

APLAR 2020 - A Diary on #MedConferencing

(From Lisa Traboco's Blogpost)



**22nd Asia-Pacific League of
Associations for Rheumatology
Virtual Congress**
24 - 29 October 2020

This year, as with most, if not all conventions/conferences post-March, the APLAR 2020 was turned into a virtual encounter. I have not been to APLAR since it was held in Cebu in 2015 (?) for various reasons, but Japan was kind of supposed to be an automatic 'Yes' decision to go as my second home, because 1) I have family in Tokyo and 2) I can read and speak a little, so I can run around by myself without getting lost.

This was not the first international conference I would attend, I had seen the Lupus Academy virtual version before, but I was really excited because I would be (officially) taking time off work as well. However, I was only *partially* on leave because patients cannot travel to the next hospital's rheumatologist if I am not around due to transportation limitations these days. I try to maximize telemedicine availability, but when inpatient referrals call, I'm the only rheumatologist in the area.

Anyway, regardless, APLAR is still APLAR. I was excited.

First up was to sign up for the Pre-Convention workshop on Biomechanics. It was headed by [BJC Health](#) from our colleagues at Australia.

(A little backgrounder on me: I tore my right medial gastrocnemius in 2012 after a pumped up but poorly stretched hip-hop class. I had to undergo 40 sessions of physical therapy to walk properly again, but I could not go back to dancing as before. I was also in residency during this time, gained weight, always sad and had difficulty coping until senior year. My knees suffered during this weight gain. It was a rollercoaster trying to diet and resume exercise. Anyway, long story short — one steroid injection, more PT and one PRP shot later, I feel fairly better, less heavy, but always in challenge mode.)

I enjoyed very much the zoom sessions, even though there was only two-three of us attendees with open videos. The instructors were very friendly and gave tips that were important in this pandemic era with all the sitting down we do or looking down on our devices. Of particular highlight to me was the squats. I cannot seem to enjoy the 'zoombas' that are available on Facebook, so as the introvert that I am, I chose a robot: a Nintendo Switch RingFit (not an official endorser btw). But of course robots can only do so much (other than tell me 'Great Job!') and so it was helpful for

someone to comment on my form and propose alternatives with the deadlift position. I'm planning to include their youtube as one of the internet Rx's I send to my patients.

Plenty of Plenaries to Pick

I love openings because they give you a quick recap on what is happening around the world. I missed the latter half of this opening due to needing to go to the hospital but I was able to see how Japan was handling COVID. I am always worried about two countries this year, and I am happy for the country that keeps my brother safe (and nationally covered). Shall we only dream of Universal Health Care elsewhere? Insert forever sigh here.

A good feature of virtual plenaries, since time is varied for many people, one can watch the sessions asynchronously. Of course, live Q&A's will be missed, but same day (or same week) recordings motivate me to try to catch the succeeding live sessions. Or even motivate one to catch them weeks later. I enjoyed the session on SLE and Imaging in Rheumatic diseases. Dr Lani (who is a close friend of the UST Team, and whom we travelled with to Poland last year during the Lupus Academy), showed patient education through social media. They have some projects in Indonesia on FB/IG and Zoom. A very important thing she said which I think is still being ignored is that there is discordance between patient goals and physician goals.

This made me think how most of our local conferences do not have Patient Perspective sessions. Lay Forums are often removed separately from official medical conferences. More doctors should be involved in social media especially now to fight pandemic related infodemic.

Speaking of social media, I also wondered why the APLAR hashtags do not trend vs the ACR or the EULAR hashtags. As was eventually confirmed in the closing ceremonies during the AYR update, our region has many languages. Many of them don't have romanized letters. We have much more social media platforms such as Facebook, Twitter, Weibo, WeChat, Viber, WhatsApp, Line, Naver Cafe, Qzone are just a few. Recently, we had to sign up to Docquity, which is a doctor-specific platform which is only in few Asian countries. I do agree though, that we still need a common bridge to connect with our other colleagues.

Abstract Bytes

I watched plenty of the oral abstract presentations this year which were in focus with clinical applications. While I do miss laboratory related research, a lot of this is lost to me because I cannot apply them where I practice. So I prioritize these lectures. Not to say I do not watch basic research, I just do them after or less. But now that I have been recently approved back to my more affluent institution, hopefully this will spark more interest in collaborating with the laboratory. Patient education abstracts were also very good, because we need to empower our patients now that we are limiting social (physical) interaction.

The informatics related abstracts were also wonderful to watch. As we also study telemedicine, I was interested in Dr Ho's research on Lupus Nephritis follow-up via telemedicine. Dr Navarra also shared their own experience with telemedicine at the UST.

There were also abstracts on AI/Machine learning. While probably too high tech, perhaps [Lobe.ai](#) will eventually make this more mainstream? Imagine being able to upload your own experience in musculoskeletal ultrasound and feeding them into the AI program. Or maybe even skin lesions (which I think there is already an app for)

Rheum for the Future

Post-APLAR feelings, I had fun watching, learning and tweeting. My tweet notes are mostly for me to document interesting thoughts and slides. But as the years passed I thought it was important to share them for other non-rheum people as well. They may not be new, but they might still be useful.

The Meet Your Colleagues feature was not highly utilized vs the chatboxes, so that was a shame, though. I think that it is important to connect with other countries because many things are different in clinical practice. Especially with countries that have limited financial capabilities or even testing. Knowing about the experience of others can help enrich our own understanding and open our eyes to each person's struggles. Perhaps the language barrier is also a factor here? As English is not a comfortable mode of conversation for many. But again, this further emphasizes the importance of talking and listening.

Perhaps in Kyoto next year, for APLAR21, if we are looking into a mixed modality - we can channel some Japanese gaming culture and make it *ala*-Final Fantasy?

...Although I hope I can eat matcha flavored donuts in 2021 though. Since Kyoto is known for its matcha. Here's to hoping!