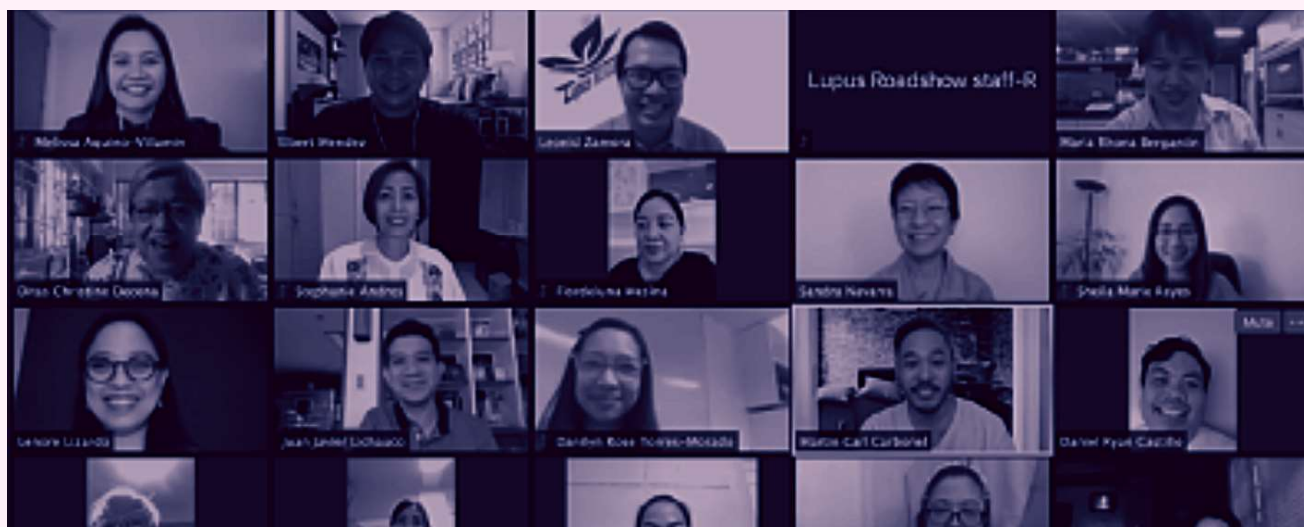


FORGING ALLIANCES IN LUPUS

Lupus Roadshow 2020 Webinar Series

THE FINALE

12 December 2020



Program

Understanding and Treating SLE: A New Era is Dawning

Prof. Ronald van Vollenhoven



Diagnosis & Treatment of Neuropsychiatric Lupus

Prof. Marcello Govoni



Never-ending Lupus Conundrum: 2 SLE patients with prolonged fever & CNS manifestations etc.

Evidence-based Treatment of Lupus Co-morbidities

Prof. George Bertias





Teamwork makes the dream work

As cheesy as that quote may be, truth is, the success of this year's lupus roadshow would not have been possible if not for all the great minds coming together and realizing the dream to hold a lecture series of this magnitude during a worldwide pandemic. As fitting for a finale, the team organized lectures from internationally renowned rheumatologists to share their expertise on different topics. The first lecture is by Prof. Vollenhoven wherein he talked about new therapies in SLE. A commentary on the lecture was given by two of our own esteemed rheumatologists, Dr. Julie Li-Yu and Dr. Juan Javier Lichauco. The second lecture was presented by Prof. Govoni wherein he talked about the challenges in dealing with neuropsychiatric SLE. Key learning points from Dr. Govoni's lecture was presented by Dr. Gerald Natanauan. The third lecture is by Dr. Bertsias wherein he presented the most common comorbidities affecting SLE patients and how to readily recognize and treat them. To satiate our appetite for cerebral stimulation, an interesting and challenging case of two SLE patients with prolonged fever and CNS manifestations was presented by medical residents, Dr. Rafael Vivar and Dr. Shane Villamonte, and rheumatology fellow Dr. Danilyn Morado. Our invited faculty, Dr. Vicente Rosales from Neurology, Dr. Daisy Tagarda from Infectious Disease Service, and Dr. Paul John Ablaza from Cardiology gave their inputs regarding the case. Their contributions shed light on the issues and challenges presented by the case and it gave the participants and attendees a glimpse of how lupus is such a complex disease but when alliances are forged between colleagues and other specialties, anything seems possible.



Understanding and Treating SLE: A New Era is Dawning

Prof. Ronald van Vollenhoven

During the last few decades, the understanding on the immunology of SLE has steadily increased, and with that new therapies have emerged which provided a more targeted approach in the management of the disease.

Prof. Vollenhoven talked about the important role of autoantibody producing B-lymphocyte-derived plasma cells in SLE which led to the development and subsequent approval of a B-cell specific biological therapy, belimumab. He also talked about other pathophysiological pathways involved in SLE and the newer drugs which targets them. Both interleukin (IL)-12 and IL-23 were shown to be involved in aspects of SLE, and a Phase 2 clinical trial demonstrated efficacy for the IL-12/23 inhibitor ustekinumab. Blocking multiple cytokines using the JAK inhibitor baricitinib was also effective in a Phase 2 trial. He also presented data on the IFN- receptor antagonist anifrolumab which demonstrated efficacy in a range of outcomes. Also, early studies with a monoclonal antibody directed against the pDC marker BDCA2 also showed clinical efficacy. All these new and emerging therapies really welcomes a new era in the treatment of SLE.



Diagnosis & Treatment of Neuropsychiatric Lupus

Prof. Marcello Govoni

Neuropsychiatric (NP) SLE has been one of the most challenging manifestations of lupus. As none of the NP syndromes that occur in SLE have features that are specific for SLE, establishing that the NP events are secondary to lupus activity, determining the correct diagnosis is a challenging but critical step in the treatment of individual patients and in performing research studies. Presently, with the aid of newer and more advanced neuroimaging technologies, the clinicians are aided in both diagnosis and follow up. The main proposed pathogenetic pathways include both ischemic and neuroinflammatory mechanisms. A multidisciplinary expert team represents the best strategy for NPSLE. To date, therapeutic options include symptomatic, anti-thrombotic and immunosuppressive agents. There are still unmet needs in the management of NPSLE including a lack of diagnostic biomarkers, lack of novel therapies and lack of clinical trials, which should be focused on future research agendas.



Evidence-Based Treatment of Lupus Co-morbidities

-Prof. George Bertsias

Lupus being a multi-system disease consequently comes with a lot of co-morbidities. It is important to readily recognize and treat these co-morbidities because it reduces the patient's quality of life, increases organ damage, increases hospitalization and mortality rate. Prof. George Bertsias gave a lecture on the top 3 co-morbidities affecting SLE patients.

01

INFECTION

SLE patients who are at an increased risk to acquire infection are those with increasing age, active SLE, nephritis, serositis, moderate or high-dose glucocorticoids (GC), low complement, neutropenia and lymphopenia. In the local setting where tuberculosis is endemic it is important to note that lymphopenia and the cumulative dose of GCs are major risk factors of acquiring this infection. To decrease the risk, it is recommended to minimize use of GCs, update vaccinations, and use hydroxychloroquine.

02

OSTEOPOROSIS

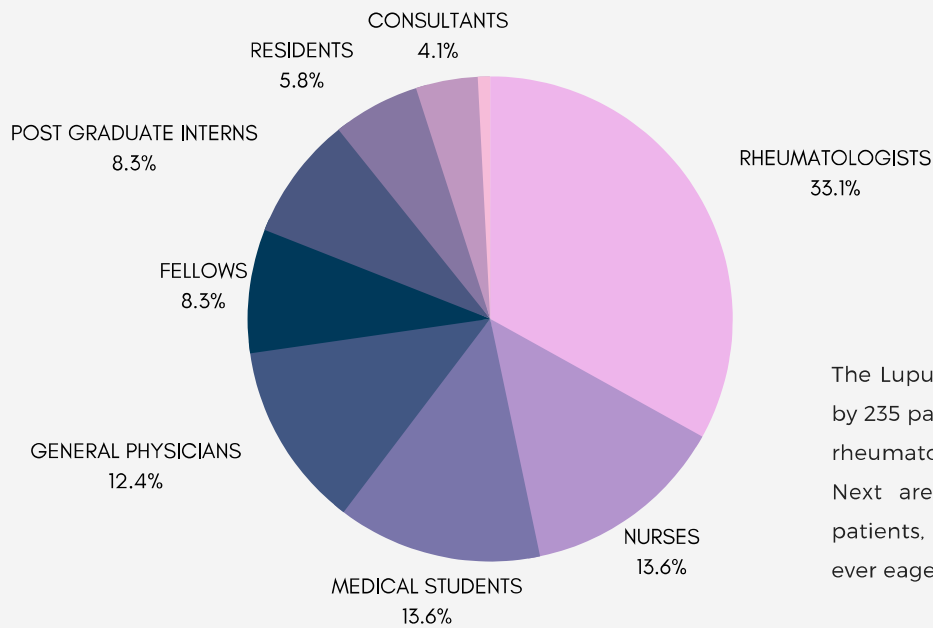
Factors increasing the risk of osteoporosis among SLE patients are those with high disease burden, NPSLE, increased SLE duration, use of cyclophosphamide and GC use as low as 2.5 mg of prednisone daily. To prevent or minimize risk, it is recommended to screen for osteoporosis using DEXA scan, minimize GC use and obtain yearly Vitamin D levels. Once risk has been stratified using GC adjusted Frax scores, patients are treated accordingly. Available modalities include calcium and vitamin d supplements, bisphosphonates, Denosumab and Teriparatide.

03

CARDIOVASCULAR DISEASE

SLE patients have accelerated atherosclerosis causing increased risk of PAD and peri-operative CV events and asymptomatic CAD. SLE specific risk factors which increase risk for CVD include high disease burden, disease duration, persistent disease activity, anti-phospholipid antibody positivity, cumulative GC use and no use of HCQ. Classic CVD risk assessment tools underestimate the actual risk in SLE. In order to reconcile this, SLE specific risk factors are combined with traditional risk factors assessment tools. For example, a patient deemed low risk by traditional risk factor assessment tools will be stratified as moderate risk if with presence of 1 or more SLE specific risk factors. Assessment of CV risk is recommended to be done every 2-3 years for SLE patients aged 20-39 and annually for those aged 40-75.

LUPUS ROADSHOW FINALE



The Lupus Roadshow Finale was attended by 235 participants. A majority of which are rheumatologists from all over the country. Next are our allies in the care of our patients, our dear nurses followed by our ever eager medical students.



The ever hardworking team behind the finale segment of this year's Lupus Roadshow together with the invited faculty from different subspecialties, colleagues, mentors, and trainees.