HIGHLIGHTS — The EULAR Congress in Madrid

The recently concluded 20th European Congress of Rheumatology took place in the city of Madrid, Spain, last June 12 -15, 2019. About 14,000 participants from over 120 countries in and outside Europe attended the event at Feria de Madrid. This was a joint congress of the European League Against Rheumatism (EULAR) and the Paediatric Rheumatology European Society (PReS), featuring sessions such as “From cradle to the grave—what does paediatric disease teach us about adult disease?”, among others. The Scientific Committee did a laudable job in ensuring a well-balanced distribution of topics from basic to clinical sciences, presented as scientific sessions and multiple simultaneous satellite symposia. The sessions on Basic and Translational Science touched on molecular fingerprinting, nanotechnologies in tissue imaging, complement and autoimmunity, as well as environmental influences on disease development. Of particular interest to many were the What is New (WIN) and How to Treat (HOT) sessions, which provided pearls in clinical practice. Topics included paradigm shifts in arthritides and new avenues of OA and osteoporosis management.

One particular point that surfaced was that overemphasis on imaging for inflammatory arthritis could lead to overdiagnosis and excessive treatment, with a slide that said “Scans don’t...” (continued on page 2...)

I hope you have enjoyed our debut issue of APLAR Pulse four months ago. In this issue, we have new highlights and more interesting topics to recommend. One key rheumatology event in the summer was the EULAR congress held in Madrid in June. If you have not had a chance to attend the congress, you can now read about the symposium in the highlights and some selected topics in this issue. We continue to introduce one the APLAR Master awardees and one of the earliest centres of excellence accredited by the APLAR committee. The Peking University People’s Hospital has sustained its professional excellence and has got renewal of their accreditation for the second time this year.

One special feature to mention in this summer was the World Lupus Day on 10 May 2019. Rheumatology centers from many APLAR countries have organized educational activities for their lupus patients. The most impressive was the celebration in Indonesia where many centres from all over the country have participated. Most encouraging to rheumatic patients and their carers was the life story of Raoul Dufy. Raoul Dufy was a contemporary artist who accomplished a lot of large scale painting tasks despite suffering from RA.

A good news to share is that our APLAR young rheumatologists have connected with their European counterparts for more academic and social exchange! The APLAR-EULAR exchange program 2020 in Frankfurt is now open for application. If you are young fellow, make sure you won’t miss this chance.

Last but not the least, a cup of tea with the mentor featured Professor Navarra, a well-known expert in clinical trials on key biologic development in the lupus field who needs no introduction.

In each issue, the Image quiz shows a selection of nicely collected archives of images from common or tricky rheumatic conditions.

All hard work from our editorial board members and invited authors. Stay tuned to APLAR Pulse, happy reading!

The writer is Dr Temy Mo-yin Mok, Associate Professor, City University of Hong Kong
APLAR PULSE

HIGHLIGHTS

(continued from Page 1)
treat people, doctors do...”. As such, imaging with ultrasound or MRI as a criterion for disease remission was not included in the latest RA treatment guidelines, with Prof. Josef Smolen going as far as to say that “It’s high risk and a waste of resources.” Other interesting topics included medical marijuana for arthritis and the often overlooked and difficult-to-address patient symptom, fatigue. Complementing the various symposia and lectures were sessions of the Health Professionals in Rheumatology and of EULAR PARE (People with Arthritis/Rheumatism in Europe), in keeping with the EULAR’s mission to represent people with arthritis and rheumatism, health professionals and scientific rheumatology societies in the region. Debates on risk perceptions from two different perspectives emphasized the need for open communication between patients and their health professionals. Very active also in social media were posts Creakyjoints.org, a community of people with arthritis, citing data presented at the EULAR Congress that “1 in 10 patients with rheumatic or musculoskeletal disease had suicidal thoughts related to pain”.

Almost 5,000 abstracts on basic and translational research, various rheumatologic diseases, diagnostics, public health, education, and others were submitted. Overall, about 45% of these were accepted for oral presentation and a substantial number for poster presentation and publication. The anticipated poster tours provided an opportunity to engage and interact with colleagues who shared their expertise in their respective fields.

Updates on the EULAR recommendations for treatment of PsA, RA, SLE, large vessel vasculitis, SJögren’s syndrome and adult anti-phospholipid syndrome were released on the last day of the Congress during the session of EULAR Projects in Clinical Affairs. In managing psoriatic arthritis, EULAR maintains its position that NSAIDs, followed by conventional synthetic disease-modifying anti-rheumatic drugs be the first-line treatment, as opposed to the 2018 American College of Rheumatology recommendation to start initial treatment with a tumor necrosis factor inhibitor. Noteworthy also was EULAR’s management recommendations for RA, where methotrexate maintained its position as the first DMARD to prescribe before any biologic drug, and the non-inclusion of imaging as a criterion to determine disease remission.

The writers are Dr. Therese Natividad, Assistant Prof, UERMMC, Philippines and Associate Prof. Julie Li-Yu, University of St. Tomas, Philippines

My picks at the EULAR Congress

- Methotrexate (MTX) withdrawal in patients with rheumatoid arthritis who achieve low-level disease activity with Tofacitinib Modified Release 11mg once daily plus MTX: A randomized non-inferiority Phase 3B/4 study (USA)
- Long term outcome of Tocilizumab for patients with giant cell arteritis: Results from part 2 of the GIACTA Trial (USA)
- Epidemiology — Hydroxychloroquine dosing in patients with rheumatic diseases across the US data from the Rheumatology Informatics System for Effectiveness (RISE) Registry (USA)
- Epidemiology — Adverse events during TNFi treatment for arthritis. A population based study (Denmark)
- Refining the primary care pathway for anti-CCP antibody positive patients (USA)
- Does imaging lead to overdiagnosis and overtreatment of inflammatory arthritis? (UK)
- Risk of hospitalized infection in patients with chronic inflammatory arthritis treated with biological drugs — A matched cohort study (Denmark)
- Inactivated Influenza vaccine does not associate with disease flares in autoimmune rheumatic diseases : A self-controlled case series using data from the Clinical Practice Research Data Link (UK)
- Gender difference in disease-associated auto-antibodies and risk of lymphoma in patients with primary Sjögren’s syndrome (Greece)
- Diagnosis and treatment of Hepatitis C virus-related vasculitis (Germany)
- Low dose IL-2 selectivity restores regulatory T Cells in patients with Bechet’s disease (China)
- Intra-discal therapy (IDT) of corticosterois for non-specific low back pain (France)

The writer is Prof Sami Salman, Professor, University of Baghdad, Iraq

Comments from EULAR attendees

Sami Salman (Iraq): EULAR is the most important event that I wait for all the year. I get to listen to the state of the art lectures in the field, meet my friends from all over the world and enjoy visiting cities with interesting cultures.

Himantha Atukorale (Sri Lanka): EULAR as I believe is not just an academic event but an annual get-together of rheumatology enthusiasts from all corners of the globe. I found EULAR PARE (People with Arthritis/Rheumatism in Europe) quite interesting where multi-morbidities of young patients were discussed in length."
APLAR Master Awardees 2019

I joined the Rheumatology field for nearly 40 years since 1981 and I was one of the initiators to establish “The Rheumatology Association of Taiwan”. Through my effort, Taiwan Rheumatology Association became one of the members of APLAR (previously SEAPAL) on 1984. I was the founder and Chief of Rheumatology-Immunology Division at Tri-Services General Hospital, Taipei (1984-1991). On 1991, I moved to China Medical College Hospital and established the Rheumatology Division (1991-1998). I was also the Chief of Medical Education Department and Medical Research Department. Since 1998, I was promoted to become the professor of Medicine, China Medical College and National Defense Medical Center. From 1998, I was appointed as a Chief of Allergy-Immunology-Rheumatology at Veterans General Hospital and professor of Medicine at National Yang-Ming University, Taipei. From 1998-2001, I was elected as president of the Taiwan Rheumatology Association. During that period, I created the Taiwan Arthritis Foundation (president, 2000-2006) and the main purpose of this foundation is to educate the public to recognize rheumatic diseases early and how to manage it. Besides, I invited more than 30 senior rheumatologists in Taiwan to write the Textbook of Rheumatology (Chinese version, 1st edition). I have focused my research on spondyloarthritis since 25 years ago. More than 150 scientific papers have been published and most of them on SpA (including epidemiology, genetic, immunopathogenesis, pathology and treatment, etc.). I was invited to deliver many lectures including plenary session, symposium, workshop, and drug company-supported activity during international, APLAR and domestic congresses. I was also invited to be the Editor Board in some journals including Current Rheumatology Review, International Journal of Rheumatic Diseases, The Open Orthopaedic Journal, and Journal of Rheumatology, etc. Many journals including Arthritis & Rheumatology invited me to review manuscripts. In 2016, I obtained “Master Award” from Taiwan Rheumatology Association. Now, I am still a teaching faculty and professor in National Yang-Ming University, Taipei Medical University and National Defense Medical Center. Fortunately, I got the Master Award from APLAR on April 8, 2019 in Brisbane, Australia. The writer is Prof. Chung-Tei Chou from Veterans General Hospital, Taipei, Taiwan.

THE Institute of Rheumatology and Immunology/ Clinical Immunology Center of Peking University People’s Hospital is a National Excellence in Rheumatology and Immunology in China and the first APLAR Center of Excellence in China. The center provides the best medical service for patients, a platform for career development and the latest education for participating physicians. Currently, there are 26 professors and associate professors, 10 attending doctors and residents, 27 nurses, 13 laboratory staff and over 20 PhD and post-doctoral researchers. As one of the largest rheumatology centers in China, there are more than 100,000 outpatient visits, 2000 inpatient visits and 14,000 patients of day clinic, ultrasound, capillaroscopy, and bone density measurements per year. Except for HM1SS stage-7 electronic system, the Smart System of Disease Management (SSDM) was adopted in daily practice. Significant improvement of disease outcome was gladly witnessed with repeated self-assessment applying the SSDM mobile tools in clinic. To fulfill the needs of patients, 12 specialty clinics were set up to provide specialty care in the areas of RA, SLE, SS, IL1, AS, PsA, BD, OA, IgG4-RD, CTD-HLD, gout and IL-2 therapy. This is the largest-scale of specialty clinics running in China. Patient support is highly valued in the center. An official e-account and WeChat e-platforms offer education, information, advice and emotional support. The center also emphasizes on basic science researches, translational studies and clinical trials. With 5 groups majoring in different directions, the institute focuses on immunology and genetics in RA, the molecular mechanisms involved in RA pathogenesis, particularly on novel antigen and biomarker screening, T cells and HLA-DRB1 molecules, early diagnosis and immunotherapy of RA, SLE and Sjögren’s syndrome. Over 130 international, national and local government research projects and programs have been granted to the center with over $17.8 million. Among these projects, over 10 translational studies were conducted to evaluate the effectiveness and safety of novel therapies such as IL-2 therapy and T cell vaccination for lupus. More than 30 industry-sponsored clinical trials were finished and 8 are ongoing. Over 260 peer-reviewed articles were published in high impact factor journals. Elected as a National Key Subject in Clinical Immunology of the Ministry of Education, the center has established sophisticated master/doc-toral/post-doctoral and residential/fellowship programs. Besides, the center has established different training programs for trainees with various backgrounds, including National Special Programs for senior rheumatologists, National Training Courses in Rheumatology and Immunology for residents, and a six-month Visiting-scholar Program for primary physicians. Great efforts have been made to raise the standard of clinical practice, research and training capabilities of over 4000 clinicians and researchers, coming from over 300 hospitals in China. In the last few years, the center also accommodated overseas trainees from other countries such as USA, Nepal and Thailand. A broad collaboration network is built with Sweden, UK, USA, etc. A number of academic honors both in China and abroad has been achieved, including International Science and Technology Cooperation Base (the only one in China), Innovative Research Team of the Ministry of Education, Beijing Key Laboratory in Rheumatic Diseases, Winners of National Outstanding Youth Fund, “973” Chief Scientist, Yang Wu Prize winner, the Ministry of Education Cross-Century Talents.

For more details, visit website: https://www.bdfs.org.cn
Systemic lupus erythematosus (SLE) was first documented in antiquity by Hippocrates and has since been described by many to initially pertain to skin disease, and later, to a condition which may affect any part of the body. It spares no ethnicity, race, gender or age. Today, individuals who live with lupus battle with poor public awareness of the disease which inadvertently result in stigma and social isolation. Headed by the World Lupus Federation, World Lupus Day was first celebrated in 2003. It serves to “rally lupus organizations and people affected by the disease around the world for a common purpose of securing greater attention and resources to end the suffering caused by this disabling and potentially fatal autoimmune disease (worldlupusday.org)”. On its 16th year, it was celebrated on May 10, 2019 through various education and advocacy activities done worldwide. Clad in their purple clothes, these lupus warriors and their family and supporters facilitated awareness campaigns, rallies, support group meetings and media interviews. Their palpable online presence was seen through hundreds of posts and tweets in social media. Hospital-based awareness drives were also supported by healthcare professionals wearing their butterfly pins and purple clothes for that day.

The writer is Dr Therese Eileen L. Natividad, Assistant Prof, UERMMM, Philippines

World Lupus Day in Kuwait

On celebrating the World Lupus Day on 10 May 2019, the Kuwait Association of Rheumatology (KAR) celebrated the day with an opened day for the public. The event included educational lectures presented by adult rheumatologists, paediatric rheumatologists, nephrologists, psychiatrists and psychologists. There was also contribution by Kuwait Lupus Support Group where patients had the chance to share their experience in the disease and treatment. The event covered all aspects of the disease including lupus in pregnancy and how to live with lupus. Lectures were followed by an opened discussion session between the audience and the speakers. The event was live broadcasted on (KAR) Instagram account.

World Lupus Day in Indonesia

Indonesian Rheumatology Association (IRA) commemorated World Lupus Day in branches all around Indonesia on April 28th to May 31st, 2019. The first event was opened in Jakarta. Indonesia Ministry of Health and several local lupus patients’ associations were involved in this event. World Lupus Day celebration was also held in other cities in Indonesia: Aceh, Bandung, Semarang, Surabaya, Makang, Makassar, Surakarta, Yogjakarta, Bali, and Balikpapan. Patients lay forum, mini symposium, radio and television talkshow programs, patient counseling, lupus exercise practice, games, musical art and poetry reading performances by lupus patients and many other activities were done to increase awareness and knowledge of this disease. Better understanding and early detection were important in this disease management. (continued on page 5...
(continued from page 4)

**World Lupus Day in Indonesia**

World Lupus Day was celebrated at many cities in Indonesia:
- **World Lupus Day in Jakarta**
- **World Lupus Day in Semarang**
- **World Lupus Day in Bandung**
- **World Lupus Day in Solo**
- **World Lupus Day in Yogyakarta**

**Congratulations to new Rheumatology Fellows!**

**Thailand**

- Chuthakan Hongsawa
- Khemmapop Yenchaikit
- Thapanee Tipparat
- Darika Songwut
- Theerada Assawasaksakul
- Nantakarn Pengtarakulpanit

**Indonesia**

- Anna Arlane
- Sugiarro
- Faisal Parlindungan
- Rakhma Yanti Hellmi
- Arief Nurudhin
- Dwi Budi Darmawati
- Andi Raga Ginting

**Other Fellows in Thailand**

- Nareerat Poonsalool
- Nipaporn Intarasattakul
- Pannipa Bupparennoo
- Porntip Klatkongchuchai
- Ployrung Laenkeri
- Inulhira Uraitert
“LIVING WELL WITH ANKYLOSING SPONDYLITIS” PUBLIC FORUM
By Singapore Society of Rheumatology

In conjunction with World Ankylosing Spondylitis Day, a public forum on Ankylosing Spondylitis (AS) was organised by Singapore General Hospital Department of Rheumatology and Immunology on 4th May 2019. The event which drew a crowd of 65 attendees, aimed to raise awareness on AS and empower patients through talks on AS and its treatment options, as well as educating attendees self-management techniques such as simple home back-strengthening exercises.

The New Zealand Rheumatology Association have had a busy year so far. We have just concluded our Annual Scientific meeting held in Rotorua in the geothermal wonderland of the central North Island. We were honoured to hear keynote talks from Professor Ingrid Lundberg from Sweden on myositis and Dr Neil Basu from Glasgow, Scotland on large vessel and ANCA vasculitis as well as an insightful oration speculating the link of pain, fatigue and inflammation in immune disease using functional MRI.

These talks were book ended by high quality presentations by local rheumatologists, researchers allied health colleagues and trainees. We are a small but collegial group with just over one hundred attendees who enjoyed the social aspects of the conference immensely. Emeritus Professor John Highton opened the presentations with a history lesson of our Society by presenting memoirs and letters dating back to the 1940’s from his late father, Dr Tom Highton, also a rheumatologist with a talk entitled From my Father’s Bottom Drawer.

It is at this meeting we ratified a new constitution, this has not been revised since 2006 and given the growth in numbers of our organisation and the changing morphology of our speciality. This involved an incredible amount of background work by the Executive and in particular our office bearers especially Professor Lisa Stamp our current President.

Any APLAR rheumatologists interested in visiting New Zealand have a great opportunity in 2020 as the Annual scientific meeting is to be in the beautiful town of Queenstown, a scenic splendor not out of place in any Lord of the Rings movie. The dates are close to APLAR congress 2020 in Kyoto with our meeting starting 3rd September, the day Congress finishes.

The writer is Dr. Steven Sawyer, Rheumatologist at Healthpoint Limited, New Zealand.

NEWS AND VIEWS By Philippines Rheumatology Association

It was a timely celebration of Philippine Independence by the Filipino community while attending the EULAR Congress in June 2019. It was incidentally the Philippines’ 121st Independence Day from 333 years of Spanish colonial rule. On June 12, 1898, Filipino revolutionary forces proclaimed independence and sovereignty from Spain after years of struggle and the Philippine flag was first raised. Some members of the Philippine EULAR delegation were able to visit the monument of their National Hero, Jose Rizal, at Avenida de las Islas Filipinas right in the heart of Madrid! Jose Rizal was a physician, a reformer, a scientist, author, painter, sculptor, and a lover of freedom. He left the Philippines for Spain at age 21, to complete his medical studies and strengthen his purpose to help liberate the Philippines upon his return. In Europe, he worked with other young Filipino men who were devoted to their country and eventually played important roles in the propaganda movement and revolution that changed Philippine history.
Art and Arthritis: Raoul Dufy (1877-1953), the Painter of Joy

IN the Musée d’Art Moderne in Paris is a massive mural by the artist Raoul Dufy. Consisting of 250 panels spanning 600 square meters, “La Fée Électricité” (“The Electricity Fairy”), a celebration of the history of electricity, envelops the viewer in a jaw-dropping sea of color. Most of the museum visitors are unaware that Dufy completed this ambitious project despite experiencing the first symptoms of rheumatoid arthritis (RA). He would later himself witness the first sparks of medical advancement in the treatment of RA, much like the ancient philosophers in his mural first observing electricity as lighting in the sky.

Raoul Dufy was a member of the Fauve artists. He developed into an exceptionally versatile artist, with his work varying in movement, technique, and medium. He was a stage designer, book illustrator, furniture designer, and a planner of public spaces. His ability to project joie de vivre into each of his creations has made him one of the most beloved French artists.

Dufy’s first RA symptoms appeared in 1935. In 1937, in conjunction with the Exposition Internationale, Dufy was commissioned to create the mural of “La Fée Electricité” for the Pavillon of Light designed by the architect Robert Mallet-Stevens. Dufy painted the 600 square-meter mural in a former power station, and with the help of his brother Jean and of André Robert, completed the mural in 10 months. However, his symptoms, progressed in 1940, and he moved from Paris to Perpignan in the south of France due to the milder climate there. Physiotherapy and a course of chrysotherapy, a procedure that uses gold salts, ameliorated his condition and allowed him to resume painting. His arthritis continued to progress and he visited numerous spa cities in France and Spain seeking treatment. A particularly severe flare in 1948 involved his lower limbs, leaving him dependent on crutches and even sometimes a wheelchair.

In 1949, Dufy was featured in a brief article in Life Magazine and a photograph was published, showing his arthritic hands. The article caught the attention of Freddy Homburger, oncologist and Professor of Medicine at the Tufts University Cancer Research Unit in Boston, himself an amateur painter. Dr. Homburger received some experimental samples of adrenocorticotropic hormone (ACTH) and cortisone from Merck for research. Dufy was invited to take part in the first clinical trials of these new substances for the treatment of RA. Dufy was hospitalized from April to July 1950 in the Massachusetts Jewish Memorial Hospital. Dr. Homburger and his colleague, Charles D. Bonner later described their treatment of Raoul Dufy in the New England Journal of Medicine in 1951. The arthritis at the time was severe and generalized—he could not stand without assistance and was dependent on crutches and even sometimes a wheelchair.

As soon as the joint pain subsided, he was subjected to intense physiotherapy. There was initially dramatic improvement, in that an immobilized old man had, in a few days, suddenly become mobile. He could squeeze his paint tubes unassisted and painted for hours. As expected, complications developed as a result of treatment; gastrointestinal disturbances, water retention, and aggravation of pre-existing osteoporosis. He continued his recovery in Tucson, Arizona for a time, enjoying the hot and dry climate, and continued his medications, physiotherapy, and painting there. He returned to France in 1953 and enjoyed artistic success, receiving the grand prize for painting in the 26th Venice Biennale. He died on March 23, 1953, of gastro-intestinal bleeding. With our present knowledge, the gastrointestinal hemorrhage was likely an adverse effect of the combination therapy with cortisone and aspirin.

Dufy’s medical history is unique in that his successful treatment with a medical advancement resulted in the restoration of physical functioning of an important individual, who subsequently contributed further to a nation’s culture and heritage. His work as an artist was certainly affected by the disease. A description of his paintings in 1939: “Their size is reduced, the plots are less accurate, the subjects are restricted to what the artist can imagine or contemplate without moving.” Following treatment, he regained his creativity to paint for a number of years. Dufy said with his own words: “Is this a rebirth or a swan’s song, fauvism, or in the excitement of a successful work an error of my abused senses?” Raoul Dufy’s once said “Life hasn’t always smiled on me. But I have always smiled on life.” His RA story can be viewed as one of rebirth, but also one of caution; a reminder that our patients’ journeys to return to their full selves carry risk, but also joy, and often also beauty.

References:

The writer is Dr Anna Kristina G. Rubio, Consultant, Ateneo de Manila University, Philippines.
AYR @ APLAR 2019 BRISBANE, AUSTRALIA

The first ever APLAR Young Rheumatologists (AYR) symposium and trainee preceptorship was held at the Brisbane APLAR congress amidst a large number of rheumatology trainees and consultants.

The aim of the session was to bring together rheumatology enthusiasts with common interests in the early phase of their careers. The symposium was chaired by AYR educational committee heads Dr. Ghita Harifi and Dr. Priscilla Wong.

More than 120 young rheumatologists from both APLAR and the Australian Rheumatology Association (ARA) attended the sessions. Some of the lectures that were delivered were, ultrasound in the management of rheumatic disease by Prof. Anna Maria Iagnocco from Turin University-Italy, vasculitis update by Prof. Debashish Danda from Christian Medical College & Hospital, India and pharmacology of Methotrexate Dr. Paul Kubler from Royal Brisbane & Women’s Hospital. Dr. Yew Kuang Cheng the current chair of the AYR interim board concluded the symposium with an introduction to AYR. Dr. Lisa Cummins the Director of Physician Education at Mater Hospital Brisbane and Dr. Ashleigh Hennessey represented the ARA in co-chairing the sessions.

The post symposium feedback from the trainees was zestful and vibrant. The sessions also created awareness of who the AYR are, among the ARA trainees. AYR intends to organise a similar event at the APLAR Congress Kyoto 2020 with themes that will suit rheumatology trainees and consultants alike.

AYR @ EULAR 2019 WITH EMEUNET

At the recently concluded EULAR congress, Dr. Yew Kuang Cheng (Chairman Interim-board) and Dr. Himantha Atukorale (Webmaster) representing the AYR met their European counterparts, the EMEUNET represented by Dr. Alexandre Sepriano (Chair) Dr. Aurélie Najm (Leader- Global affairs) and Dr. Julia Spierings (Global affairs). Discussions were held on the proposed APLAR-EULAR exchange program which will commence at APLAR Congress 2020 Kyoto and EULAR Congress 2020 Frankfurt. This is the first time that young rheumatologists representing the Asia Pacific region met their European colleagues. EMEUNET stands for emerging EULAR network. The AYR wish their EMEUNET many decades of success on their 10th anniversary!

The writer is Dr Himantha Atukorale, Webmaster from the AYR board.
2019 update of the APLAR recommendations for treatment of Axial Spondyloarthritis

APLAR has published an update set of recommendations for the treatment of axial spondyloarthritis in 2018. The recommendations report based on emerging new evidence and expert opinion.

Treatement of axial spondyloarthritis (SpA) aims at remission or low disease activity. The updated recommendations provide physicians and patients with updated consensus guidance on the management of axial SpA. A systematic literature review was performed, followed by the modified Delphi method, which was used to form questions, elicit expert opinions and reach consensus. These guidelines were developed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology, which provides rigorous standards for judging the quality of the literature available and assigns strength to the recommendations that are largely based on the quality of the available evidence. Fourteen axial SpA treatment recommendations were developed based on evidence summaries and consensus.

The first 2 recommendations cover non-pharmacological approaches to management. Recommendations 3 to 5 describe the following: the use of non-steroidal anti-inflammatory drugs (NSAIDs) as first-line symptomatic treatment; the avoidance of long-term corticosteroid use; and the utility of conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) for peripheral or extra-articular manifestations. Recommendation 6 refers to the indications for biological DMARDs (bDMARDs).

Recommendation 7 deals specifically with screening for infections endemic to Asia, prior to use of bDMARDs. Recommendations 7 to 13 cover the role of bDMARDs in the treatment of active axial SpA and include related issues such as continuing therapy and use in special populations. Recommendation 14 deals with the utility of surgical intervention in axial SpA.

The writer is Dr Shamim Ahmed, Associate Prof, BSM Medical University, Dhaka, Bangladesh

**Summary of the recommendations for Axial Spondyloarthritis**

1. Conditional recommendations of physical therapy (preferably supervised) and exercise
2. Smoking cessation is strongly encouraged
3. Strong recommendation of treatment with NSAIDs as first-line treatment for symptom control
4. Strong recommendations against the long-term use of corticosteroids
5. Conditional recommendations of the use of csDMARDs for patients with peripheral or extra-articular manifestations, or in resource-poor settings
6. Strong recommendation on the use of bDMARDs in patients with active disease who have failed treatment with 2 different NSAIDs
7. Prior to starting bDMARD, screen for tuberculosis (TB), hepatitis B virus (HBV) and hepatitis C virus (HCV) and human immunodeficiency viruses (HIV) for high-risk population.
8. Treatment for latent TB according to local guidelines and preemptive therapy for chronic HBV infection are also conditionally recommended
9. Conditional recommendation on using a tumour necrosis factor (TNF) inhibitor as the initial bDMARD treatment
10. Conditional recommendation on using TNF inhibitor monoclonal antibodies over fusion protein in patients with features beyond arthritis and enthesisitis, such as concomitant inflammatory bowel disease, recurrent anterior uveitis, and psoriasis.
11. Conditional recommendation of treatment by another TNF inhibitor or secukinumab in adults with persistently active axial SpA despite an adequate trial of a first TNF inhibitor or secukinumab in adults with persistently active axial SpA for at least 12 weeks
12. Special situations:
   (a) For patients with axial SpA in whom disease cannot otherwise be controlled, conditional recommendation on continuing TNF inhibitors throughout pregnancy.
   (b) While biologics can be used in renal failure, caution is advised and treatment considered on a case-to-case basis
13. Conditional recommendation on reviewing vaccination status and to follow local guidelines
14. Conditional recommendation on total hip arthroplasty should be considered in patients with refractory pain or disability and radiographic evidence of structural damage, independent of age. Spinal corrective osteotomy may be considered in patients with severe disabling deformity

**Image Quiz** (Answers on page 6)

Figure 1 shows HRCT thorax of a 40-year-old woman presented with 6-month history of fever, weight loss, breathlessness, small hand joint arthritis and maculopapular rash.

**Q1:** What are the radiographic features shown?

**Q2:** What is the likely pulmonary diagnosis?

**Progress:** Sputum culture grew Haemophilus influenzae.

Fever persisted despite antibiotics.

**Investigations:**

Hb 9.3 g/dl, WBC 13.9x10^9/l, Platelets 458 x10^9/l, SGOT 181 U/l, LDH 1490 U/l, ANA, anti-dsDNA, anti-ENA –ve, Anti-CCP –ve, CRP 95.2 mg/l, Serum ferritin 5714.5 ng/ml, CT thorax + abdomen: lymphadenopathies over mediastinal, hilar, axillary and groin regions.

**Q3:** What is the likely clinical diagnosis?

**Q4:** Any other differential diagnosis?

**The writers are Tabe Rasool, Dr Sidra, Dow University of Health Sciences, and Dr Tahira Parveen Umer, Assistant Prof, Liaquat Medical University, Karachi, Pakistan**
A cup of tea with the mentor

THIS afternoon I feel so lucky to get the chance to have a cup of tea with my beloved mentor Prof Sandra Navarra. She is the Chief of Rheumatology at the University of Santo Tomas in Manila, Philippines. As a teacher, she has consistently dedicated her time, talent, skill and resources to effectively impart knowledge, driven by her personal motto that the “true success of a teacher is measured in the student”. She is a widely sought-after lecturer in local and international circles. An astute researcher, she is also an experienced clinical trials investigator and has published widely in the field of lupus and other rheumatic diseases. She has garnered many awards including “Most inspiring Professor”, “Most Distinguished Physician”, “Exemplar in clinical education”, “Gold series award for research and international publication”, and many more. She authored and is course director of the “Applied Rheumatology Made Simple” workshops that aim to strengthen communication lines between generalists and specialists in the management of every patient with a rheumatic disease. She is an adept and compassionate physician, keeping the patient’s interest at the core of her career. During my training, despite her hectic schedule as teacher, researcher, and multiple speaking engagements, she still finds time to serve in charity clinics. Her patients love her, many of whom expressing that her mere presence and reassuring touch already make them feel better. She strongly believes in continuing patient education as vital to effective health care, and regularly conducts patient support group activities under “People Empowerment for Arthritis and Lupus (PEARL)” advocacy which she helped set up.

Prof. Sandra Navarra MD, FPCP, FPRA

L: You always look energetic and full of spirit, what is the secret?
S: I am a perennial optimist, seeing the positive in every situation including grueling ones.
L: Why did you choose Rheumatology, among all other specialties?
S: Largely providential. Upon completing internal medicine residency training, I was offered a faculty position in medical school. Prof Tito Torralba who was then dean and the only rheumatologist in the university – inspired, encouraged, trail-blazed and supported me to subspecialize in Rheumatology. Everything else followed...
L: Most of your publication about Lupus, why do you have large interest on this disease?
S: I love challenges: Lupus offers a life-long opportunity for continuous learning and no 2 lupus patients are ever the same. Because it is such an enigmatic disease, patients with lupus are relatively under-served, and in most need of specialized care and better understanding by family, community and society.
L: Do you have any encouraging messages for young rheumatologists?
S: There is a whole world of opportunity out there to make a difference in people’s lives. Find your place, be the best you can be, allow others to guide and help you, be thankful, and pray often.

The writer is Dr Laniyati Hamijoyo, Consultant, University of Padjadjaran Bandung, Indonesia

22nd Asia-Pacific League of Associations for Rheumatology Congress
31 August – 3 September 2020
Kyoto, Japan

ABSTRACTS OPEN
OCTOBER 2019