HIGHLIGHTS — The COVID-19 Global Rheumatology Alliance

The World Health Organization declared COVID-19 a pandemic on March 11, 2020. This global health emergency is especially concerning to patients with rheumatic diseases as many are treated with immunosuppressants and have underlying immune dysfunction. Discussions on how the same medications could be helpful in managing severe cytokine storm in COVID-19 were also taking place.

There was a clear need to address the absence of information on how rheumatic disease patients fared when infected with COVID-19. A group of rheumatologists were inspired by an international effort by experts in inflammatory bowel disease (IBD) to establish a registry (SECURE-IBD) of IBD patients with COVID-19. Within a few days, a group of over 300 rheumatologists, scientists and patients from around the world formed The COVID-19 Global Rheumatology Alliance (GRA), an international registry to gather data on COVID-19 in patients with rheumatic diseases. Beginning as a rapid-fire exchange on Twitter, the effort blossomed into an international collaboration across six continents. Four distinct projects address the overall goal of gathering data on patients with rheumatic diseases and immunosuppressive medications during the pandemic:

1) a registry for physicians around the world to report cases of COVID-19;
2) analyses of insurer health claims data;
3) systematic literature reviews; and
4) partnerships with researchers who were conducting patient-facing research. A patient-reported registry collecting

(Continued on page 2...)

EDITOR’s MESSAGE

This is a special issue at a very special time. The coronavirus COVID-19 pandemic is affecting almost all regions over the world, causing lockdown in many cities and massive drop in air traffic. Day-to-day organizational meetings and many professional conferences are now held on a virtual platform such as the EULAR congress in June. However, it makes it feasible for more people from different continents to attend the congress at a distance. In this issue, you will learn about various efforts in fighting COVID-19 in APLAR countries. Other than governmental support on provision of protective gear for frontline staff managing COVID-19 infected patients, institutional efforts to maintain good quality education and training for health care professionals and the general public are made through E-platform such as the patient registry of the COVID-19 Global Rheumatology Alliance, E-teaching, E-examination, Apps and Webinars. The regular columns in this issue will introduce a center of excellence in Korea, report ongoing activities of the Special Interest Groups of Paediatric Rheumatology and Crystal-Induced Arthritis, post an unusual image quiz, congratulate new fellows from the Philippines, and serve a “Cup of Tea” to a renowned rheumatologist from Bangladesh. Last but not least, we are very honored to have Professor MA Khan telling us about his life fighting ankylosing spondylitis. He serves as a role model for all of us battling in the COVID-19 pandemic. Stay in good health and happy reading!

The writer is Dr Temy Mo-yin Mok
Associate Professor, City University of Hong Kong, Hong Kong
The EULAR 2020 E-congress

Originally scheduled to be held in Frankfurt during 3-6 June 2020, the EULAR scientific programme has turned a virtual congress in the context of the COVID-19 pandemic. Despite this, the EULAR congress committee remained committed to meet their scientific, educational and training obligations. The clinical symposia include state-of-the-art lectures covering a broad spectrum of rheumatic diseases as well as seminars on basic science. There were also abstract and poster presentations, discussions of difficult cases, workshops and special interest group sessions. This virtual congress makes it feasible for attendees from all over the world to participate from their homes without having to travel to the host country. The unconventional approach of this year’s congress makes it a unique EULAR congress ever held. However, as the EULAR congress president Prof Ian McInnes has stated, he misses the personal encounter with the conference attendees and will be looking forward to meeting everyone in EULAR 2021 in Paris next year.

Dr Philip Robinson, chair of the steering committee of GRA

Since going live, the registry has released several important publications. A study on registry data by Konig et al reported that patients with systemic lupus erythematosus already on therapy with hydroxychloroquine were not universally protected from COVID-19, refuting a much-publicized claim on the prophylactic utility of anti-malarials to COVID-19. Latest analysis of data from the registry found that prednisone use of ≥10 mg/day is associated with a higher odds of hospitalization, while baseline treatment with anti-TNF decreased odds of hospitalisation. Exposure to DMARDs or NSAIDs did not increase odds of hospitalization among patients with rheumatic diseases infected with COVID-19. These results support guidelines issued by the APLAR, the American College of Rheumatology and the European League Against Rheumatism, which suggest continuing rheumatic medications in the absence of COVID-19 infection or SARS-CoV-2 exposure. "A global collaboration is very important because it is the only way to get enough cases to really examine the important questions with adequate power," states Dr. Robinson. “APLAR member organisations can contribute by promoting the registry to their members and by their members entering any cases they have into the registry at www.rheum-covid.org.”

As of writing this, the number of global cases reported in the registry is 3,447, with 2,301 cases from the EULAR Registry and 1,146 cases reported in the Global Registry; 13,110 patients have responded to the patient survey. Dr. Robinson ends with this call to action: “The COVID-19 pandemic is a huge challenge to the global rheumatology community but we have shown we can rise to that challenge and pull together to collect important information to help our patients. If you are able to it would be very helpful to put further cases into the registry to help further investigate the effect of COVID on our patients.” If you would like to learn more about how you can contribute to this effort, visit www.rheum-covid.org.

The writer is Dr Anna Kristina G. Rubio, Consultant, Ateneo de Manila University, Philippines

HIGHLIGHTS

European database that monitors EULAR best available evidence. The clinical decision information to allow for informed quickly, and disseminate the information about rheumatology as soon as possible.

“We were motivated to form the registry because there was no clear information on the risk that our patients would have if they had COVID-19,” writes Dr. Philip Robinson, chair of the steering committee for the GRA. “We were able to do this quickly because everyone pulled together and worked around the clock to make sure we could collect information as soon as possible.”

The COVID-19 Global Rheumatology Alliance’s mission is to collect information about rheumatology and COVID-19, analyze this data quickly, and disseminate the information to allow for informed clinical decision-making with the best available evidence. The EULAR - COVID-19 Database is a European database that monitors and reports on outcomes of COVID-19 in patients with rheumatic diseases, collects data from across Europe and other EULAR countries; data collected will be shared with the international registry.

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The Division of Rheumatology at the Seoul National University Hospital in South Korea has been the APLAR Center of Excellence since 2016. The primary mission of the center is to provide the best possible medical care to patients with rheumatic diseases, to lead basic, translational, and clinical research and to educate and train future leaders in Rheumatology. The faculty in our department consists of two Professors, two Associate Professors, and one Assistant Professor. Currently, there are five post-doctoral clinical fellows in training and numerous MS, PhD students. Professor Yeong Wook Song, who was Chair of the Korean College of Rheumatology in 2018, served as the first Director in the Division, and Professor Eun Bong Lee has been serving as the acting Director since 2010.

Our center is the top referral center for patients with rheumatic diseases with approximately 50,000 outpatient visits per year. A total of 6,000 patients were referred to our center every year for diagnosis and treatment. All faculty members have been actively conducting clinical trials to investigate the efficacy and safety of novel drugs to optimize and improve care of patients who are refractory to conventional treatments. Currently, 35 trials are ongoing for patients with rheumatoid arthritis (RA), systemic lupus erythematosus, inflammatory myositis, and systemic sclerosis. We conducted multiple investigator-initiated randomized clinical trials to investigate the optimal timing of influenza vaccination in RA patients receiving methotrexate. The result of the trials were discussed at the Annual Meeting of the American College of Rheumatology and then published in Annals of Rheumatic Diseases. In addition, we have also focused on the impact of co-morbidities and complications on the outcome of many autoimmune diseases. In a cohort study, we defined an effective primary prophylaxis strategy against opportunistic infections such as PJP in patients receiving immunosuppressive therapy.

In basic and translational research, a major research focus is the effects of some of them are less structured as in developed countries. Additionally, countries with low HDIs and low GDP have the most percentage of young population, and these are the countries with the least public health spending and most shortages of paediatric rheumatologists! The result is that there are millions of children who have suboptimal care for rheumatological disorders. Many doctors in our medical community i.e. adult rheumatologists, paediatricians, general practitioners, family physicians, orthopedics and immunologists are compelled to treat children with rheumatological disorders with little chance of accessing educational and training materials due to inadequate resources. There will not be enough paediatric rheumatologists in the Asia Pacific region in the foreseeable future.

To combat this shortage, the seed was sown in 2008 (Continued on page 4...)

**APLAR Centre of Excellence — Seoul National University Hospital, South Korea**

**Reports from Special Interest Group (SIGs)**

**SIG in Paediatric Rheumatology**

In Asia Pacific region live more than half the world’s children, and approximately 50-70% of the estimated 6-7 million children afflicted with rheumatic diseases. There is a global shortage of paediatric rheumatologists, with the current paediatric rheumatologist workforce supply only 12% of the need; with 40% of these based in the USA. In most countries of the Asia Pacific region the data, although sketchy, shows a staggering shortage of trained paediatric rheumatologists. According to ‘average minimum acceptable requirement’ of paediatric rheumatologists in the West, for the 31 APLAR member nations (MNOS), we need approximately 3,061. According to an Online Survey conducted by me (unpublished), the actual number is around 300 only. Of the 25 MNOS replied, 21 have paediatric rheumatologists whereas 4 have none. Among these, credentialing of some of them are less structured as in developed countries.
(continued from page 3)

Yokohama APLAR with a groundbreaking initiative of Prof. Yokota and Dr. Prudence Manners. It was given the name of ‘Asia Pacific Association for Paediatric Rheumatology’ (APAPR). Out of (the then) 30 member nations, 17 participated. Shortly thereafter, University of Western Australia, led by Dr. Manners, launched a program, the GradCertPRheum i.e. Graduate certificate in PRheum, a one-year diploma course for long distance learning. Unfortunately, the APAPR initiative got stalled after the retirement of Prof. Yokota and Dr. Manners, as did the GradCertPRheum, even though the latter won an award for Innovative Learning. Therefore, it took some years of effort in lobbying before the birth of a PRheum SIG finally took place in 2019.

Brisbane APLAR, and I was honored to be selected as its Convener. At present, we have representatives of 17 APLAR countries, and look forward to this number growing.

In line with the major mission outlined to each SIG by APLAR, the main goals of PRheum SIG are as follows:

1. To advance the care in the APLAR region of children and adolescents with rheumatological disorders. The first necessary step towards that is epidemiologic community studies to give a number to the magnitude of the problem.

To this end the SIG will attempt to promote collaborative research in APLAR countries, and to provide a network for collaborative studies. An epidemiological study of SLE in the region is planned, starting with development of a standardized data collection sheet. Secondly, development of registries is required. Our SIG is in the process of setting up 2 registries initially: juvenile idiopathic arthritis and childhood lupus. We hope to eventually work on local treatment guidelines. To provide a network for educational/training support through APLAR region. ASPREN Asia Pacific Paediatric Research and Education Network is an excellent example and model that can be emulated with personal and institutional mentoring. We need to re-distribute patient care by training adult rheumatologists, paediatricians, general practitioners, family physicians, etc., thereby facilitating provision of limited care rather than no care. We need to use telemedicine or online distant learning tools for this purpose. To further PRheum by suggesting to the parent body that each year one APLAR fellowship be dedicated to PRheum. To improve financial support of PRheum within APLAR.

The first APLAR PRheum SIG symposium is being held in the upcoming APLAR. It has an exciting program and we hope many of you will attend. Children are our future. We cannot allow them to live with morbidity and disability due to conditions that are potentially treatable or at least controllable.

We must be the change we want to see.

The writer is Professor Sumaira Farman Raja, Convener APLAR Paediatric Rheumatology SIG, National Hospital & Medical Centre, Pakistan

SIG on crystal-induced arthritis

The SIG on crystal-induced arthritis has started the ball rolling in formulating a consensus and guidelines for the management of gout in the Asia Pacific region. The consensus and guidelines aims to target health care providers who take care of patients with gout, including but not limited to physicians and allied medical practitioners. The objectives include establishment of local guidelines in the APLAR region on management of gout, how to treat gout flares, prevent acute flares, prevent tophus formation and improve overall quality of life. Evidence-based literature review on topics including definition of hyperuricaemia, non-pharmacological and pharmacological therapy on asymptomatic hyperuricaemia, acute gout urate lowering therapy, prophylaxis for acute and recurrent gout flares and tophaceous gout will be made and data to be collated to come up with a comprehensive and current practice guideline.

The writer is Dr Temy Mok, Associate Professor, City University of Hong Kong, on behalf of Prof Paulo Lorenzo, Convener APLAR Crystal-induced arthritis SIG

IMAGE QUIZ (Answer on page 12)

A 76-year old man with HLA-B27(+) ankylosing spondylitis (AS) for 54 years and coronary artery disease was investigated for dyspnea on moderate physical exertion, cardiac systolic murmur and ankle edema. His blood pressure was 145/45mmHg, an electrocardiogram revealed bradyarrhythmia, and a trans-thoracic echocardiogram showed mild left ventricular hypertrophy and diastolic dysfunction. Study of the aortic valve showed a maximum trans-valvular Doppler velocity of 3.5 m/s, with a mean trans-valvular gradient of 31 mmHg, and an estimated aortic valve area was 1.09 cm². The patient’s cardiac CT angiography (without contrast) of the aortic valve is shown in the Figure.

Q1. Is the aortic valve bicuspid?
Q2. Is there any valvular calcification?
Q3. What is the clinical diagnosis?
Q4. Is there any association between AS and myocardial diastolic dysfunction?

The writer is Professor MA Khan, Professor Emeritus of Medicine,
Rheumatologists fighting COVID-19

Fighting COVID-19 in Philippines

Healthcare workers all over the world answered to the call against the COVID-19 pandemic in the past months. Rheumatologists continued caring for their patients with rheumatic diseases and were also called on to manage patients affected by the outbreak. This came to fore as several rheumatic drugs became potential interventions against the novel coronavirus. Research and training our younger colleagues did not take a backseat as we continued patient care during these unprecedented times.

Since the first reported Sri Lankan case of COVID-19 on the 10th of March, 2,054 patients have been detected from all corners of the island. Sri Lanka experienced 11 casualties due to COVID-19 and over 1,750 patients have been discharged after recovery. The lockdown phase ended over a month ago and no community spread was detected for over one and a half months. An effective government controlled quarantine procedure for all PCR positive patients backed by strict community screening and an excellent contact tracing enabled Sri Lanka to bring down the spread of this virus. The day to day activities and the economic matters are back to normal with strict social distancing precautions. Sri Lanka has yet to open its aviation boundaries for foreign travellers and hopefully this will be possible very soon with international quarantine regulations.

(Photo) A patient who was previously infected with COVID-19 thanks her doctors and caretakers by taking a photoshoot after having recovered.
Pakistan is struggling with the coronavirus pandemic as is the rest of the world. Various members of the Pakistan Society for Rheumatology have tried to do their bit in fighting this threat in various ways. In Lahore, some of these activities have been in collaboration with Arthritis Care Foundation (ACF), a trust for patients with arthritis (www.arthritiscare.org.pk).

The ACR in Pakistan has initiated the “ACF Corona Project” which includes an ACR helpline for rheumatology patients and provision of Personal protective equipment for health care workers. Approximately 7,000 PPE/Hazmat suits, 28,000 surgical masks and N95 masks were provided free of cost to health professionals in various Public and Trust hospitals in Punjab, Khyberpakhtunkhwa and Baluchistan Provinces.

The COVID-19 pandemic has not hinder the effort of Indonesia Rheumatology Association (IRA) to embrace patient communities. Several branches of IRA worked together with patient communities for various activities, such as conducting a charity event to help provide personal protective equipments for medical personnels (Bandung Branch with Syamsi Dhuha Foundation), educational campaign, experience Sharing and personal protective equipments donation (Jakarta Branch with Komunitas Lupus Sehati), development of My Lupus Application for Android (Malang Branch with Yayasan Kupu Parahita), charity event for those affected from COVID (Banjarmasin branch with Ikatan Sahabat Autoimun Kalimantan), and many more. There were many events that have been conducted and yet many more to come! IRA is indeed still going strong amidst the pandemic!

The Sri Lankan College of Specialists in Rheumatology and Rehabilitation prepared its own guidelines for managing patients with rheumatological ailments during the COVID-19 pandemic. The guide was published in the month of March in three languages enabling patients to understand the precautions that ought to be taken during the lockdown era. This included various levels of care for patients who are on different types of medications. The language and terminology used in these guidelines were very simple as the purpose was to educate patients on risks associated with COVID-19.

The College of Specialists in Rheumatology and Rehabilitation - Sri Lanka held its monthly clinical updates using webinar platforms taking into consideration the ongoing COVID-19 pandemic.

Congratulations to new Rheumatology Fellows!

The Philippines

Cheryl Anne Tan

Ronald De Vera

Fighting COVID-19 in Indonesia

Fighting COVID-19 in Sri Lanka

Doctors delivering rice, cooking oils and other daily needs to patients who are affected by COVID-19 in this pandemic.
Learning And Practice Rheumatology by Online

During the COVID-19 pandemic, there were many changes in the way of education and clinical practice including in the field of rheumatology. Many universities throughout the world have used online methods to teach, and telemedicine services are becoming a common practice carried out among practitioners, especially in the current situation. Since the pandemic earlier this year, most medical faculties have implemented online class meetings for medical teaching to continue learning programs, to prevent the spread of COVID-19 virus infections among students and staffs. This is a new experience and a challenge especially for some senior lecturers to handle this updated technology. Actually online learning methods have been widely used and improved since 2012, with massive open online courses, including in the medical field. Web-based learning or internet-based learning is considered a good method in the digital age, providing information that is updated faster, without limitation of time and place. Teaching methods in online classes provide better solutions during the current pandemic situation. Many hospitals do not allow medical students and interns to serve in hospitals during the COVID-19 pandemic, some are caused by the availability of self-protection equipment but other reason, force students into the midst of dangerous spreading viruses in hospitals, probably is not wise choice. Question has been raised, whether this online method is same as offline one in medical education? A meta-analysis had performed to evaluate the online learning of undergraduate medical education. It affirmed a statistically significant difference between online and offline learning for knowledge and skill outcomes based on post-test scores and retention test scores, but not on pre- and post-test score gains. There is no evidence that offline learning works better. Compared to offline learning, online learning has advantages to enhance undergraduates’ knowledge and skills, therefore, can be considered as a potential method in undergraduate medical teaching. Learning rheumatology by online is a possible and suggested in this situation, online history taking with the real patients, and some demonstrated video of physical examination or clinical procedure could be the alternative solution during this pandemic era. The writer is Dr Laniyati Hamijoyo, Consultant, University of Padjadjaran Bandung, Indonesia

E-learning : user comments

Rheumatology Professor (Philippines): I spend days preparing course materials, exchanging emails with my students, then uploading online to ensure that the interactive 5-hour online class session runs smoothly according to plan. Despite running overtime, almost all of my students were still “present”. I think online learning is more attractive to my millennial students than face-to-face sessions. At first, they found it difficult but after a few trials, they are familiar with this method.

Medical students (Indonesia): This is a great opportunity to study online. We received full attention and had more intensive discussions with our teachers. They spent more time listing and discussing. It is good that we can learn a lot, but basic clinical procedures or physical examination skills cannot be the same as we would learn directly from real patients.

E-Learning during COVID-19 pandemic

Development and utilization of Information technology has taken a major stride during the COVID-19 pandemic. Social distancing is one crucial preventive measure in spreading the SARS-CoV-2 coronavirus making large scale social activities such as schooling, working, conferencing and commuting in public transport almost not feasible. Some cities hit hard by COVID-19 were locked down until the condition got alleviated. Traveling by air between cities and across the continents was almost suspended.

In view of this global outbreak, many educational and academic institutions have practiced E-teaching for undergraduate and postgraduate classes whereas many congresses turn virtual meetings. App and softwares such as zoom and GoToWebinar that supports E-conferences and webinar have been widely employed to provide good quality E-teaching and meeting experience. Complete substitution of physical attendance to classes by virtual classrooms are hosted on online meeting platforms such as Zoom, Google Meets and Skype. Students only need to submit their coursework online. Even practical sessions and examinations and other institutional activities like open day talks and University entrance interview have all been completely supplanted by a virtual approach. For examinations when open book is not an option, the LockDown Browser and Respondus Monitor that can be installed in Canvas, a learning management platform adopted by many tertiary educational institutions can be applied. Students are allocated a pre-set period of time to type their answers to the text processing program online or to upload a file after they have completed their typed or written assignment. The program locks down the browser of the exam candidate and prevents the user from copying and browsing for answers in other websites during a quiz. The program also allows shuffle of all the pre-set questions such that students in the class will be working on different questions at a particular time to avoid discussions among themselves. The Respondus Monitor function makes use of Webcam-based eye tracking allowing identification of students suspected of reading their printout lecture notes or iPads during the test. It is likely that this mode of E-learning and E-examination will continue to be more widely used during the pandemic.

The authors are Anthony Ip Sze Chun, Summer Intern and Dr Temy Mok, Associate Professor, City University of Hong Kong
Indonesian Rheumatology Association Activities Still Going Strong Amidst COVID-19 Pandemic

COVID-19 pandemic is sweeping the whole world by storm and Indonesia has had its own share of significant impact and disruption due to the pandemic. The government is taking stringent measures to mitigate the spread of the virus, which include issuing a widespread social restriction in several major cities that have the most COVID-19 cases. Therefore, Indonesian Rheumatology Association (IRA) is shifting a lot of regular events towards online activities.

IRA branches all around Indonesia are collaborating together to keep voicing rheumatology issues and educational activities via webinars, online discussions, online courses, social media campaigns media (promotional posts, posters and infographics, Instagram live), and online surveys. Topics on various rheumatic diseases were covered in these campaigns. To commemorate world lupus day 2020, IRA held a new concept of webinar series every weekend during the month of May for patients and physicians. The webinars were met with overwhelming response, some webinars had more than 1,000 participants. Several branches such as Jakarta, Bali, Malang, and Bandung branch also held their own webinars that were also broadcasted nationwide. Some topics that were discussed in the webinars are: How to Cope with Ramadhan Month and COVID-19 Pandemic, Management of SLE and Use of Immunosuppressants During Pandemic, Use of Hydroxychloroquine During COVID-19 Pandemic. To respond to the COVID-19 situation, IRA have also published national recommendation for the use of tocilizumab in cytokine storm and management of rheumatic patients during the pandemic. Furthermore, IRA is also doing an online survey for autoimmune-rheumatic diseases patients about health-related condition during the pandemic, as a part of IRA national effort to acquire clinical profile of this vulnerable population during COVID-19 pandemic. To ensure capacity building for physicians, IRA also held online course for IRA members and online interactive case discussion for internists as part of continuing medical education program.

E-education activities in the Philippines during COVID-19:

*Live webinars for healthcare professionals;
*raising general awareness
*online surveying
*handbooks for the public

COVID outbreak - a Rheumatology Department’s perspective in Pakistan

The Rheumatology department of Fauji Foundation Hospital has been serving for over a decade. During the COVID outbreak, online teaching sessions were carried out. This immensely helped in bridging the gap in training during these extraordinary times. Trainees were able to present recent guidelines and landmark papers for academic purposes. Though the limitations were lack of hands on training, examination skills and procedure drill. Fortunately once the pandemic is under control, hands on training can be resumed. The Rheumatology Department is actively involved in conducting live casts and webinars on various fronts. The department of Rheumatology is also organizing PSR 2021 as the 2020 conference was cancelled due to COVID outbreak.

Feedback of attendee to EULAR E-congress

Saera Suhail Kidwai (Pakistan):
Amidst the COVID-19 havoc the E-congress experience of the EULAR Congress came as a pleasant surprise as I was really disappointed to having lost the opportunity of personal development courtesy of such activities are postponed or cancelled due to the pandemic all over the world. The presenters as well as the moderators have done a wonderful job covering almost all aspects of Rheumatology, the questions asked were well answered by the presenters too. Though learned the hard way, those of us who have not been friends with E-technology still can benefit since the lectures can be taken at our own convenience. Talks on osteoporosis, rheumatoid arthritis, spondylarthrits and vasculitis would definitely help us make more confident and wiser clinical decisions in the future.
My Life - Professor Muhammad Asim Khan

I was born in 1944, one of the most tumultuous years of the 20th century, when the Allied troops were finally getting the upper hand over the Nazi German troops. It was also the year when Waksman discovered streptomycin, and the International Committee of the Red Cross won their second Nobel Peace Prize for their service during the 2nd World War that ended a year later, on September 2nd, 1945, with the surrender of Japan.

While the rest of the world was rebuilding after the disastrous world war, a new calamity was unfolding in South Asia that resulted in my becoming a refugee at age 3. It was 23 years ago, when I recalled hearing or reading somewhere a nice phrase - "it was meant to be", and that prompted me to write the poem with that title.

I have a lot of stories to tell, but for now I can only say that, growing up as a desperate and defenseless refugee; my parents worked tirelessly to rebuild our lives, and educated me, their eldest child, and my sister and three brothers to succeed in life. In my mother’s arms on a bright sunny day late in 1944.

Most of us were no rheumatologists then (there were no rheumatologists then) and he was a semi-retired Professor of Orthopedics, (there were no rheumatologists then) thought that I was suffering from tuberculosis because of my chest pain that was worsened on coughing or deep inspiration, that was a manifestation of my worsening and undiagnosed AS but to him it indicated pleurisy. He prescribed the “triple therapy”. So I, faithfully, every day self-injected intra-muscularly streptomycin (discovered, as I stated earlier, in the year I was born), and took INH and PAS tablets for a year. The treatment did not help, and he started giving me injections of honey - intravenously. He showed me the vial with the label “Made in West Germany”. It also did not help, but I can tell you that I am ever so sweet since then because that honey is still running in my veins.

My bilateral hip joint involvement resulted in my inability to ride my bike by 1962 and I started riding the famous beautifully designed Italian Vespa scooter - a gift from a fellow engineer from the Netherlands (Continued in page 2001).
I have received the Lifetime Achievement Awards from the Ohio Association of Rheumatology and the SPARTAN organization. I was bestowed an award from the SAA for my “lifetime of dedication and devotion to people with spondylitis,” and also their Greg Field Award that is given to “individuals with AS who have persevered and gone on to be of service to others”.

My life story is getting too long; and here is an excerpt from an article I coauthored this year in which I am the Case #2: “The patient complains of some swelling. He sees his cardiologist for management of his hypertension, coronary artery disease, and episodic severe bradycardia which has not yet warranted a cardiac pacemaker to be implanted. His seated blood pressure hovers around 145/45 mmHg despite treatment. He is pre-diabetic and on treatment for hypercholesterolemia and gout. He does not smoke or drink alcohol. He has severe obstructive sleep apnea (apnea hypopnea index of 45) that requires the use of BiPAP machine, and he uses bronchodilator spray for his obstructive lung disease. “He has a past history of recurrent acute anterior uveitis, multiple hip arthroplasties since 1976, cervical spine fracture requiring surgical fusion, and coronary artery occlusion requiring a stent placement. He had cancer of his right kidney resulting in nephrectomy in 1998, leaving him with a solitary kidney complicated by moderate renal artery stenosis. He had trans-sphenoidal resection of pituitary macroadenoma 7 years ago that required pre-surgical tracheostomy. He still wears a tracheostomy tube and is on thyroid hormone replacement therapy. “He has prominent systolic crescendo decrescendo murmur, bradyarrhythmia, clear lungs on auscultation, and prominent ankle pitting edema. His chest expansion is severely restricted and has no mobility of his lumbar and cervical spine. He has had surveillance echocardiograms since 2016 that document a slowly progressing calcific stenosis of his aortic valve. The most recent echocardiogram demonstrated a hypertrophied left ventricle with preserved global systolic function and mild (Grade 1 diastolic dysfunction). Study of the calcified tricuspid aortic valve shows a maximum velocity of 3.5 m/s across the valve with a mean transvalvular gradient of 31 mmHg and the calculated aortic valve area, based on his outflow tract dimensions, is 1.09 cm.”

As a result of my trans-sphenoidal resection of pituitary macro-adenoma, there is only soft tissue (no bone) separating his nasopharynx from the cerebrospinal fluid and the brain. Trans-nasal intubation (and the current use of the nasal-pharyngeal swab during the COVID-19 pandemic), has to be carefully inserted under direct observation to decrease the procedure specific risk. In hind-sight, I had retained my tracheostomy that was performed just prior to my pituitary surgery 7 years ago, as I had anticipated such future risks during intubation. It is funny for some when I tell them that I wear two masks, one for my nose and mouth, and the other over my tracheostomy tube. It is of interest to mention that despite a very high air pressure during my use of the BiPAP machine at night, there is no air leak to speak of from around the tracheostomy tube.

I am sometimes amazed that I am still alive, and have now entered, “my next 60 years of medicine”. It has been a fascinating and very fulfilling profession that “was meant for me” as “it was meant to be”. It has been, al-Hamdo-Lillah, a very satisfying life for me, full of too many stories yet to tell. insha-Allah!

I am homebound for the last 5 months, missing very much my teaching trips and travels, but the recall of the nature’s splendor that I have seen lifts my spirits – the majestic waterfalls (Niagara, Victoria and Igasu), the geysers (in New Zealand, Iceland, and the “Old Faithful” in the awe inspiring Yellowstone National Park in the USA), and the mighty mountains (the sight of K2 from a C130 military plane, the helicopter ride to the top of Mount Cook, the site of lava flows at Mount Kilauea in Hawaii and the drive up to its top, the train ride up the Swiss Alps to see the beautiful Matterhorn, the gorgeous site of Nanga Parbat up front, and the glory of Mount Denali during a summer night as seen from the Anchorage Airport in Alaska) – to mention a few of them.

Reference:
The writer is Prof MA Khan, Professor Emeritus, Cleveland, USA

Orthopedic residency in United Kingdom in 1967

Brief Biography of Prof MA Khan

Dr. Khan obtained his medical degree in 1965, and after 2 years of Army Service, he obtained his postgraduate training in the UK and the US. He completed his rheumatology fellowship in Cleveland, OH in 1973 and joined the faculty of Case Western Reserve University in that city. He served till 2012 as a tenured full-time Professor of Medicine when he was awarded the title of Professor Emeritus of Medicine. Three years later he was inducted into the Medical Hall of Honor at MetroHealth Medical Center, the hospital which he has served since 1971.

His research interests focus on the clinical, genetic, and therapeutic aspects of rheumatic diseases, with special interest in ankylosing spondylitis (AS) and related forms of [to be continued in page 11...]}
AYR-EMEUNET Meeting

The APLAR Young Rheumatologists (AYR) board members had a web meeting with the newly appointed Visibility and Global Affairs subgroup leader of EMEUNET (Emerging EULAR Network) Dr Manouk de Hooge on the 16th of June.

Chairman of the AYR Dr Yew Kuang Cheng, Prof Yukinori Okada, Dr Jiuliang Zhao, Dr Babur Salim, Dr Ghita Harifi, Dr Priscilla Wong and Dr Himantha Atukorale represented the AYR in this meeting. AYR terms of reference, APLAR social media platforms and their functions, APLAR Covid-19 Updates page and AYR educational project and symposium details were discussed in length. The ongoing procedure of sharing social media posts between AYR and EMEUNET was appreciated by the participants. Future collaborative opportunities where the young rheumatologists from both organisations get to participate in educational activities were also discussed.

APLAR Young Rheumatologists (AYR) was conceptualized in 2016. Member National Organisations (MNOs) of APLAR have since nominated AYR representatives to participate as working group members. Currently, the AYR working group is represented by 23 MNOs.

The purpose of AYR is to provide a conductive and nurturing environment within APLAR for young rheumatologists to network and collaborate in education, research and social activities. It also aims to encourage active participation in all activities of APLAR, to identify and nurture future leaders of APLAR.

APLAR ExCo has approved the creation of an “APLAR COVID-19” Facebook account. Members of AYR, Dr. Himantha Atukorale from Sri Lanka and Dr. Babur Salim from Pakistan, are entrusted with the task of creation and maintenance of the account. They will co-opt other members of AYR as administrators, editor and moderator of the page. Prof. Paulo Lorenzo will be the administrator representative from APLAR executive committee.

(continued from page 10)

spondyloarthriti(sSpA). He has authored three books, including Ankylosing Spondylitis: The Facts; the book that has sold more than 14,500 copies, and was translated into Spanish, Portuguese, Japanese and Persian. In addition, he has edited 4 books, and authored 50 book chapters and over 200 scientific articles about AS/SpA. He is one of the founding members of three premier international organisations interested in the research of AS / SpA: ASAS (Assessment in Spondyloarthritis International Society), SPARTAN (Spondyloarthritis Research and Treatment Network), and GRAPPA (Group for Research and Assessment of Psoriasis and Psoriatic Arthritis). He serves as the Section Editor (SpA) for Current Rheumatology Reports, and as a peer reviewer for UpToDate. He has served on the editorial board as a peer reviewer of many scientific journals, as well as on committee memberships of the American College of Rheumatology (ACR), the American College of Physicians (ACP), and the Spondylitis Association of America (SAA). He is also an honorary life member of the Pakistan Society for Rheumatology.

He is a frequently invited speaker at national and international scientific meetings. Dr. Khan was elected as a Master of both the ACP and the ACR, and also as a Fellow of the Royal College of Physicians of UK. He has served as a member of the National Advisory Board for the National Institute of Arthritis and Musculoskeletal and Skin Disorders (NIAMS). He is also a recipient of the ACR’s Distinguished Rheumatologist Award, and SPARTAN’s Lifetime Achievement Award. He himself had been suffering from severe AS since age 12, and was bestowed an award from the SAA for his “lifetime of dedication and devotion to people with Spondylitis.” and was also bestowed the Greg Field Award that is given to “individuals with AS who have persevered and gone on to be of service to others”.

The writer is Dr Shamim Ahmed, Associate Professor, BSM Medical University, Dhaka, Bangladesh
“A Cup of tea” with Professor MN Alam

Prof. MN Alam is a legendary physician of Bangladesh. He is the pioneer rheumatologist of Bangladesh. Prof. Alam is the founder president of Bangladesh Rheumatology Society and also Lupus Foundation of Bangladesh. During this COVID 19 pandemic, I have taken interview over telephone without having tea.

S: Dr. Shamim Ahmed
M: Prof. MN Alam

S: Sir, how are you during this pandemic?
M: Well, I have been spending a lazy time for the last three months.

S: Have you seen this type of pandemic?
M: The world is now facing the worst pandemic that I have ever seen. Lots of patients are suffering and dying every day in the world.

S: What do think about the current situation in Bangladesh?
M: Bangladesh is experiencing the pandemic as its’ worst nightmare. The first three known cases were reported on 8th March 2020. Since then there has been a steep rise of infection in subsequent months. As of 11th June 2020, there has been a total of 81523 confirmed cases with 16,747 recovering and 1095 deaths.

S: Sir, you are a great teacher and a famous physician in Bangladesh, what are some of your suggestions to control the outbreak?
M: The following things need to be done: The control and suppression of the spread is the main concern and for these active cases detection, isolation, testing and contact tracing is mandatory. Diagnostic tests must be made simpler and accessible. Strength and the maintenance of health services is the second most important concern. Firstly, we should protect health workers by providing personal protective equipment, a safe working place, expanding the capacity of isolation and intensive care units and ensuring health service not only to COVID-19 cases but also other cases. By creating a comprehensive co-ordinated out-patient care program that may allow more patients to receive supportive care at home reducing the utilization of hospital services, like Telehealth–triage, self-assessment tools, dedicated respiratory clinics.

S: Sir, you are the founder president of BRS and also Lupus Foundation of Bangladesh, how do you feel?
M: I definitely feel proud, because I could do something for my country.

S: Sir, why were you interested in Rheumatology?
M: I saw many young female patients dying with connective tissue diseases, without any diagnosis. There were no rheumatologists in our country. Then I myself developed an interest in rheumatology. I could also influence prof. Syed Atiqul Haq, who is now the president of APLAR.

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