

7th World Congress on Controversies, Debates & Consensus in Bone, Muscle & Joint Diseases (BMJD)

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UST Rheumatology participates at the 7th World Congress on Controversies, Debate & Consensus in Bone, Muscle & Joint Diseases (BMJD)

By:

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Renowned speakers and figures in rheumatology participated at the 7th World Congress on Controversies, Debates & Consensus in Bone, Muscle & Joint diseases (BMJD) last October 17-19, 2019 in Taipei, Taiwan.

The congress provided scientific and relevant information for health professionals especially clinicians on various topics on bone, muscle & joint diseases. The various sessions highlighted experts in different fields of rheumatology, orthopaedics, rehabilitation medicine, radiology and other allied health sciences from all over the world. The participants came from the different regions of the Asia-Pacific, and many parts of the globe. Among these, University of Santo Tomas (UST) Rheumatology joined the prestigious congress with full enthusiasm.

1st DAY: ULTRASOUND WORKSHOP

A pre-congress ultrasound workshop (October 17, 2019) reinforced the role of ultrasound in diagnosing and monitoring various rheumatic diseases such as *rheumatoid arthritis*, *spondyloarthritis*, *osteoarthritis*, *crystal-induced arthritis*, and *large vessel vasculitis* – highlighted by hands-on sessions. This was facilitated by prestigious mentors: Hilde Berner Hammer of Norway & Kai-Len Tsai of Taiwan (for Rheumatoid arthritis), Kai Jieh Yeo & Po-Hao Huang of Taiwan (for Spondyloarthritis), Kuo-Lung Lai & Cheng-Hsun of Taiwan (for Crystal-induced arthritis/osteoarthritis), and Jing-Chi Lin & Yi-Da Wu of Taiwan (for Vasculitis).



Left to Right, Top to Bottom: Dr. Dominic Dela Cruz and Dr. Millicent Tan-Ong doing ultrasound of the enthesis in a patient with psoriatic arthritis; Dr. Gerald Natanauan and Dr. Ivy Joy Alberca doing ultrasound of the knee on a patient with gout; Dr. Bethlehem Mula receives instruction from a facilitator on wrist; Dr. Annabel Joy Yap doing ultrasound of the superficial temporal artery in a patient with GCA.

The opening ceremonies of the congress proper was held in the afternoon, starting with a symposium about re-assessing the ESCEO algorithm for knee OA in the long-term perspective. This was chaired by Wen-Chan Tsai & Chung-Hwan Chen of Taiwan. He emphasized the past, current & future perspectives on the treatment of osteoarthritis, with the key treatment armamentarium including pain management, exercise, rehabilitation and the new symptomatic slow acting drugs in osteoarthritis (SYSADOA). Lucio Rovati of Italy lectured on the evidence for the long-term pharmacological management of OA, reiterating that one of the toughest challenges nowadays concern the use of glucosamine sulfate as effective for pain management, physical functioning and improvement on joint structures. He stressed that new studies should assess the effects of new medications in patient subgroups or phenotypes. Jean-Pierre Pelletier lectured on the updates on most recent guidelines on the use of SYSADOAs. She mentioned the advantage of its use as logical for protection, easy to follow alone or in combination with paracetamol and thus provide effective and safe line treatment for symptomatic knee OA.

2nd DAY: OSTEOPOROSIS AND OSTEOARTHRITIS

The second day started off with a round table discussion on arthritic pain & central sensitization syndrome, chaired by Kevin Pile of Australia. The lecture of Dr. Lars Arendt-Nielsen of Denmark on central sensitization syndrome explained why such syndrome when it co-occurs with another rheumatologic disease becomes a “headache” for physicians. Note that most of our scales and/or scores as basis for assessment of disease activity takes in consideration the pain experienced by the patient. However, in patients with both a rheumatologic disease and central sensitization syndrome, we cannot delineate which among the two disease processes causes the pain of the patient at a certain point in time. Dr. Ying Yang Katy Leung of Singapore stressed the challenge of such cases and advised on a tailored treatment strategy for each patient. She further emphasized that especially OA patients present with an overlapping syndrome of widespread pains, low pain threshold or neuropathies – leading to a wide range of effects on the chronicity, cognitive and behavioral aspects.



Dr. Kenneth G. Saag of USA on Guidelines for treatment: Useful or not?

The guidelines for osteoporosis treatment was discussed by Kenneth G. Saag of USA. He discussed that the guidelines are being generated by different societies and relevant organization. He emphasized on the need for more collaboration across specialty groups, high cost of development and the constant need to keep guidelines up to date. The Asian experience by Tien-Tsai Cheng of Taiwan also provided an outlook on how osteoporosis is being regarded medically in our regions. Likewise, elderly post-menopausal women are subjects for counseling and general measures. Additionally, those who sustained previous fractures should consider treatment whereas those without should also be encouraged to undergo bone mineral densitometry (BMD) and FRAX.

A very lively debate came next on the theme “Biosimilars or Janus Kinase inhibitors (JAKi) should be the first line treatment of rheumatoid arthritis”, chaired by Kimme Hyrich of United Kingdom. This was supplemented by the lectures of Tore K. Kvien of Norway on ‘Biosimilars’ and Tsutomu Takeuchi of Japan on ‘JAKi. A succeeding session on novel approaches for osteoarthritis outcome prediction was chaired by Hilde Berner Hammer of Norway. Other lectures included metabolomic prediction of osteoarthritis progression and treatment outcome by Guangju Zhai of Canada and artificial intelligence approaches for the prediction of osteoarthritis progressors by Johanne Martel-Pelletier of Canada, where Dr. Zhai concluded that metabolomics can help to identify endotypes of OA. Key messages: At least two subgroups OA exist and can be distinguished by acylcarnitine to carnitine ratio; arginine deficiency is associated with OA with an excellent predictive value but also could be a novel nutraceutical for OA treatment; and phenylalanine level can predict knee OA progression. OA patients should further avoid taking food with phenylalanine.

An industry symposium on expansion of treatment options in rheumatoid arthritis was introduced by session chair Wen-Chan Tsai of Taiwan. The lectures included ‘The truth of biosimilar against clinicians’ concern’ and ‘Future of biosimilar infliximab and global status’ by Tore K. Kvien of Norway, and the last lecture delivered by Aileen Agbanlog of the Philippines on compelling clinical evidence from real world data.

The first afternoon session focused on the issue of using biologics and its risk for tuberculosis and Hepatitis C infection. Dr Masayoshi Harigai of Japan discussed on how big really is the risk conferred by different biologics. This was followed by a lecture of Dr. Der-Yuan Chen of Taiwan on the prevention and monitoring of tuberculosis and Hepatitis C infection among rheumatologic patients receiving biologic therapy. He discussed that prophylaxis using INH + Rifapentine for 3 months is as effective as the traditional TB prophylaxis of INH for 9 months. The session was followed by a round table discussion.

Next was a debate session entitled ‘Intraarticular injections of platelet rich plasma (PRP) for osteoarthritis treatment: What to tell the patient’, chaired by Jean-Pierre Raynauld of Canada. The “PRO” was delivered by Chih-Chien Wang of Taiwan emphasizing the improvement seen among those given PRP. Rebuttal “CON” was rendered by Rohini Handa of India due to very limited data, evidence and confounded by multiple intervariabilities.

The last discussion for the second day was on the perspectives around the world regarding biosimilars in rheumatology. It was interesting to note that other countries have different available biosimilars for their patients. In the Philippines, only infliximab so far had a biosimilar – this paucity of available biosimilars in our country deprives our patients of a cheaper alternative to the innovator brand. Canada and Norway both have shifted to biosimilars as mandatory due to support programs and government initiatives as well. These were delivered by Boulos Haraoui of Canada and Tore R. Kevin of Norway. The Asian/Taiwan experience lecture on biosimilars was delivered by Wen-Chan Tsai of Taiwan. He concluded that there are different regulatory requirements for biosimilars in Asian countries. There are factors to be considered including automatic substitution, indication extrapolation and reference product.



Dr. Aileen Agbanlog of the Philippines during discussions.

The day ended with poster session and refreshments, with the USTH Rheumatology fellows-in-training proudly standing by and presenting their posters.



Left to Right: Dr. Dominic Dela Cruz with his poster entitled Nasopharyngeal Carcinoma in Primary Sjogren's Syndrome; Dr. Gerald Natanauan with his poster entitled SIADH and Acute Obstructing Hydrocephalus in a Lupus Patient with Prolonged Fever; Dr. Annabel Joy Yap with her poster entitled Refractory Angioedema due to Hypocomplementemic Urticarial Vasculitis in SLE Successfully Treated with Rituximab; Dr. Bethlehem Mula with her poster entitled Hyperprolactinemia and Pituitary Microadenoma in a Lupus Patient; Dr. Ivy Joy Alberca with her poster entitled SAPHO Syndrome in a Filipino Adolescent Male Successfully Treated with Infliximab.

3rd DAY: INFLAMMATORY ARTHRITIS AND VASCULITIS

The last day of the congress kicked off with a consensus conference entitled 'Cardiovascular risks in inflammatory arthritis: Risk assessment and management in daily practice as chaired by Yeong-Wook Song of Korea. This was followed by lectures of Lai Shan Tam of Hong Kong on "What is the risk and what are the underlying mechanisms?", and "practical screening and management" by Boulos Haraoui of Canada. Optimizing subject selection in knee osteoarthritis trials by joint space width: Analysis from a phase 2b trial of lorecivint (SM04690) by Sarah Kennedy of USA came next. Other interesting lectures were also delivered by Tambiah Jeyanesh of USA on OA: Wnt pathway modulation via CLK2 and DYRK1A inhibition by lorecivint, a potential disease-modifying treatment for knee osteoarthritis and IA: Controversy over the association between vitamin D and rheumatoid arthritis: A meta analysis by Guntur Darmawan of Indonesia. Furthermore, the use of JAK inhibitors in RA and PsA was discussed by Tsutomu Takeuchi of Japan while Boulos Haraoui of Canada tackled the lessons learned from the clinical trials and real life use.

The afternoon session focused on vasculitides. A round table discussion came next entitled, 'Large vessel vasculitis: What are the options for investigation, disease treatment and management', chaired by Boulos Haraoui of Canada.

The lecture by Simon Caretter of Canada on the role of imaging in diagnosing large vessel vasculitis emphasized that imaging can replace Takayasu Arteritis (TA) biopsy in patients with a high suspicion of cranial GCA. TA biopsy can be avoided in patients with low clinical probability and negative imaging. Ultrasound is recommended as the first line imaging modality in patients with suspected cranial GCA, with MRI as a good alternative choice. MRA is recommended as the first line imaging modality in patient with suspected large vessel vasculitis (LVV). However, the value of imaging, including MRA, CTA and FDG-PET for assessing disease activity remains unclear.

The next lecture by Peter C. Grayson of USA on the usefulness of biomarkers and gene expression profiling in exploring vasculitis talked about the importance of PET-FDG pet scan in diagnosing and monitoring disease activity of large vessel vasculitis. He remarked that biomarker discovery and development has been disappointing to date in large-vessel vasculitis due to challenge of the gold standard and whether circulating markers reflect vascular disease activity. According to him, vascular imaging remains the most effective biomarker identified to date in large vessel vasculitis (LVV).

The biological and non-biological drugs for the treatment of vasculitis were extensively discussed by Yeong-Wook Song of Korea. In his summary, he noted that glucocorticoids (GCs) constitute the mainstay of remission induction in LVV. Adjunctive therapy using tocilizumab is recommended in GCA patients with refractory or relapsing disease; methotrexate (MTX) maybe utilized as an alternative in GCA patients. Non-biological agents should be given in combination with GCs in all patients with TAK; biologic therapies maybe considered in refractory or relapsing patients. Among biological drugs, TNF-inhibitors and tocilizumab maybe beneficial in TAK patients refractory to conventional immunosuppressive agents. Large-scale, long term studies are needed to adequately evaluate the utility of currently available biologic and non-biologic agents in LVV. The optimal duration of treatment also needs to be assessed.

Last round of an interesting debate followed with the theme: Gout and crystal arthropathies: Benign diseases with a potentially deadly outcome, chaired by Lee S. Simon of USA.

Few more lectures were discussed including prognosis/outcome of gout by Hyon Kyoo Choi of USA and prevention/treatment of gout by Lisa Stamp of New Zealand. The pearls of this session include: hyperuricemia is required but is not sufficient for development of gout; while there are ways to prevent incident gout the risks and benefits need to be weighed – currently not routinely recommended; gout flares can be prevented with sustained reduction in serum urate but it takes time and allopurinol remains the first line urate lowering therapy.

The lecture of Dr. Lee S. Simon stressed the need for alternative trial designs in rheumatology showing that the last 20 years have seen an extraordinary influx of new drugs to study. The most impressive yields have been in RA, whereas the least successful were studies in SLE, and least new drugs studied being in OA. The hardest to figure out has been in systemic sclerosis (SSC). He recommended possible ways to move forward including adaptive designs to allow multiple doses with early mechanistic signals of no effect or effect: to be efficient in selecting doses (better dose definition) and allow randomized withdrawal designs which allow all patients to receive treatment, then randomly withdraw one arm to demonstrate responsiveness and using rescue to further measure responsiveness.

CLOSING SESSIONS

The concluding session tackled “Rheumatology in Asia: Reality and dream” by Dr. Sandra V. Navarra of the Philippines and “What will happen when biologics and targeted synthetic DMARDs will become less expensive?” by Tore K. Kvien of Norway. Dr. Navarra emphasized the important role of education in alleviating the plight of patients suffering from rheumatologic diseases considering the scarcity of rheumatologists in the region. Johanne Martel-Pelletier of Canada addressed the final closing remarks.



Dr. Sandra V. Navarra shares her insights on Rheumatology in Asia: Reality and Dream



Dr. Sandra Navarra in a round table discussion with Tore R. Kevin (Norway), Lee S. Simon (USA), Chairpersons Johanne Martel-Pelletier & Jean-Pierre Pelletier (Canada)

It was indeed a successful 3-day congress in Taipei, Taiwan boosted by giant figures of rheumatology and other allied health sciences from around the world. The USTH contingent returned home with new learning and experiences that enriched their knowledge of rheumatology. Looking forward to more rheumatologic finds and adventures in the future!



The representatives from the Philippines with Dr. Sandra Navarra & Dr. Tore Kevin

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