

THE SOUL OF APLAR

Core contributions of APLAR
Scientific Committee in 2022



Professor Sang-Heon Lee

MD
CHAIR, APLAR SCIENTIFIC COMMITTEE
DIVISION OF RHEUMATOLOGY, SCHOOL OF
MEDICINE, KONKUK UNIVERSITY, KOREA

The scientific committee (SC) of APLAR is composed of 22 expert members from each APLAR special interest group (SIG). Known as the soul of APLAR academic activities, we organise all the APLAR scientific events in cooperation with the APLAR educational committee.

For the last 2 years, the COVID-19 pandemic has placed significant burdens and challenges on all countries in the Asia-Pacific region. Therefore, APLAR has devoted its activity to establishing guidelines for optimal practice management in rheumatic diseases during COVID-19 developed by APLAR's COVID-19 Task Force and overseen by SC. For this term, SC will continue to report on issues related to COVID-19 that alter and affect the care of rheumatic diseases. As the COVID-19 pandemic continues, active in-person communication for academic activities as well as learning opportunities are still very limited. In consideration of this situation, we are planning to

hold a virtual webinar program to provide interesting topics actively driven by each SIG.

Rheumatology is one of the most rapidly developing fields in medical science due to major advances being made in immunology research. In accordance with updated knowledge, APLAR plan to open the Mid-Term 'State-of-the-Art in Rheumatology Advances' Symposium. An online short-course program between annual meetings, which will include recent updates on important rheumatic diseases in the last year. We are sure this will continue the professional development of rheumatologists in the APLAR region and improve management and outcomes in patients with rheumatic diseases suffering from pain and disabilities.

Taken together, the variation in healthcare provision within the Asia-Pacific region and differences compared to Western countries, there is a need for custom-fit recommendation guidelines for major rheumatic diseases.

APLAR has already initiated this activity with the release of a consensus for the management of systemic lupus erythematosus (SLE) last year. We endeavour to support the development and renewal of guideline recommendations for major rheumatic diseases in collaboration with each SIG this year.

Another important mission of SC includes research collaboration among APLAR member nations and beyond APLAR, with international organisations such as the European Alliance of Associations for Rheumatology (EULAR). To accomplish this mission, we are going to develop a cohort registry involving all countries in the Asia-Pacific region, which will be the driving force to improve the scientific achievements of APLAR.

We hope the COVID-19 pandemic will come to an end soon and look forward to meeting face-to-face at the APLAR 2022 Congress in Hong Kong.

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SPECIAL INTEREST GROUPS

If you're interested in joining these efforts and growing the SIGs, please fill out the form provided at:

www.aplar.org/education_page/special-interest-groups

The APLAR Special Interest Groups (SIGs) were established to develop sustainable scientific interactions among rheumatologists from countries within the APLAR region. Described as the 'glue,' they bring together like-minded rheumatologist with specific interests in each field of rheumatology. Members of SIGs are nominated by national organisations and convenors are selected by APLAR's executive committee. In this section of our third issue, we hear from convenors on the current and prospective initiatives and activities of the following SIGs: rheumatoid arthritis, vasculitis, spondylarthritis, myositis, systemic lupus erythematosus and digital health and telemedicine. We hope you enjoy reading about the contributions and significant strides in rheumatology these SIGs are making year-on-year to APLAR.

SPONDYLOARTHRITIS

Professor Lai-Shan Tam

MD
CONVENER, APLAR SpA SIG
DIVISION HEAD & PROFESSOR OF THE DIVISION OF RHEUMATOLOGY, THE CHINESE UNIVERSITY OF HONG KONG, HONG KONG

The vision of the APLAR spondyloarthritis (SpA) Special Interest Group (SIG) is to encourage collaborative SpA research; provide timely, unbiased, evidence-based, rheumatology medical education and supplemental resources to help meet the educational requirements; and provide enhanced SpA patient care for APLAR members.

In order to improve patient care, the first mission of the SIG was to draft the '2018 APLAR axial SpA treatment recommendations' which was published in the International Journal of Rheumatic Diseases in 2019.

The second mission is to foster research collaborations between all member national organisations, aimed at understanding the unmet needs and long-term outcomes

of SpA patients by establishing the APLAR SpA registry. With the collaborative efforts of the members, we had started patient recruitment for the APLAR SpA registry over 15 regions (including Hong Kong, Singapore, Taiwan, Japan, Malaysia, Thailand, India, Iran, Indonesia [Jawa Timur], Iraq, Nepal, Pakistan, Qatar [Gulf], South Korea). Currently, we have successfully recruited over 200 patients amid the COVID-19 pandemic. The first abstract on the effects of treat-to-target management in SpA has been submitted to the European Alliance of Associations for Rheumatology (EULAR) 2022 congress.

The third mission is to offer continuing medical education activities for physicians and healthcare professionals looking after patients with SpA. Our group has been actively organising SpA and psoriatic arthritis symposia during the annual APLAR congress as well as the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) meeting adjacent to the APLAR congress. The annual APLAR

SpA SIG symposia 2021 covered important topics including 'Update in the Pathogenesis of Spondyloarthritis', 'New GRAPPA Recommendation' and 'Axial Psoriatic Arthritis- Is It Different from Axial Spondyloarthritis?' which were well received by the audience.

From 2022 onwards, we are honoured to organise the APLAR webinars. The first SpA SIG webinar titled 'Spondyloarthritis Beyond Ankylosing Spondylitis' was held on the 22nd of January 2022. Prof. Mitsumasa Kishimoto from Kyorin University School of Medicine, Japan, spoke on the topic 'Non-radiographic Axial Spondyloarthritis in Asia' and Prof. Amita Aggarwal from Sanjay Gandhi Postgraduate Institute of Medical Sciences, India, spoke on the topic 'Juvenile Spondyloarthropathy'. The next SpA SIG webinar will be in April 2022.

Last but not least, we will be actively participating at the APLAR Mid-Term Symposium titled 'State-of-the-Art in Rheumatology Advances' which will be held on the 29th of May 2022, and we have also organised two exciting symposia for the annual APLAR congress in December 2022. We welcome all parties who are interested in the field to join us.

The third mission is to offer continuing medical education activities for physicians and healthcare professionals looking after patients with SpA.

MYOSITIS

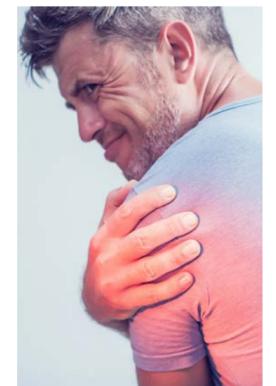
Professor Ho So

MBBS FHKCP FHKAM FRCP MSC
CONVENER, MYOSITIS SIG
ASSISTANT PROFESSOR, DEPARTMENT OF MEDICINE & THERAPEUTICS FACULTY OF MEDICINE, THE CHINESE UNIVERSITY OF HONG KONG, HONG KONG

Idiopathic inflammatory myopathy (IIM) is a group of uncommon heterogeneous disorders characterised by inflammation of the muscles as well as extra-muscular sites such as the skin, joints, lungs, heart and gut. It can be associated with severe complications with significant morbidity and mortality. Importantly, there seems to be ethno-geographical variations in the phenotype of IIM. Regional collaboration is thus crucial to advance the understanding and management of the disease. This is one of the major aims central to the establishment of the APLAR Myositis Special Interest Group (SIG).

Dr Takahisa Gono and I are very honoured and humbled to serve the APLAR myositis SIG in the coming 4 years. We would also like to take this opportunity to thank Dr Andrea Low for her great leadership in the past few years.

The APLAR Myositis SIG is a facilitated communication platform for like-minded healthcare workers and researchers. Friends and colleagues, if you are interested in myositis, please join our SIG activities. With our concerted efforts, we look forward to terrific educational activities, collaborative research, regional guideline development and many more. Together we can crack this enigmatic disease and improve the lives of our myositis patients!



SYSTEMIC LUPUS ERYTHEMATOSUS

About thirty members from more than 15 countries belong to the systemic lupus erythematosus (SLE) special interest group (SIG). Expected activities of SLE SIG are as follows and here we detail our contribution to APLAR in 2021.

Professor Yoshiya Tanaka

MD, PHD
CONVENOR, APLAR SLE SIG
PROFESSOR & CHAIRMAN, THE FIRST DEPARTMENT OF INTERNAL MEDICINE, SCHOOL OF MEDICINE, UNIVERSITY OF OCCUPATIONAL AND ENVIRONMENTAL HEALTH, JAPAN

1 Education of Physicians in SLE SIG

TEAM LEADER: DR EVAN VISTA, PHILIPPINES

Last year, SLE SIG had the pleasure of hosting several educational webinars. Speakers presented on recent developments in SLE diagnosis and management, these are detailed to the right with our contributions to the APLAR 2021 Congress (Table 1) and World Lupus Day (Table 2). This year SLE SIG is planning to host webinars with education primarily for non-rheumatology clinicians due to a relative shortage of rheumatologists and "lupologists" in APLAR.

Furthermore, SLE SIG aims to build upon its 2021 educational activities by i) establishing a core group of volunteers to gather country-specific practices and identify existing gaps in healthcare infrastructure and ii) developing a "clinician's handbook" on SLE with unabridged and translated versions geared towards both non-rheumatologists and SLE specialists.

TABLE 1: SLE SIG SYMPOSIUM 2021

SESSION	PRESENTATION, SPEAKER
Recent Progress in Targeted Therapy for SLE, chaired by Prof Yoshiya Tanaka	B-directed Therapies, Prof Sandra Navarra
	Interferon Inhibition, Prof Eric Morand
	Future Directions in SLE Management, Dr Richard Furie
Emerging Strategy for Lupus Care and Research, chaired by Prof Sandra Navarra	Emerging Target Therapies for SLE, Dr Judith James
	SLE Genomics, Prof Sang Cheol Bae
	SLE Phenotyping, Asst/Prof Shingo Nakayamada Japanese guideline for SLE, A/Prof Kenji Oku
APLAR Guideline for Management of SLE, chaired by Prof Yoshiya Tanaka	APLAR Consensus Statements on the Management of SLE, Dr Chi Chiu Mok
	Prevention of Infective Complications in SLE for the APLAR Consensus Statements, A/Prof Kenji Oku

TABLE 2: APLAR SLE WEBINAR ON WORLD LUPUS DAY, MAY 8TH, 2021

SESSION	PRESENTATION, SPEAKER
Session I, chaired by Prof Sandra Navarra	APLAR SLE SIG: An Introduction, Prof Yoshiya Tanaka
	Optimising Maternofetal Outcomes in SLE Pregnancy, Dr Aisha Lateef
	Managing Infective Complications in SLE, Dr Kenji Oku
Session II, chaired by Prof Yoshiya Tanaka	Updates in Lupus Nephritis Treatment, Prof Sandra Navarra
	Targeting Interferon Pathways, Prof Eric Morand
	JAK-targeted Therapies, Asst/Prof Shingo Nakayamada



2 Patient Empowerment in SLE SIG

TEAM LEADER: PROF LANIYATI HAMIJOYO, INDONESIA

With education at the forefront of SLE SIG activities, patient empowerment is of the utmost importance. We are currently developing a website for patient education in collaboration with the APLAR Young Rheumatologists Webmaster. This website links with local lupus organisations in each country and provides patients with updated information (i.e., disease, treatment, diet, lifestyle and nearest rheumatologist) and tools (i.e., downloadable resources) in several translations, allowing patients to select their preferred language. Our intention with the website is to provide a friendly approach to patient education.

In advocating patient empowerment, our activities in 2022 are also aimed at raising societal awareness of SLE. This will involve World Lupus Day celebrations in each country, sharing photos and activities of patients with SLE through social media outlets and increasing patient participation in activities for lupus awareness.

3 APLAR Lupus Management Guidelines

TEAM LEADER: DR CHI CHIU MOK, HONG KONG AND PROF SANDRA NAVARRA, PHILIPPINES

In 2021, we also published two APLAR SLE management guidelines. This process involved discussions via face-to-face meetings during APLAR conferences between a steering committee (4 APLAR SLE SIG members) and core group members (9 other SLE experts from the Asia-Pacific region) and lead to 35 proposed statements based on clinical practice.

PUBLISHED GUIDELINES

1. Mok CC, Hamijoyo L, Nuntana K, Chen DY, Chen S, Yamaoka K, Oku K, Tao M, Zamora L, Bae SC, Navarra S, Morand E, Tanaka Y. The Asia Pacific League of Associations for Rheumatology (APLAR) consensus statements on the management of systemic lupus erythematosus. *Lancet Rheumatology*. 2021;3:e517-31.

2. Oku K, Hamijoyo L, Kasantanon N, Li MT, Navarra S, Morand E, Tanaka Y, Mok CC. Prevention of infective complications in systemic lupus erythematosus: A systematic literature review for the APLAR consensus statements. *Int J Rheum Dis*. 2021;24:880-895.

4 Development of Lupus Registry in APLAR Region

TEAM LEADER: DR BENJAMIN CHEAH TIEN EANG, MALAYSIA

An additional goal for 2022 is to develop an APLAR Lupus Registry. The group is currently performing to either: i) coordinate with the Asia Pacific Lupus Collaboration (APLC), which has the largest database to date and involves several countries in the APLAR region, to construct the registry or ii) provide support to develop and maintain country-specific SLE databases or registries in individual countries e.g., the Chinese SLE Treatment and Research group (CSTAR) registry. In both cases, the registries will require logistical support from their national rheumatology association or government.



NEW PROJECTS OF THE VASCULITIS SIG IN 2022

Professor Masayoshi Harigai

MD, PHD
CONVENOR, APLAR VASCULITIS SIG
PROFESSOR, DEPARTMENT OF RHEUMATOLOGY, TOKYO MEDICAL DENTAL UNIVERSITY GRADUATE SCHOOL, JAPAN

Professor Debashish Danda

MD, DM, FRCP, FACR, FAMS
CONVENOR, APLAR VASCULITIS SIG
PROFESSOR AND FOUNDER OF THE DEPARTMENT OF CLINICAL IMMUNOLOGY & RHEUMATOLOGY, CHRISTIAN MEDICAL COLLEGE HOSPITAL VELLORE, INDIA
PRESIDENT, APLAR

In 2022, Vasculitis Special Interest Group (SIG) launches three major projects:

- 1 Vasculitis SIG Webinar on May 14th
- 2 Developing APLAR recommendations for vasculitides
- 3 Generating short online courses of vasculitides

In the Vasculitis SIG Webinar of this year, we are planning to leverage case-based discussion to provide interactive learning opportunities for young rheumatologists. In the webinar, interesting vasculitis case studies will be presented at the beginning with some key questions, and two discussants will share their opinions and comments. It will be a valuable opportunity to learn real-world management of vasculitides with a guide of experts in this field.

Standardising treatment of vasculitides is of clinical importance. Vasculitis SIG is going to initiate developing APLAR recommendations for some of the

major vasculitides such as Takayasu arteritis, giant cell arteritis, anti-neutrophil cytoplasmic antibody-associated vasculitis, and polyarteritis nodosa. Vasculitis specialists of the APLAR member nations are expected to contribute to this project and we are certain it will foster collaboration among our vasculitis community. Young rheumatologists are welcomed to join this project as a member of the systematic review team.

Pathomechanism, diagnosis and management of vasculitides are rapidly evolving. Novel treatment armaments are becoming available every year with better outcomes of patients with vasculitides. As such, continuing medical education for physicians and healthcare professionals is indispensable to deliver optimal medical care. The vasculitis SIG has started generating short online courses of vasculitides to meet this demand.

The vasculitis SIG will make all-out efforts to tackle these challenges and your contribution is the key element in leading to success.



APLAR SLE SIG members

THE VISION OF RA

Professor Zhanguo Li

MD, PHD
CONVENOR, APLAR RA SIG
PROFESSOR & CHIEF OF DEPARTMENT OF RHEUMATOLOGY AND IMMUNOLOGY, PEKING UNIVERSITY PEOPLE'S HOSPITAL, CHINA

Professor Kunihiro Yamaoka

M.D., PH.D.
CO-CONVENOR, APLAR RA SIG
PROFESSOR AND CHAIRMAN
DEPARTMENT OF RHEUMATOLOGY AND INFECTIOUS DISEASES
KITASATO UNIVERSITY SCHOOL OF MEDICINE

Rheumatoid arthritis (RA) is one of the most prevalent rheumatic diseases in the Asia-Pacific region, with low-remission and high-disability rates. Early diagnosis and rational therapy are clearly unmet. RA Special Interest Group (SIG) will make efforts in improving clinical management of the disease and research through multicentre collaborations. The following projects are ongoing or in planning by the RA SIG group, with support from APLAR leadership and the secretariat:

1 Organise webinars and courses on RA

2 Build up an RA registry with Asia-Pacific features supported by the SIG members

3 Carry out multicentre studies e.g., therapeutic strategy, medication, deep remission and difficult to treat cases of RA

4 Update the APLAR guideline recommendations for RA in collaboration with the task force group of the previous version



LAUNCHING THE APLAR DIGITAL HEALTH & TELEMEDICINE

The last two years witnessed an abrupt and unplanned move in the way rheumatology care was provided – the move to telemedicine during the pandemic. Before 2020, rheumatology did not have widespread use of telemedicine, mainly implemented due to the necessities of a limited rheumatology specialist workforce or to reach geographically remote communities. However, many of the pandemic-driven telemedicine services have been formally evaluated with a rapidly-emerging literature base providing insights into for whom, how, and when telemedicine can be more (or indeed less) successful.

Professor Rebecca Grainger

MB CHB, PHD, FRACP, FHINZ, FAISHI
INAUGURAL CONVENOR, APLAR DIGITAL HEALTH AND TELEMEDICINE SIG
PROFESSOR, DEPARTMENT OF MEDICINE AND DEPARTMENT OF PATHOLOGY, UNIVERSITY OF OTAGO, WELLINGTON

Dr Anindita Santosa

Associate Professor Sakir Ahmed

FOUNDING MEMBERS, APLAR DIGITAL HEALTH AND TELEMEDICINE SIG

In 2021, a working group was convened by the APLAR board to develop evidence-informed APLAR telemedicine guidelines. These guidelines were published in the International Journal of Rheumatic Diseases in early 2022 and form the basis for further consideration of telemedicine during the ongoing pandemic and beyond. In addition, off the back of the success of this working group, the APLAR Board has recently supported the formation of a new APLAR special interest group (SIG) in digital health and telemedicine.

The Digital Health and Telemedicine SIG aims to connect rheumatologists in the APLAR region with an established or emerging research interest in digital health.

In addition to increased use of telemedicine, rheumatology is beginning to see more research exploring other areas of digital health, for example, wearables, chatbots, machine learning, patient-facing apps and online learning for professional development. While digital transformation and services are common in our day-to-day lives (such as banking, shopping, and entertainment), digital adoption in healthcare has lagged behind. Most technology adoption has been limited to digitising health records and information management. The gradual incorporation of mobile-based monitoring, digital epidemiology, AI (artificial intelligence) aided screening and diagnosis, smart eMRs (electronic medical records) and precision medicine is inevitable in the near future, and therefore rheumatologists also need to be prepared for these. Our patients expect us to be prepared and continuously innovate 'futuristic' solutions; many patients are under the impression our clinical work is already supported by cutting-edge technology and wonder why we do not already provide apps for remote monitoring or have telemedicine embedded in our workflows. In Singapore, patients have embraced digital

health initiatives such as the rollout of mobile applications to access their electronic health records, management of appointments, and teleconsultation. There are, however, growing expectations for better and more advanced applications of digital health, such as a digital health concierge, robotics, AI triaging and clinical decision support. On the other hand, Singapore has also observed the real challenges of digital health, ranging from cybersecurity issues (2018 SingHealth data breach) to the digital divide between the young and old.

This digital health transformation must be done with caution to ensure improvements in the quality and safety of care patients receive while preserving the human side of medicine. The Digital Health and Telemedicine SIG faces the exciting challenge of supporting research that informs practice across a large region with differences in national digital infrastructure and health systems. Our first year's activities will focus on building relationships capacity and identifying mutually beneficial research areas. By supporting the development of research collaborations and education in digital health across APLAR regions, this SIG hopes to contribute to the inevitable digital health revolution in rheumatology.



24th Asia-Pacific League of Associations for Rheumatology Congress
Hong Kong Convention and Exhibition Centre
6 - 9 December 2022

EDUCATION IN FOCUS

APLAR ACADEMY

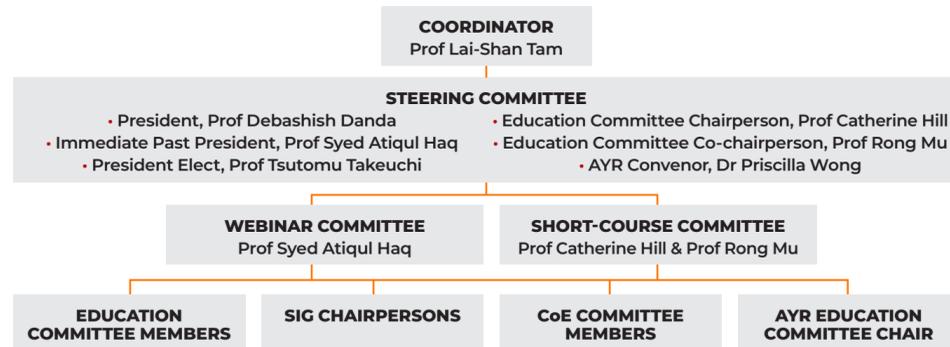
In order to address the unmet educational need in the APLAR region, Professor Debashish Danda (President, APLAR) proposed to set up the APLAR Academy which was endorsed by the General Assembly on August 20th, 2021. The vision of the APLAR Academy is to provide timely, unbiased, evidence-based, rheumatology medical education and supplemental resources to help meet the educational requirements and provide enhanced patient care for APLAR members. Our mission is to offer continuing medical education activities for physicians and healthcare professionals looking after patients with rheumatic diseases. All participants can join the live webinars or short courses as well as access the recordings on-demand at their leisure.

Professor Lai-Shan Tam

MD
COORDINATOR, APLAR ACADEMY
DIVISION HEAD & PROFESSOR OF THE DIVISION OF RHEUMATOLOGY, THE CHINESE UNIVERSITY OF HONG KONG, HONG KONG

The APLAR Academy is led by a group of senior experts committed to advancing rheumatology through programs of education, and practice support relating to the care of people with arthritis and rheumatic and musculoskeletal diseases as illustrated in Figure 1.

FIGURE 1: GOVERNANCE OF APLAR ACADEMY



THE EDUCATION PROGRAMS ORGANISED BY THE APLAR ACADEMY

- 1** APLAR Webinars organised by the APLAR Special Interest Groups (SIGs) and the APLAR Young Rheumatologists (AYR)
- 2** APLAR Grand Round organised by AYR
- 3** Online courses
 - A The Asia-Pacific Initiative for Rheumatology Nurse Education (ASPIRE) program
 - B Short courses organised by SIG and the Center of Excellence (CoE) principal investigator (PI)
- 4** APLAR mid-term symposium organised by the APLAR education committee

APLAR SIG Webinars

The APLAR webinars are organised by the APLAR SIGs and take place once every month. Three excellent webinars including "Genetic variation in rheumatoid arthritis" (RA), "Spondyloarthritis (SpA) beyond ankylosing spondylitis" and "Actions speak louder than WORDS...coming together in the Asia-Pacific to look after the young with Rheumatologic diseases", organised by the Genetic, SpA and Paediatric SIGs respectively, were well received by the audience.

Watch live webinars and recordings:
<https://aplarwebinars.delegateconnect.co>

AYR Webinars

AYR webinars are organised by the Educational Committee of AYR throughout the year. The topics are carefully designed to cover 3 domains of professional development for the AYR, namely: Clinical Knowledge, Clinical Skill Training and Research Development. AYR Blackboard provides self-assessment questions to help develop clinical reasoning skills and to deepen the knowledge and insight of the topics. Both AYR members and rheumatologists are welcome to join this activity.

Register for upcoming AYR webinars: www.aplar.org/ayr/webinar

Watch past AYR webinar recordings:
www.aplar.org/ayr/past-webinar-recording



APLAR Grand Round

APLAR Grand Round is a bimonthly educational webinar designed for all rheumatology trainees and rheumatologists in APLAR. APLAR Grand Round, APLAR Blackboard Forum and APLAR Blackboard is a bundle of this initiative. Each APLAR Member National Organisation (MNO) takes turns in engaging an AYR member and a Guest Faculty as presenters. A yearly roster with a theme and the hosting MNO is posted on the APLAR website. The presenters have full autonomy to decide the presentation and topic name around the theme.

APLAR Grand Round Forum is an online platform on the APLAR website that is open to all to write comments, share knowledge, exchange ideas and experiences. All attendants are welcome to write in this Forum around the theme of the Grand Round.

APLAR Blackboard is where one multiple choice question related to the theme of the Grand Round is posted on the APLAR website. A detailed explanation with scientific evidence for the answer is provided to foster the topic learning.

Learn more here: www.aplar.org/events_page/aplar-grand-round

Online Courses

The ASPIRE program is a rigorous and standards-based curriculum established to cater to the educational needs of rheumatology nurses in the region. Developed under the guidance of a working group of leading rheumatologists and rheumatology nurse specialists, the core training modules are structured around: patient assessment; treatment and self-management education; and disease monitoring and follow-up care in RA, axial SpA (axSpA) and psoriatic arthritis (PsA). These modules have been reviewed and endorsed by APLAR. We hope that the ASPIRE core training modules will serve as a useful resource for both individual learning and professional education settings. To support this, we have developed a toolkit to guide local implementation of the training modules. The APLAR-ASPIRE Education Grant program is in line with our aims to enhance and enrich rheumatology care and encourage the improvement of knowledge and skills of nurses in the region. These grants are available specifically to support educational activities relating to the ASPIRE core training modules.

The APLAR short courses provide physicians, paediatricians, immunologists and rheumatologists with an opportunity to access the latest updates on key aspects of various rheumatologic disorders. Participants will have the opportunities to discuss the unique presentations of the disorders and have cases presented by experienced lecturers e.g.,



autoinflammatory disorders in the first short course organised by the Paediatrics SIG. This will create an interactive atmosphere for the target groups to have an in-depth discussion during the Q&A sessions with the lecturers. The Academy will provide a course development grant to SIG or CoE PI to facilitate the development of four short courses per year. Details will be announced soon.

Download the ASPIRE training modules: www.aplar.org/education_page/aspire-core-training-modules

Apply for an APLAR-ASPIRE Educational Grant here: www.aplar.org/education_page/aspire-education-grant

APLAR Mid-Term Symposium

Last but not least, we will be organising the APLAR Mid-Term Symposium titled 'State-of-the-Art in Rheumatology Advances' which will be held on May 29th, 2022. At this clinical symposium, key opinion leaders will deliver a range of content in areas such as therapeutic developments, recent research findings, and scientific advances, in an environment conducive to dialogue and networking. This is a virtual meeting and will be available to view on demand.

Serum Urate Targets for Gout Back in the Spotlight

Two recent studies validate the way rheumatologists have been practising in recent years, but poor patient adherence to treatment remains a sticking point.

Achieving an average serum urate concentration of less than 0.36 mmol/L over a six-month period is associated with a reduction or absence of gout flares and resolution of tophi in people with gout during the second year of treatment, a study published in the *Lancet Rheumatology* has found. A second study, published in *Arthritis & Rheumatology*, has found lowering the serum urate target to less than 0.20 mmol/L for patients with erosive gout does not achieve better outcomes than the recommended target of less than 0.30 mmol/L.

Associate Professor Helen Keen, a consultant rheumatologist at Royal Perth Hospital, said the results would probably not come as a great surprise to rheumatologists.

"Both studies I think neither change our practice but indeed validate the way rheumatologists have been practising in recent years,"

she said. "The ACR [American College of Rheumatologists] had previously recommended a treat-to-target strategy of 0.36 mmol/L (and 0.30 for those with tophi), which was not really based on strong clinical evidence," she said. "This somewhat justifies the ACR recommendations."

For erosive gout, said Professor Keen, a target of 0.20 mmol/L was more difficult to achieve without clinically important improvements over a target of 0.30 mmol/L. "I think these papers, taken together, suggest that we should be aiming for a target of 0.36, but not for 0.20. It's unclear that a target of 0.30 will produce better outcomes than 0.36."

In the first study, researchers analysed patient data from two clinical trials, conducted in the UK and New Zealand, on urate-lowering therapies in people with gout. Individuals who on average achieved a serum urate concentration less than 0.36 mmol/L were defined as serum urate responders (343 patients), while non-responders (245 patients) had an average serum urate of at least 0.36mmol/L. Clinical outcomes were assessed between 12 and 24 months, with

significantly fewer serum urate responders having a gout flare than non-responders (27% vs 64%).

Meanwhile, research on erosive gout led by Professor Nicola Dalbeth, an academic rheumatologist at the University of Auckland, has found that lower may not always be better. In a two-year, double-blind, randomised controlled trial, 104 participants with erosive gout on oral urate-lowering therapy (ULT) and serum urate ≥ 0.30 mmol/L were randomly assigned to serum urate target <0.20 mmol/L (intensive target) or <0.30 mmol/L (standard target, according to rheumatology guidelines).

Although the serum urate was significantly lower in the intensive target group than the standard target group, fewer participants in the intensive group achieved the randomised serum urate target. The intensive target group required higher allopurinol doses and used more combination therapy. Small increases in CT erosion scores were observed in both groups over two years, with no between-group difference. The Outcome Measures in Rheumatology (OMERACT) core outcome

domains [gout flares, tophus, pain, patient global assessment, health-related quality of life and activity limitation] improved in both groups, with no between-group differences. Adverse event and serious adverse event rates were similar between groups.

Dubbo rheumatologist and head of Sydney University's Clinical School of Medicine at the School of Rural Health, Professor Mark Arnold, said the treat-to-target issues for gout were overshadowed by the problem of poor patient adherence to treatment.

"Most rheumatologists have been doing treat-to-target for at least a decade," he said. He acknowledged that only a minority of gout patients ended up seeing a rheumatologist, and this was another barrier to successful outcomes, given that the management of gout required an ongoing treatment protocol.

"We should be almost delighted to see people with gout because we're almost always on a winner – provided they stick to the treatment plan," he said.

Lancet Rheumatol 2021, 5 November
Arthritis Rheumatol 2021, 20 December

A Nail in the Coffin for PRPs in Knee OA?

Platelet-rich plasma (PRP) injections are no better than placebo at reducing knee pain or slowing disease progression in knee osteoarthritis (OA), according to an Australian trial that sought to overcome clear weaknesses in past studies.

The largest trial of its kind to date, the RESTORE trial randomised 288 adults with mild-to-moderate radiographic knee OA and found PRP injections were no more efficacious than saline for symptom relief at 12 months. Findings were published in *JAMA*.

"As more high-quality trials are being conducted for PRP in OA, we are finding no meaningful benefit of PRP when compared with placebo," Dr Shirley Yu, a rheumatologist at Royal North Shore Hospital and co-investigator of the RESTORE trial, told *Rheumatology Republic*.

It follows two recent randomised controlled trials that also found PRP therapy provided no benefit for ankle OA and Achilles tendinopathy over placebo or sham injections, and a Cochrane review which concluded PRP injections "probably provide little or no clinically important

benefit for pain or function" of lateral elbow pain. As a result, experts said PRP injections should no longer be offered to patients in place of proven management options for OA, such as exercise and lifestyle modifications.

Trial participants received three injections of either a commercial PRP product or saline, spaced a week apart, and reported changes in pain severity and quality of life during follow-up. MRI scans measured cartilage loss and all participants, injecting radiologists and assessors were blinded to treatment groups. Pain scores improved by over 30% in both groups, although there was no significant difference between PRP treatment and the placebo group in terms of pain relief, symptoms or joint structure at 12 months.

Co-investigator Professor David Hunter of the University of Sydney's Institute of Bone and Joint Research said the findings suggest PRP treatment "does not merit its expense nor potential harms."

"Our results, suggesting no difference between placebo and PRP for pain or cartilage thickness, would suggest that prior positive findings may have been due to bias," stemming from a lack of

blinding and incomplete outcome data, Professor Hunter said.

Rheumatologist and trial co-investigator Professor Rachelle Buchbinder, of the Monash-Cabrini Department of Musculoskeletal Health and Clinical Epidemiology in Melbourne, said PRP treatments should no longer be offered to people with OA.

"When they are, those offering this treatment should clearly explain the evidence so that patients can make an evidence-informed decision," she said.

SHOULD WE DISMISS PRP ENTIRELY FOR KNEE OA?

Professor Haxby Abbott, a clinical epidemiologist at the University of Otago, New Zealand, said the RESTORE trial enrolled more participants than any prior study and provided "high-quality evidence" that PRP treatments were not effective for treating knee OA.

"This result does carry more weight than the earlier, flawed trials of PRP for knee osteoarthritis," said Professor Abbott, who was not involved in the study. Professor Abbott noted that many past trials compared PRP with other treatments, namely hyaluronic acid and corticosteroid injections "that themselves have very shaky evidence of effectiveness" with "very, very few placebo-controlled studies" done to date. However, he said the RESTORE trial may not alone provide definitive evidence denouncing PRP injections until another large, well-designed, well-controlled trial replicates the findings.

Also, hesitant to write off PRP therapy was Professor Jeffrey Katz, of Brigham and Women's Hospital, Boston. Professor Katz noted in an accompanying editorial that while the RESTORE trial found no benefit in PRPs over placebo for primary outcomes, "the suggestion of possible benefit for some of the secondary outcomes (self-reported improvement in pain and function), as well as the mixed results of prior studies, support caution before dismissing PRP entirely for knee OA."

In the context of those inconsistent results, possibly down to varying PRP preparations and delivery protocols, Professor Katz concluded, "Until a new generation of trials using standardised approaches to PRP therapy provides evidence of efficacy, it would be prudent to pause the use of PRP for OA and Achilles tendinitis."

REVIEWS AND META-ANALYSES SUBJECT TO METHODOLOGICAL FLAWS

Previous trials using a variety of preparation methods have yielded mixed results and spawned numerous systematic reviews and meta-analyses, some of which have reported PRP injections can help to relieve pain, alleviate symptoms and improve self-reported function of knee OA.

Professor Buchbinder is conducting a living Cochrane review of blood product injections including PRP for knee OA, due to be completed early next year. She said systematic reviews examining the evidence for PRP injections for OA outweigh the number of high-quality trials and were plagued by methodological issues.

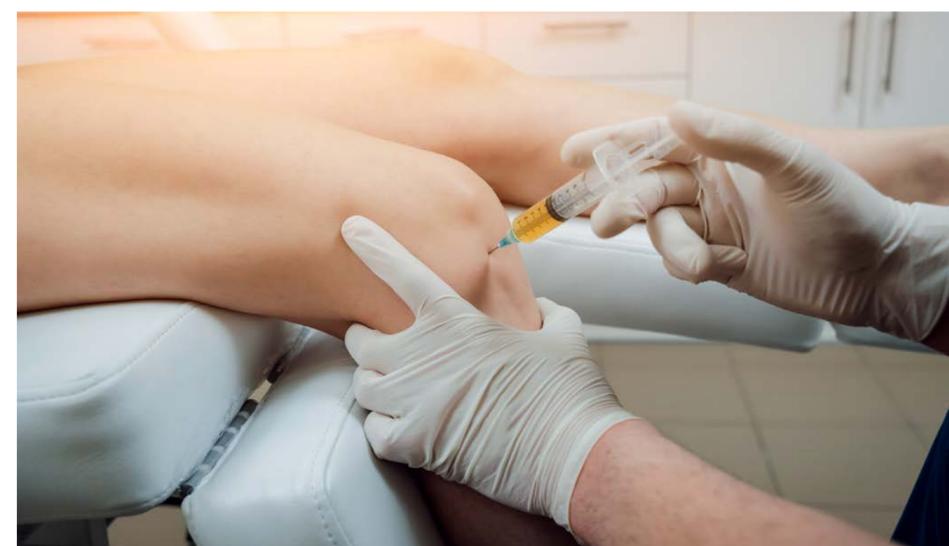
"There is a wide range of quality among the many reviews," said Professor Buchbinder. "Many of them have methodological issues that indicate their conclusions may not be valid."

Moreover, surveying the evidence highlights the potential of systematic reviews and meta-analyses to amplify trial data of variable quality in the absence of rigorous trials.

"Meta-analyses can amplify biased results when they include small, low-quality trials with high risk of bias," Professor Abbott said.

"This is exacerbated by 'publication bias' in which similar small, low-quality trials that show no treatment effect are either not submitted for publication or cannot find a journal to publish in."

JAMA 2021, 23 November



CLINICAL CONNECTIONS

[Curated content from Rheumatology Republic]

The Grass is Always Greener on the Alternative Side



remain a bit uncertain about whether cannabis really does have a place in the rheumatology armamentarium; more and better trials are needed.

This article is going to discuss medicinal marijuana. This has been a bit of a vexed issue over time in my practice. Patients I had in the drug squad told me they didn't care about personal use of cannabis, so I often recommended patients get some seeds from their grandchildren and see if this helped (preferably as butter rather than smoked).

This was put to the test when the police rang me and asked if I had made this recommendation for a specific patient. I said yes and they then asked if I told to her to grow 57 plants! Clearly, this was a bit excessive but there was no evidence she was selling it, so she got off with a caution (but she probably should have been offered a job as a gardening consultant).

Generally, it seemed to help when it was used in this way. Now it is legal (but expensive), I have had a lot more experience. Results range from amazing to absolutely nothing, with more of the latter. It seems to be the best fit for fibromyalgia but the published evidence is based on two small trials using inhaled cannabis. The distinctive smell makes it impossible to blind thus these trials are suspect as well as short term. It doesn't seem to do much for osteoarthritis and clearly, we have better options for inflammatory arthritis.

There have been some reviews studying a potpourri of conditions, with none specifically within our area. These have generally had small numbers. Thus, it was a surprise to see how many trials there were if you tried to use all the data as evidenced in the recent paper by Wang et al. (including our own Rachelle Buchbinder).

This overview used rigorous Cochrane methodology. There were 32 trials with more than 5,000 subjects. It was still a real mix of subjects with neuropathic being the most common (11 trials), but cancer and headache were also included. They only included studies lasting more than four weeks using oral, sublingual or topical formulations (not inhaled).

You can take the simple approach by looking at the forest plot below (Figure 1) and concluding that cannabis was modestly effective for pain with a weighted mean difference (WMD) of -0.63 (as well as sleep and physical functioning).

However, my view is that this would be wrong. From Figure 1, you can see results are heterogeneous (as many of the confidence limits don't overlap). Also, the larger trials tend to have smaller or non-significant effects, suggesting bias in the smaller trials (even if the authors didn't document this in a formal meta-regression). There are even five trials that are numerically worse than placebo (which is quite rare in my experience).

Overall, there was a high

risk of bias in these studies. The supplementary tables did suggest that it works better in non-cancer pain and specifically non-neuropathic pain. It also suggested the combination of tetrahydrocannabinol (THC) and cannabidiol (CBD) works better than CBD alone and this has issues for drug testing. I have tended to use CBD alone for this reason but may need to rethink this.

There was also some modest toxicity with transient cognitive impairment, vomiting, drowsiness, impaired attention, nausea and dizziness. Oral had more dizziness than topical; otherwise, they seemed similar.

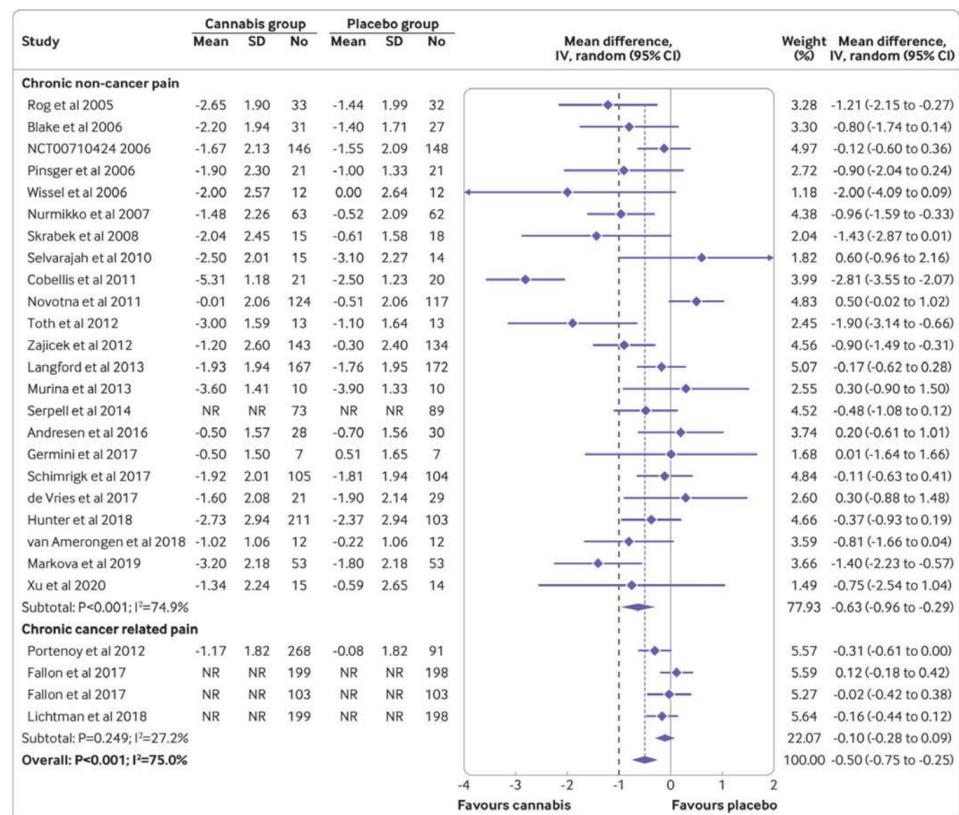
When you combine my recent experience with the lack of studies

in our area and the modest efficacy and toxicity in other areas, I remain a bit uncertain about whether cannabis really does have a place in the rheumatology armamentarium. What I would like is a well-done trial in fibromyalgia (and maybe osteoarthritis) with adequate blinding before I become more (or less) enthusiastic.

I also need some high-quality data on which the more than 140 active components help therapeutically. I was involved in designing one of these studies a number of years ago with Australian companies but there has been no progress, as far as I am aware.

This article was written by Graeme Jones – Professor of Rheumatology and Epidemiology and Head of the Musculoskeletal Unit at the Menzies Institute for Medical Research, Australia.

FIGURE 1. Pain relief on a 10 cm visual analogue scale (VAS) among people living with chronic pain who received non-inhaled medical cannabis or cannabinoids versus placebo



IV = inverse variance; random = random-effects model; NR = arm-level data not reported
Adapted from Wang L, et al. *BMJ*. 2021;374:n1034



Predicting Early RA on MRI

MRI scans can help predict rheumatoid arthritis (RA) progression and could prevent overtreatment in select groups of patients with early arthritis, a large Dutch imaging study has found.

The prospective study of nearly 970 patients with undifferentiated arthritis (UA) tested the predictive value of MRI scans compared with the swollen joint counts, inflammatory markers and autoantibodies that are usually assessed. The study, which was published in *Rheumatology*, found that detecting tenosynovitis on MRI predicted the patients more likely to develop RA and who would benefit from early treatment before joint destruction occurs.

"The results of this study could be helpful in achieving precision medicine in patients with UA and in preventing

overtreatment," Dr Nikolett den Hollander and colleagues at the Leiden University Medical Center in the Netherlands wrote.

Two groups of early arthritis patients, who had at least one affected joint and symptoms for less than two years, were consecutively included over 10 years. Patients either didn't fulfil criteria for RA and had no clear alternative diagnosis, or their treating rheumatologist had indicated undifferentiated arthritis. The predictive value of MRI was similar in both groups so MRI could be helpful in clinical practice and future imaging studies, the researchers wrote.

Contrast-enhanced MRI of the hands, wrist and feet taken at baseline were scored for inflammatory features, including bone inflammation, synovitis and tenosynovitis. Of these inflammatory features, MRI-detected tenosynovitis

was the strongest predictor of developing RA 12 months later. Patients with inflamed tendon sheaths on MRI were 2-3 times more likely to develop RA within a year, the study found. MRI was most valuable among autoantibody-negative patients with oligoarthritis, where a negative MRI largely excluded the development of RA.

"The absence of MRI signs of tenosynovitis in this subset [of patients] predicts that RA is unlikely," said Sydney-based radiologist Dr Sebastian Fung, who was not involved in the study. This result may prevent overtreatment, the researchers said.

Moreover, MRI-detected tenosynovitis, but not synovitis or osteitis, was as predictive as the total inflammation score, suggesting that "in practice, only MRI-detected tenosynovitis can be assessed rather than

evaluating all features," Dr Hollander and colleagues wrote.

Professor Paul Bird, a rheumatologist at UNSW Sydney examining the use of MRI scans in inflammatory arthritis, said that based on the study results, MRI of the hands, wrists and feet could help classify patients at risk of developing RA and stratify treatment accordingly.

"One of the challenges for clinicians is classifying patients with ACPA-negative oligoarthritis and this can have implications for access to therapy," Professor Bird said. "The study provides evidence that MRI can be predictive of progression to RA in patients with undifferentiated arthritis," he continued.

"Longer follow-up would be useful, but the results show utility of the method after 12 months."

CALENDAR

**APR
7-10**

Osteoarthritis Research Society International (OARSI) World Congress 2022
BERLIN, GERMANY



FEB 2
Rheumatoid Arthritis Awareness Day



APR 3-6
20th International Vasculitis and ANCA Workshop
DUBLIN, IRELAND



MAY 10
World Lupus Day



JULY 6-8

19th International Conference on Behçet's Disease
ATHENS, GREECE



JULY 30-AUG 3

17th International Workshop on Scleroderma Research
BOSTON, USA



JUNE 1-4
EULAR 2022 Conference
ONSITE (COPENHAGEN, DENMARK) & ONLINE



JULY 23
World Sjögren's Day



NOV 11-15
ACR 2022 Conference & Expo
PHILADELPHIA, PENNSYLVANIA, USA



OCT 12
World Arthritis Day



24th Asia-Pacific League of Associations for Rheumatology Congress
Hong Kong Convention and Exhibition Centre
6 - 9 December 2022