessions were *Romosozumab*, an antibody to sclerostin, and an anabolic drug that decreases bone resorption. *Abaloparatide*, which binds to pTH1 receptor with less hypercalcemia effect, less cortical porosity and slightly increase in bone mass compared to teriparatide. The soon to be released *Belimumab* subcutaneously, *JAK STAT Inhibitor* and other *Anti-type 1 IFN* (still ongoing clinical trials) for systemic lupus erythematosus patients with arthritis; the use of stem cell transplantation in patients with lung fibrosis in diffuse scleroderma patients and the possible benefit with nutraceuticals like omega-3 fatty acid in decreasing uric acid levels in gout.



Among the thousands of abstracts submitted only 3,270 at different categories were accepted for poster and some for oral presentation. These researches unravel the diverse unmet needs in both clinical and molecular science. It was astonishing to recognize how these researches can revolutionize our learning. It was very fortunate that our study entitled “Disease Patterns, Flare Incidence and Organ Damage Among Filipino Patients with Systemic Lupus Erythematosus: A One-Year Observational Study”, an epidemiologic study involving lupus patients consecutively seen in Lupus Clinics at the University of Santo Tomas Hospital was accepted for poster presentation during the first day of exhibit tour. Mary Flor Joy Edar, fellow-in-training, Leonid Zamora, MD and Catherine Macapagal, MD consultant co-authors were present to answer queries from interested delegates. A rewarding experience to see that many of our colleagues from different side of the world were engrossed in the richness of our data and indeed, it was highly gratifying to stand beside our poster as we present the data for those who gained interest.



2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis

JASVINDER A. SINGH,¹ KENNETH G. SAAG,¹ S. LOUIS BRIDGES JR.,¹ ELIE A. AKL,²
RAVEENDHARA R. BANNURU,³ MATTHEW C. SULLIVAN,³ ELIZAVETA VAYSBROT,³
CHRISTINE MCNAUGHTON,³ MIKALA OSANI,³ ROBERT H. SHMERLING,⁴ JEFFREY R. CURTIS,¹
DANIEL E. FURST,⁵ DEBORAH PARKS,⁶ ARTHUR KAVANAUGH,⁷ JAMES O'DELL,⁸ CHARLES KING,⁹
AMYE LEONG,¹⁰ ERIC L. MATTESON,¹¹ JOHN T. SCHOUSBOE,¹² BARBARA DREVLOW,¹³
SETH GINSBERG,¹⁴ JAMES GROBER,¹³ E. WILLIAM ST. CLAIR,¹⁵ ELIZABETH TINDALL,¹⁶
AMY S. MILLER,¹⁷ AND TIMOTHY MCALINDON³

It was also during this summit and one of its highlights was the release of the 2015 New ACR guidelines on Rheumatoid Arthritis where updates and changes were discussed and now available for download at the *rheumatology.org*.

Overall, the American College of Rheumatology Annual Meeting, advocate for learning, gaining experience, opening doors of new horizons in both professional career and research all aiming for the advancement of every rheumatologist in caring for our patients.



ACKNOWLEDGMENT:



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