

SECOND ENTHESITIS SUMMIT

The First Hybrid Rheumatology Meeting in the Region

December 10-11, 2020 | Dubai - UAE



CPD credits from Dubai Health Authority " In process".



PANEL OF EXPERTS



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THURSDAY, 10 DECEMBER 2020 | LIVE WEBINAR SESSIONS

7:00 pm - 7:30 pm

Symposium Sponsored by Lilly
Elevating treatment goals in Psoriatic Arthritis
& Ankylosing Spondylitis

Speaker: Bhavna Khan, MD

Moderator: Atheer Al Ansari, MD

Moderators

Waleed ALShehhi, MD - Ahmed Abogamal, MD

7:30 pm - 8:15 pm

Enthesitis from Micro to Macro

Dennis McGonagle, MD

8:15 pm - 9:00 pm

Ultrasound Dissection of Enthesitis

Nemanja Damjanov, MD

9:00 pm - 9:45 pm

Enthesitis MRI - Tips in Interactive Case Discussions

Kay-Geert Hermann, MD

9:45 pm - 10:15 pm

Symposium Sponsored by Abbvie
Evolving the treatment paradigm in SpA with JAK inhibitors

Speaker: Nemanja Damjanov, MD

Moderator: Mostafa Izzi, MD



FRIDAY, 11 DECEMBER 2020 | FACE TO FACE SESSIONS, RAFFLES HOTEL DUBAI

8:30 am - 09:00 am Symposium Sponsored by Janssen
New ERA in Management of Psoriatic Arthritis
Humeira Badsha, MD

Moderators Waleed AlShehhi, MD - Bhavna Khan, MD

Best Imaging for Enthesitis: Debate Session

09:00 am - 09:20 am MRI is the Best
Bhavna Khan, MD

09:20 am - 09:40 am US is the Best
Ahmed Abogamal, MD

09:40 am - 10:00 am US Assessment of UL Enthesis
Ahmed Zayat, MD

10:00 am - 10:20 am US Assessment of LL Enthesis
Waleed AlShehhi, MD

10:20 am - 10:30 am Coffee Break

10:30 am - 12:00 pm **ULTRASOUND FACE TO FACE HANDS-ON WORKSHOP**

Expert Trainers: Waleed AlShehhi, MD - Ahmed Abogamal, MD
Bhavna Khan, MD - Ahmed Zayat, MD - Khizer Rana, MD

12:00 pm - 12:30 pm Symposium Sponsored by Novartis
Role of Cosentyx in Raising the Standard of Care for
Psoriatic Arthritis Patients
Speaker: Mikkel Østergaard, MD
Moderator: Bhavna Khan, MD

12:30 pm Program Followed by Lunch



MEET LEE

A 42-YEAR-OLD BIO-NAÏVE PsA PATIENT WHO IS HINDERED BY ENTHESITIS

Patients receiving Stelara® were more likely to show no signs of enthesitis at 6 months compared to those patients treated with an anti-TNF α

74%
(17/23)

of Stelara®-treated patients reached the primary endpoint (SPARCC=0) vs. **41.7%** (10/24) of anti-TNF α patients at 6 months ($p=0.018$) in the Enthesial CLearance In PSoriatic Arthritis (ECLIPSA) study¹



SUPPORTING YOU AND YOUR PATIENTS IN THE TREATMENT
OF IMMUNE-MEDIATED INFLAMMATORY DISEASES SINCE 2009*2

*Date of European Authorisation. Please review section 4.1 of the Summary of Product Characteristics for checking the full indication.

SPARCC, Spondyloarthritis Research Consortium of Canada; TNF, tumour necrosis factor.

References: 1. Araujo EG, Englbrecht M, Hoepken S, et al. *Semin Arthritis Rheum* 2019;48(4):632–637. 2. Stelara® Summary of Product Characteristics.

Ficha Técnica disponible en el stand. Stelara® Summary of Product Characteristics is available on this stand. Products mentioned in this document may not be registered in all countries. Prescribing information may vary per country. Healthcare Providers must refer to their country prescribing information.

Fictional patient profile for illustrative purposes only.

May 2019 | CP-93980

Janssen Pharmaceutica NV

WATCH ME

IMPROVE AND MOVE



Discover an early treatment that keeps working so your patients can keep moving

Directly targets IL-17A, cornerstone cytokine in enthesal inflammation, the anchor lesion in PsA¹⁻³

The first and only fully human IL-17A inhibitor

HAQ-DI=Health Assessment Questionnaire-Disability Index; IL=interleukin.

References: 1. Lynde CW et al. J Am Acad Dermatol. 2014;71(1):141-150. 2. Smith JA et al. Arthritis Rheumatol. 2014;66(2):231-241. 3. Cosentyx Summary of Product Characteristics. August 2018.

Many manifestations, one solution

PsA can be aggressive, erosive, and deforming¹

A variety of symptoms affect patients with PsA, including:

Joints



96%

can have joint disease in their elbows, wrists, hands, or feet and often experience joint pain^{2,3}

Skin



About 80%

have skin symptoms prior to developing joint symptoms⁴

Enthesitis



30%-50%

may have enthesitis²

Dactylitis



40%-50%

may have dactylitis²

Nails



83%

may have psoriasis⁵

Axial



70%

may have axial PsA⁶

PsA= psoriatic Arthritis.

References: 1. Veale D et al. Br J Rheumatol. 1994;33(2):133-138. 2. Ritchlin CT et al. N Engl J Med. 2017;376(10):957-970. 3. Kavanaugh A et al. Rheumatol Ther. 2016;3(1):91-102. 4. Gottlieb AB et al. J Dermatol Treat. 2006;17 (6):343-352. 5. Lee S et al. P&T. 2010;35(12):680-689. 6. Feld J et al. Nat Rev Rheumatol. 2018;14(6):363-371.



BIOLOGIC FOR THE

axSpA SPECTRUM

Now approved for nr-axSpA¹

(non-radiographic axial spondyloarthritis)

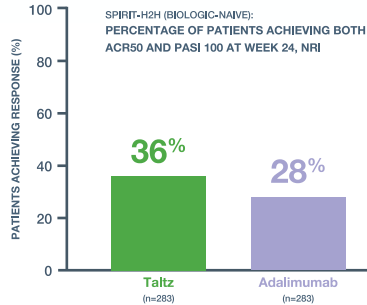
The axSpA (axial spondyloarthritis) spectrum includes ankylosing spondylitis (AS) and nr-axSpA.³

Building on 5 years of experience in AS²

The first and only IL-17A inhibitor to demonstrate superiority in a head-to-head trial against adalimumab in PsA^{1,2}

FOR BIOLOGIC-NAIVE PATIENTS WITH PSORIATIC ARTHRITIS

Taltz was superior to adalimumab in the percentage of patients who achieved both ACR50 and PASI 100 at week 24¹



THE EFFICACY OF OLUMIANT EXCEEDED THE STANDARD OF CARE*



Superiority to adalimumab in the mean change from baseline in DAS28-CRP^{3,4}

Olumiant was superior to adalimumab according to the mean change from baseline in DAS28-CRP at Week 12 [-2.24 for Olumiant vs - 1.95 for adalimumab, P<0.001]



*Standard of care was methotrexate or adalimumab.

This content is intended for Health Care Professionals in UAE Only. The Promotional content may not be applicable to your country and if you are residing outside UAE, please refer to your home country Prescribing Information.

References:

1. MEA Taltz Summary of Product Characteristics. 2. Mease PJ et al Poster EULAR 2019 LB0005. 3. Taylor PC, Keystone EC, van der Heijde D, et al. Baricitinib versus placebo or adalimumab in rheumatoid arthritis. N Engl J Med. 2017;376:652-662. 4. Taylor PC, Keystone EC, van der Heijde D, et al. Baricitinib versus placebo or adalimumab in rheumatoid arthritis. N Engl J Med. 2017;376:652-662. Supplementary appendix.

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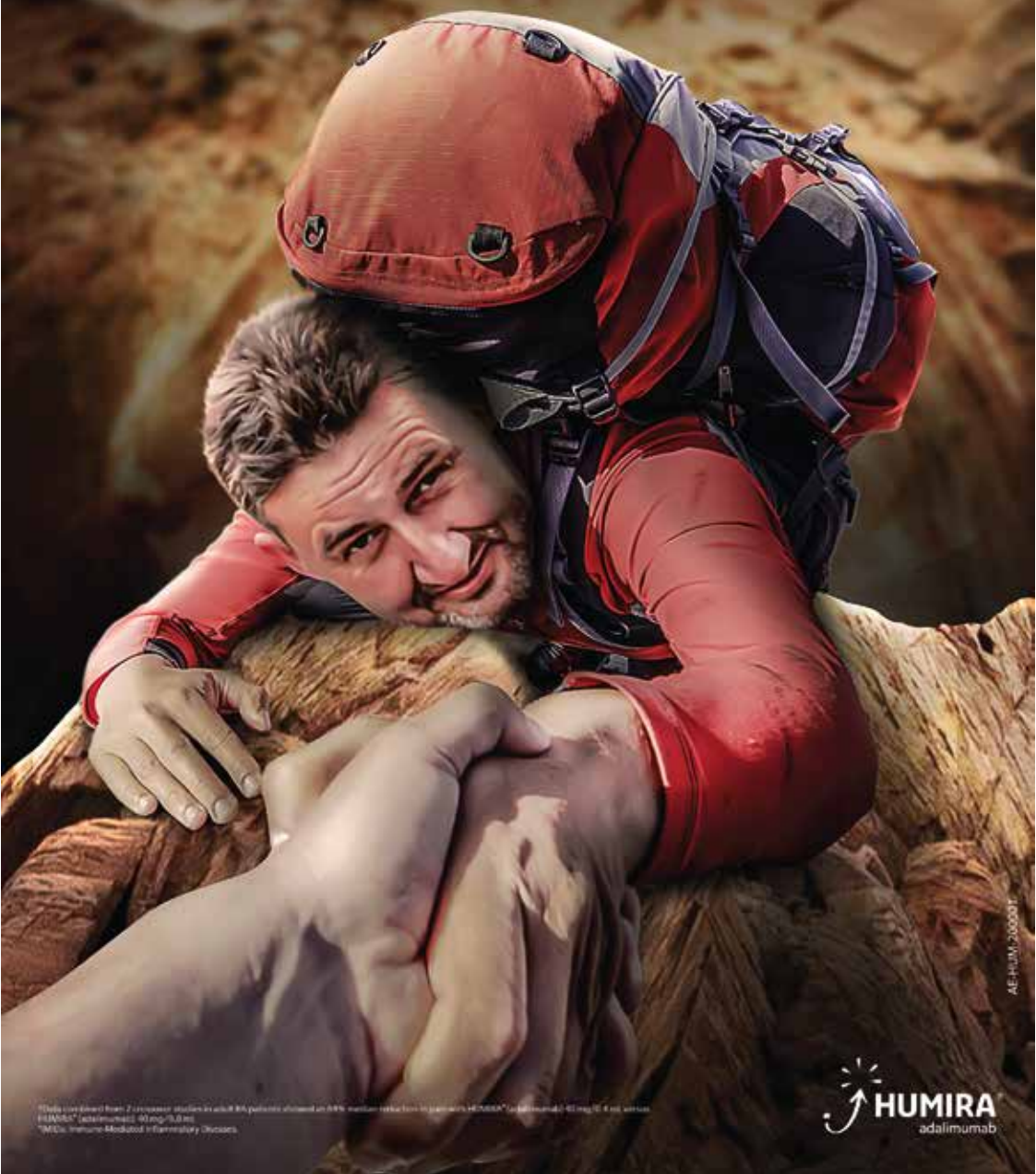
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abbvie

A Legacy of Experience
and Innovation*

Supporting Patients Living
with IMiDs†



*Data derived from 2 crossover studies in adult RA patients showed an ACR median time to response for HUMIRA® (adalimumab) 40 mg Q2W was 4 weeks.

HUMIRA® (adalimumab) 40 mg Q2W

†IMiDs: Immune Modulator in Inflammatory Diseases

 **HUMIRA**
adalimumab

AE-HUM-200001

**ERA WOULD LIKE TO THANK
THE BELOW SPONSORS FOR THEIR VALUED CONTRIBUTION
IN THE SECOND ENTHESITIS SUMMIT**



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