

BEST OF ACR PROGRAM



ACR SPEAKERS



7-8 February 2020
The H Hotel Dubai - UAE

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 **Cosentyx**[®]
secukinumab

THE FIRST AND ONLY
FULLY HUMAN IL-17A INHIBITOR WITH
PROVEN EFFICACY IN AS AND PsA¹



AS= ankylosing spondylitis; IL=Interleukin;
PsA= psoriatic arthritis.

Reference: 1. Cosentyx Summary of Product Characteristics, October 2018.

Important note: Before prescribing, consult full prescribing information. **Name of the Medicinal Product:** Cosentyx 150 mg solution for injection in pre-filled pen or pre-filled syringe. **Qualitative And Quantitative Composition:** Each prefilled pen/syringe contains 150 mg secukinumab* in 1 mL. *Secukinumab is a recombinant fully human monoclonal antibody selective for interleukin17A. Secukinumab is of the IgG1/kclass produced in Chinese Hamster Ovary (CHO) cells. **Pharmaceutical Form:** Solution for injection in prefilled pen (SensoReady pen) or pre-filled syringe (injection). The solution is clear and colourless to slightly yellow. **Clinical Particulars:** **Therapeutic Indications:** **Plaque psoriasis:** Cosentyx is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy. **Psoriatic arthritis:** Cosentyx, alone or in combination with methotrexate (MTX), is indicated for the treatment of active psoriatic arthritis in adult patients when the response to previous disease modifying anti-rheumatic drug (DMARD) therapy has been inadequate. **Ankylosing spondylitis:** Cosentyx is indicated for the treatment of active ankylosing spondylitis in adults who have responded inadequately to conventional therapy. **Posology and method of administration:** Cosentyx is intended for use under the guidance and supervision of a physician experienced in the diagnosis and treatment of conditions for which Cosentyx is indicated. **Posology:** **Plaque psoriasis:** The recommended dose is 300 mg of secukinumab by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Each 300 mg dose is given as two subcutaneous injections of 150 mg. **Psoriatic arthritis:** For patients with concomitant moderate to severe plaque psoriasis or who are anti-TNF α inadequate responders (IR), the recommended dose is 300 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Each 300 mg dose is given as two subcutaneous injections of 150 mg. For other patients, the recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. Based on clinical response, the dose can be increased to 300 mg. **Ankylosing spondylitis:** The recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3 and 4, followed by monthly maintenance dosing. For all of the above indications, available data suggest that a clinical response is usually achieved within 16 weeks of treatment. Consideration should be given to discontinuing treatment in patients who have shown no response by 16 weeks of treatment. Some patients with an initial partial response may subsequently improve with continued treatment beyond 16 weeks. **Special populations:** **Elderly patients (aged 65 years and over):** No dose adjustment is required. **Renal impairment / hepatic impairment:** Cosentyx has not been studied in these patient populations. No dose recommendations can be made. **Paediatric population:** The safety and efficacy of Cosentyx in children below the age of 18 years have not yet been established. No data are available. **Method of administration:** Cosentyx is to be administered by subcutaneous injection. If possible, areas of the skin that show psoriasis should be avoided as injection sites. After proper training in subcutaneous injection technique, patients may self-inject Cosentyx if a physician determines that this is appropriate. However, the physician should ensure appropriate follow-up of patients. Patients should be instructed to inject the full amount of Cosentyx according to the instructions provided in the package leaflet. Comprehensive instructions for administration are given in the package leaflet. **Contraindications:** • Cosentyx is contraindicated in patients who have/had severe hypersensitivity reactions reaction to the active substance or to any of the excipients. **Warnings and precautions:** • **Infections:** Caution in patients with chronic or history of recurrent infection. If a patient develops a serious infection, the patient should be closely monitored and Cosentyx should not be administered until the infection resolves. Anti-tuberculosis therapy should be considered prior to initiation of Cosentyx in patients with latent tuberculosis. Cosentyx should not be given to patients with active tuberculosis. **Crohn's disease:** Patients with active Crohn's disease treated with Cosentyx should be followed closely. • **Hypersensitivity reactions:** Rare cases of anaphylactic reactions have been observed during clinical trials. Administration of Cosentyx should be discontinued immediately and appropriate therapy initiated if an anaphylactic or other serious allergic reaction occurs. • **Late-sensitive individuals:** The removable cap of the Cosentyx pre-filled syringes/pen contains a derivative of natural rubber latex. • **Vaccinations:** Cosentyx should not be given concurrently with live vaccines. **Pregnancy, lactation, females and males of reproductive potential:** **Pregnancy:** There are no adequate data from the use of secukinumab in pregnant women as a precautionary measure, it is preferable to avoid the use of Cosentyx in pregnancy. **Lactation:** Caution should be exercised when Cosentyx is administered to a woman who is breast-feeding taking into account the benefit of breastfeeding to the child and the benefit of Cosentyx therapy to the woman. **Adverse drug reactions:** **Very common ($\geq 10\%$):** Upper respiratory tract infections (nasopharyngitis, upper respiratory tract infection, rhinitis, pharyngitis, sinusitis, tonsillitis). **Common (≥ 1 to $<10\%$):** Oral herpes, diarrhoea, rhinorrhoea. **Uncommon (≥ 0.1 to $<1\%$):** Oral candidiasis, neutropenia, tinea pedis, conjunctivitis, and urticaria. **Frequency not known:** Mucosal and cutaneous candidiasis. **Interactions:** Live vaccines should not be given concurrently with Cosentyx. In a study in subjects with plaque psoriasis, no interaction was observed between secukinumab and midazolam (CYP 3A4 substrate). **Packs and prices:** Country-specific. **Legal classification:** Country-specific. **Leaflet revision date:** Oct-2018. BSS version: 2.2.

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WELCOME LETTER

Dear Colleagues and Friends,

On behalf of the Emirates Rheumatology Academy (ERA), it is our pleasure to announce the Best of ACR which will be held on February 7 - 8, 2020 at H Hotel Dubai, UAE.

The conference will feature up-to-date information on several topics & breakthrough advances in the field of Rheumatology. An outstanding exhibit will run state-of-the-art lectures and Meet the Expert Sessions.

This year we have an outstanding group of highly recognized and world renowned speakers who will cover a wide range of exciting and timely topics in the different disciplines of Rheumatology.

We are confident that you will give this matter careful consideration and we thank you in advance for your support.

Dr. Waleed AIShehhi

President of the Emirates Rheumatology Academy

President of the Emirates Rheumatology Academy

Dr. Waleed AIShehhi

President of the Scientific Committee

Dr. Rajaie Namas

Members of the Scientific Committee

Dr. Ahmed Abogamal

Dr. Atheer Al-Ansari

Dr. Humeira Badsha

Dr. Mustafa El-Izzi

Dr. Ghita Harifi

Dr. Gamal Ibrahim

Dr. Imad Jassim

Dr. Bhavna Khan



DR. JOHN J. CUSH, MD

- Director of Clinical Rheumatology, Baylor Research Institute
- Professor of Medicine and Rheumatology, Baylor University Medical Center
- Executive Editor, RheumNow.com - Dallas, Texas



DR. NIGIL HAROON

- Clinician Scientist, University Health Network
- Associate Professor of Medicine & Rheumatology
- University of Toronto
- Scientist, Krembil Research Institute



DR. DINESH KHANNA, MD, MSc

- Professor of Medicine
- Director, University of Michigan Scleroderma Program



DR. CHESTER V. ODDIS, MD

- Professor of Medicine
- Director, Myositis Center



DR. GÜLEN HATEMI

- Professor of Medicine in Istanbul University
- Member of the Behçet's Syndrome Research Center in Istanbul University



DR. MICHELLE PETRI, MD

- Professor of Medicine, Johns Hopkins University



DR. KATHLEEN MCKINNON

- Associate Clinical Professor of Medicine, Wayne State University, Detroit, MI

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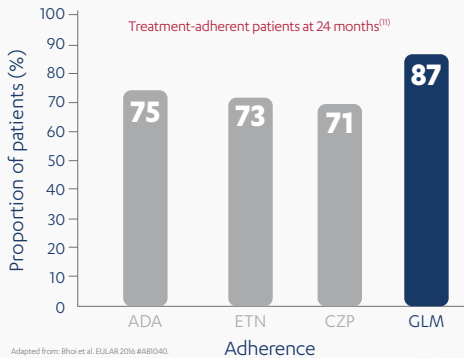
PERSISTENCE:

The duration of time from initiation to discontinuation of therapy.⁽⁷⁾

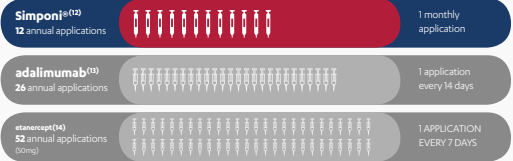
Persistence on treatment relies on⁽⁷⁻¹⁰⁾

- EFFICACY^(8,10)
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For patients with moderate to severe active rheumatoid arthritis (RA) in combination with methotrexate, ankylosing spondylitis (AS) and psoriatic arthritis (PsA)⁽¹⁷⁾

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 1. Smolen JS, et al. Safety and efficacy of golimumab compared to placebo with active rheumatoid arthritis. *Ann Rheum Dis*. 2012;71:1033-1040.
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FRIDAY, FEBRUARY 7, 2020

07:30	Registration	
08:15 - 08:30	President Talk	
08:30 - 10:45	Session I: Inflammatory Myopathy and CTD	
Chairs	Dr. Rajaie Namas - Dr. Waleed AIShehhi	
08:30 - 09:00	Management of Systemic Sclerosis - Related ILD (Updates 2020)	Dinesh Khanna
09:00 - 09:30	Inflammatory Myopathy: Comprehensive Approach to Diagnosis and Management	Chester V. Oddis
09:30 - 10:00	Large and Medium Vessel Vasculitis (Updates 2020)	Kathleen McKinnon
10:00 - 10:15	Q & A	
10:15 - 10:30	Coffee Break	
10:30 - 11:45	Session II: Updates Management of CTD	
Chairs	Dr. Humeira Badsha - Dr. Imad Jassim	
10:30 - 11:00	Updates in Skin and Other Manifestations of SSc	Dinesh Khanna
11:00 - 11:30	Clinical Manifestations and Diagnosis of Behçet's Disease	Gulen Hatemi
11:30 - 11:45	Q & A	
12:15 - 14:00	Prayer / Lunch Break	
14:00 - 14:45	JAK 1 & 2 Inhibition and its Clinical implications on RA Patients <i>Symposium Sponsored by Lilly</i>	Atheer Ansari Emad Jassem
14:45 - 16:45	Session III: New Therapies in CTD	
Chairs	Dr. Bhavna Khan - Dr. Ahmed Abogamal	
14:45 - 15:15	Approach to Mimics of Inflammatory Myopathies	Chester V. Oddis
15:15 - 16:00	Vaccination in Rheumatic Conditions	John Cush
16:00 - 16:30	Management of Behçet's Disease	Gulen Hatemi
16:30 - 16:45	Q & A	
16:45 - 17:00	Coffee Break	
17:00 - 18:00	Debate Era of Biosimilars: Did it Change the Paradigm in Managing Inflammatory Arthritides?	John Cush
Chair	Dr. Waleed AIShehhi - Dr. Ghita Harifi	
18:00	Closing Remarks	

SATURDAY, FEBRUARY 8, 2020

07:30	Registration	
08:00 - 10:30	Session IV: Updates in Managing SLE and AS	
Chairs	Dr. Atheer Al-Ansari - Dr. Gamal Ibraheem	
08:00 - 08:45	Updates in Managing Renal Manifestations of SLE	Michelle Petri
08:45 - 09:30	Updates in Axial SpA: Can we Change the Natural History of the Disease?	Nigil Haroon
09:30 - 10:15	Year in Review	John Cush
10:15 - 10:30	Q & A	
10:30 - 10:45	Coffee Break	
10:45 - 12:45	Session V: Updates in CTD	
Chairs	Dr. Mustafa El-Izzi - Dr. Abdullatif Al-Arfaj	
10:45 - 11:30	Updates in Non-Renal Manifestations of SLE	Michelle Petri
11:30 - 12:00	Updates in Managing Small Vessel Vasculitis and Achieving Remission	Kathleen McKinnon
12:00 - 12:30	Paradigm Shift in RA Over Last Decade: Encouraging or Discouraging?	John Cush
12:30 - 12:45	Q & A	
12:45 - 13:45	Recent Advances in Spondyloarthritis Lunch Break Sponsored by Novartis	Nigil Haroon
13:45 - 14:30	Elevating Expectations in Psoriatic Arthritis Management Symposium Sponsored by Lilly	Ahmed Abogamal Bhavna Khan
14:30 - 15:55	Session VI: Safety Measures & Pregnancy in Rheumatic Diseases	
Chairs	Dr. Amel Genawi - Dr. Abdullatif Al-Arfaj	
14:30 - 15:10	ACR Updated PsA Treatment Guidelines: A Step in which Direction?	Nigil Haroon
15:10 - 15:50	Pregnancy in Rheumatic Diseases	Michelle Petri
15:50 - 15:55	Q & A	
15:55 - 16:00	Closing Remarks	

SATURDAY, FEBRUARY 8, 2020

16:00 - 17:00	Room 1: MTP	Room 2: MTP
Chairs	Dr. Rajaie Namas	Dr. Atheer Al-Ansari
	Managing Refractory Vasculitis Kathleen McKinnon	Managing Refractory SLE Michelle Petri
Chairs	Dr. Bhavna Khan	Dr. Ahmed Abogamal
	Managing Refractory Scleroderma Dinesh Khanna	Managing Refractory SpA Nigil Haroon



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References

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For adverse events and safety reporting, please send an email: PV-MEA@lilly.com

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