



27th Asia-Pacific League of Associations for Rheumatology Congress

Fukuoka, Japan | 3-7 September 2025



Fostering Knowledge in Lupus: Updates and Perspectives from the Fukuoka Workshop

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Workshop Faculty. Left to Right: Prof. Tatsuya Atsumi, Dr. Sephora Matilos, Prof. Sandra Navarra, Prof. Daniel Tak Mao Chan, Dr. Norwin Philip Bation

Fukuoka, Japan - The 27th Asia Pacific League of Associations for Rheumatology (APLAR) Congress convened for the first time in Fukuoka, Japan, at the Fukuoka International Congress Center, marking the fourth occasion that Japan has hosted this prestigious meeting. The congress commenced with a comprehensive plenary session highlighting recent advances in rheumatologic research, clinical practice, and therapeutic innovation. Complementing the scientific program, the exhibition hall functioned as a dynamic forum where clinicians, researchers, and industry representatives actively exchanged emerging concepts and evidence-based perspectives, fostering interdisciplinary dialogue and collaboration.

The Lupus Academy—an international organization committed to advancing education and improving patient outcomes in systemic lupus erythematosus (SLE) and related conditions—partnered with the APLAR Congress to co-organize a dedicated SLE workshop. This session convened leading experts in the field to provide state-of-the-art updates and to deliberate on complex and challenging clinical cases, fostering both knowledge exchange and practical insight into the evolving landscape of SLE management. The workshop was attended by more than 65 rheumatologists and trainees from across the globe, who actively engaged in the sessions and contributed valuable perspectives on diverse approaches to the management of SLE.

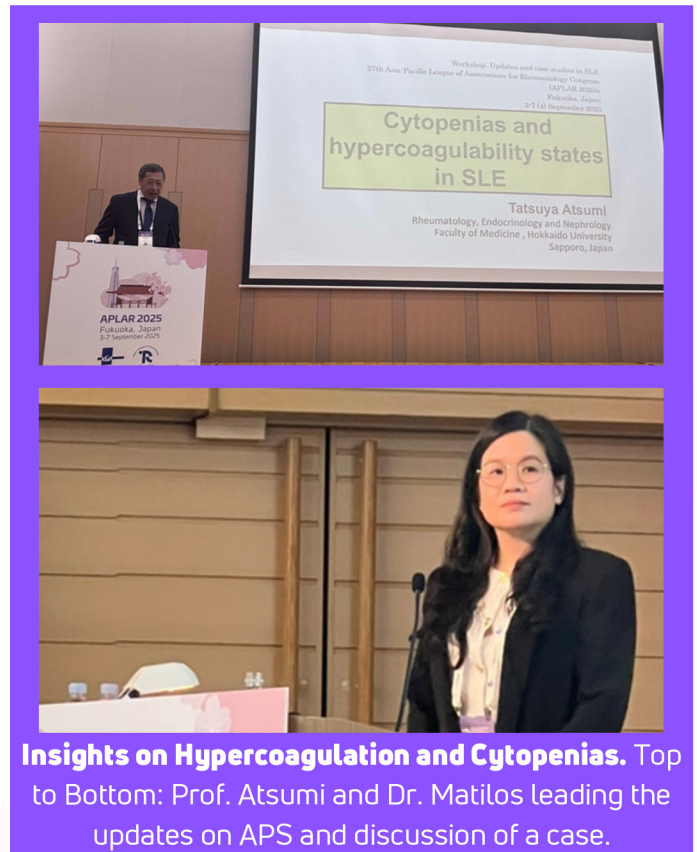


Prof. Sandra Navarra opening the APLAR 2025 Lupus workshop

Professor Sandra Navarra, a leading authority in lupus research and education in the Asia-Pacific region, opened the session by emphasizing the critical importance of continuous professional development and the delivery of high-quality, evidence-based care in SLE. Her remarks highlighted the central role of sustained education and collaborative learning in advancing clinical practice and improving patient outcomes, thereby setting the tone for the workshop's subsequent discussions. The workshop, which featured distinguished guest speakers Professors Tatsuya Atsumi and Daniel Tak Mao Chan, provided a comprehensive update on current developments in SLE. Throughout the sessions, there was a clear recognition that each presentation and case study offered an opportunity to advance collective knowledge and ultimately contribute to the improvement of patient care and outcomes.

Translating Evidence into Practice: Updates in APS

The session opened with Professor Tatsuya Atsuka from Sapporo, Japan, who provided an in-depth overview on cytopenias and hypercoagulability states in SLE, elucidating the complex mechanisms by which the disease impacts lupus patients. His clear and comprehensive presentation engaged the audience, highlighting the intersection of clinical insights with personal experiences. This was followed by Dr. Sephora Matilos from the Philippines, who presented a case study that illustrated the practical challenges and successes encountered in the management of a male lupus patient with APS. The session concluded with an interactive discussion that integrated diverse perspectives, offering both valuable insights and practical strategies for patient care.



Hypercoagulation and Cytopenias in SLE

- **Antiphospholipid Syndrome (APS):** Present in up to half of SLE patients; characterized by autoimmune-mediated thrombosis and pregnancy morbidity. Risk stratification is guided by antibody profile and platelet count.
- **Anemia:** Affects approximately 50% of patients, with autoimmune hemolytic anemia (AIHA) accounting for ~5%. Frequently associated with nephritis, serositis, seizures, and APS, necessitating careful differential diagnosis.

- **Thrombocytopenia:** Observed in nearly 50% of cases, though only a minority (~10%) require treatment. Etiologies include immune thrombocytopenia, thrombotic microangiopathy, hemophagocytic syndromes, drug-induced cytopenias, and APS-related thrombocytopenia, the latter conferring increased thrombotic risk.
- **Clinical Implication:** Hematologic and thrombotic manifestations in SLE are heterogeneous and clinically significant, requiring individualized evaluation and tailored therapeutic strategies.

An Emerging Entity: Lupus Podocytopathy



Lupus podocytopathy and its management:

Top to Bottom: Prof. Chan and Dr. Bation on the discussion on lupus nephritis and podocytopathy and the case

The second part of the SLE workshop was graced by the presence of Prof. Daniel Tak Mao Chan, a renowned nephrologist from Hong Kong. He gave an overview on lupus nephritis and the 2024 KDIGO Clinical Practice Guideline on the management of lupus nephritis. He emphasized the roles of the newer immunosuppressive agents and biologics now available such as voclosporin, belimumab, and obinutuzumab. In the end, he highlighted the importance of a long-term and holistic approach to patients, the joint care between rheumatologists and other healthcare professionals, and an individualized patient care.

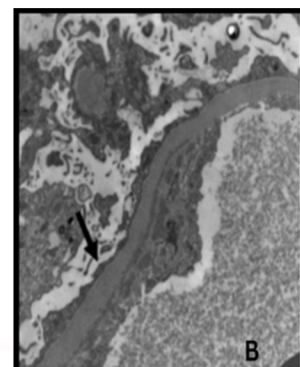
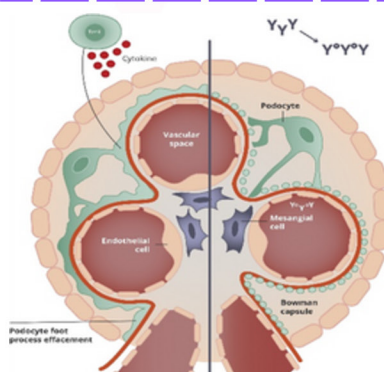
An interesting case on lupus nephritis was presented by Dr. Norwin Philip Bation. The case highlighted the importance of kidney biopsy in guiding rheumatologists in managing lupus nephritis. Moreover, the addition of electron microscopy may reveal an unexpected reason for persistent proteinuria - lupus podocytopathy, which may cause complexity in the management. This case also stressed the potential for damage secondary to treatment modalities, such as CNI nephrotoxicity. The session ended with an interactive discussion with Prof. Chan giving the audience a meaningful perspective on lupus podocytopathy.

Lupus Podocytopathy

- A recently recognized **distinct form** of lupus nephritis characterized by **nephrotic-range proteinuria** with electron microscopy findings of **diffuse foot process effacement** without immune complex deposits on kidney biopsy.
- It is a **rare** finding - found in only 0.6 - 1.5% of all lupus nephritis biopsies.
- Foot process effacement is said to be due to direct injury due to T cell dysfunction, cytokines, or lymphokines.
- Treatment options include glucocorticoids, mycophenolate mofetil, cyclophosphamide, calcineurin inhibitors, and rituximab. **Combination therapy** further decreases relapse rate by > 50%.

Calcineurin Inhibitor Nephrotoxicity

- Calcineurin inhibitors (CNI) are effective treatment option for lupus nephritis. It has a narrow therapeutic range and poses a potential overdosing, causing side effects such as infections and kidney damage.
- CNIs nephrotoxicity may result from **reversible afferent arteriole vasoconstriction**, eventually leading to hypoxia, tubular atrophy, and interstitial fibrosis.
- Nearly all kidney transplant recipients develop chronic CNI nephrotoxicity **within 10 years**.





The 27th APLAR Congress in Fukuoka concluded with a unifying theme—the power of collaboration in advancing rheumatology. Under the banner “Go Beyond with Harmony,” the meeting highlighted how scientific innovation, clinical excellence, and international partnerships address the diverse challenges faced across the Asia-Pacific. Within this context, the lupus workshop underscored the importance of shared learning, professional growth, and global collaboration in improving lupus care. Through expert lectures, case discussions, and interactive dialogue, participants strengthened both scientific understanding and clinical practice, reaffirming the collective commitment to advancing outcomes for patients with systemic lupus erythematosus.

