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BEST OF ACR CONVERGENCE 2020

Hybrid Meeting

February 4-5

2021

Raffles Hotel, Dubai - UAE

CPD CREDITS FROM
DUBAI HEALTH AUTHORITY
" IN PROCESS".

EXPERT SPEAKERS

(Arranged in alphabetical order by surname)



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Head of Rheumatology Department
at Dr. Sulaiman Al Habib Hospital
Dubai Health Care City
Dubai, UAE



HUMEIRA BADSHA, MD

Consultant Rheumatologist and Medical Director at
Dr. Humeira Badsha Medical Center, Dubai
Consultant Rheumatologist at Emirates Hospital
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DAN BAROUCH, MD, PHD

Beth Israel Deaconess Medical Center, Harvard Medical School
The William Bosworth Castle Professor of Medicine and Professor of Immunology at Harvard Medical School
Director of the Center for Virology and Vaccine Research at Beth Israel Deaconess Medical Center
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GERD R. BURMESTER, MD

Director, Department of Rheumatology and Clinical Immunology,
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JOHN J. CUSH, MD

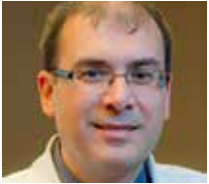
Director of Clinical Rheumatology
Baylor Research Institute
Professor of Medicine and Rheumatology
Baylor University Medical Center
Clinical Professor, Internal Medicine
The University of Texas Southwestern Medical School
Dallas - TX, USA

EXPERT SPEAKERS *(Arranged in alphabetical order by surname)*



MEGAN E. CLOWSE, MD, MPH

Associate Professor of Medicine at Duke University and a leading reproductive rheumatologist.
Director of the Duke Autoimmunity in Pregnancy Registry
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DORUK ERKAN, MD, MPH

Associate Physician Scientist, Barbara Volcker Center for Women and Rheumatic Diseases
Associate Attending Rheumatologist, Hospital for Special Surgery
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King's College Hospital London
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ARTHUR KAVANAUGH, MD

Professor of Medicine, UCSD.
Director, Center for Innovative Therapy, UCSD Division of Rheumatology, Allergy, Immunology
Dan Diego - USA



BHAVNA KHAN, MD

Consultant Rheumatologist
King's College Hospital Dubai
Integrated Rheumatology and Arthritis Centre
Dubai, UAE

EXPERT SPEAKERS *(Arranged in alphabetical order by surname)*



PETER NASH, MD

Associate Professor University of Queensland: Brisbane, QLD, AU
Professor Griffith University: Nathan, Gold Coast, AU
Director Rheumatology Research Unit Sunshine Coast, Queensland, AU
Rheumatology Department, Sunshine Coast University Hospital: Sunshine Coast, QLD, AU
Brisbane, Australia



CHRISTOPHER RITCHLIN, MD, MPH

Professor and Chief of the Allergy, Immunology & Rheumatology Division
University of Rochester Medical Center
New York, USA



PHILIP SEO, MD, MHS

Director of the Johns Hopkins Vasculitis Center
Director of the Johns Hopkins Rheumatology Fellowship Training Program
Associate Professor of Medicine at Johns Hopkins University
Baltimore-Maryland, USA



JOSEF SMOLEN, MD

Professor Internal Medicine
Chairman of the Division of Rheumatology and Department of Medicine at the Medical University of Vienna
Chairman of the Department of Medicine at Hietzing Hospital, Vienna.
Vienna, Austria



RICHARD M. SILVER, MD

Distinguished University Professor
Medical University of South Carolina
Charleston - SC, USA

PROGRAM

Day 1: FEBRUARY 4, 2021 From 15:30 Till 21:00 (UAE Time)

VIRTUAL SESSIONS

15:30 - 16:00 Symposium Sponsored by GlaxoSmithKline
LUPUS-On the Path Toward New Targets in SLE | [Munther Khamashta, MD](#)
This is not an official program of the American College of Rheumatology.

16:00 - 16:30 Symposium Sponsored by Janssen | **Moderator: Atheer Al Ansari, MD**
Long Terms Management of RA, Implication of Persistence and Adherence on Patients' Outcomes | [Eduardo Mysler, MD](#)
This is not an official program of the American College of Rheumatology.

16:30 - 16:50 Break

Moderators: Atheer Al Ansari, MD - Ghita Harifi, MD

17:00 - 17:30 Biologics in Rheumatology: Revolution & Perspectives | [Gerd R. Burmester, MD](#)

17:30 - 18:00 IL-17, IL-23 and Other Cytokine Targets: Lessons from Clinical Trials for Spondyloarthritis | [Christopher Ritchlin, MD](#)

18:00 - 18:30 Rheumatoid Arthritis: What's New in 2020? | [Arthur Kavanaugh, MD](#)

18:30 - 19:00 Pregnancy in Rheumatic Disease | [Megan E. Clowse, MD](#)

19:00 - 19:30 All Things Vasculitis | [Philip Seo, MD](#)

19:30 - 20:00 The Year in Review | [John J. Cush, MD](#)
The content is not part of the ACR Convergence 2020 Highlights

20:00 - 20:30 Symposium Sponsored by Lilly | **Moderator: Ahmed Abogamal, MD**
Raise the (BAR)icitinib in RA | [Peter Taylor, MD](#)
This is not an official program of the American College of Rheumatology.

20:30 - 21:00 Symposium Sponsored by Amgen | **Moderator: Atheer Al Ansari, MD**
Adalimumab Biosimilars in Clinical Practice | [Robert J Moots, MD](#)
This is not an official program of the American College of Rheumatology.

PROGRAM

Day 2: FEBRUARY 5, 2021 From 13:00 Till 20:30 (UAE Time)

FACE TO FACE SESSIONS

13:00 - 13:30 Symposium Sponsored by Abbvie
Do We Still Need More JAKs in RA Treatment Landscape? "JAK Debate" | Imad Jassim, MD - Rajaie Namas, MD
This is not an official program of the American College of Rheumatology.

13:30 - 14:15 Lunch Break

14:15 - 16:15 ERA Lectures *The content is not part of the ACR Convergence 2020 Highlights*

Moderators: Atheer Al Ansari, MD - Ahmed Abogamal, MD

14:15 - 14:55 Radiosynovioarthrosis in Rheumatology | Bhavna Khan, MD

14:55 - 15:35 Hands Surgery in Rheumatology Patients: Past and Present | Lucia Heras, MD

15:35 - 16:15 Great Debate: TNF Vs JAK Inhibitors in Rheumatoid Arthritis | Waleed AlShehhi, MD - Humeira Badsha, MD

16:15 - 16:45 Symposium Sponsored by Janssen | Moderator: Bhavna Khan, MD
Tremfya the 1st Approved IL23 in Management of PsA | Ahmed Abogamal, MD
This is not an official program of the American College of Rheumatology

16:45 - 16:55 Coffee Break

PROGRAM

Day 2: FEBRUARY 5, 2021 From 13:00 Till 20:30 (UAE Time)

VIRTUAL SESSIONS

Moderators: Gamal Ibrahim, MD - Ahmed Al Zayat, MD

- 17:00 - 17:30 New Molecules - Novel Therapies | Peter Nash, MD
The content is not part of the ACR Convergence 2020 Highlights
- 17:30 - 18:00 Update on the Management of Antiphospholipid Syndrome | Doruk Erkan, MD
The content is not part of the ACR Convergence 2020 Highlights
- 18:00 - 18:30 Evaluation and Treatment of Systemic Sclerosis-ILD in the New Decade | Richard Silver, MD
- 18:30 - 19:00 Developing, Deploying and Distributing COVID-19 Vaccines:
Challenges and Opportunities for Rheumatology Patients | Dan Barouch, MD
- 19:00 - 19:30 In 2020, What Recent Data Guide Treatment Decisions in Psoriatic Arthritis | Laure Gossec, MD
- 19:30 - 20:00 Refractory RA and How to Deal with the COVID-19 Crisis in Rheumatology | Josef Smolen, MD
The content is not part of the ACR Convergence 2020 Highlights
- 20:00 - 20:30 Symposium Sponsored by Sandoz
Hyrimoz®: Expanding Options for Patients Care | Ahmed Abogamal, MD
This is not an official program of the American College of Rheumatology.

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)

Building on 5 years of experience in AS²

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

References:

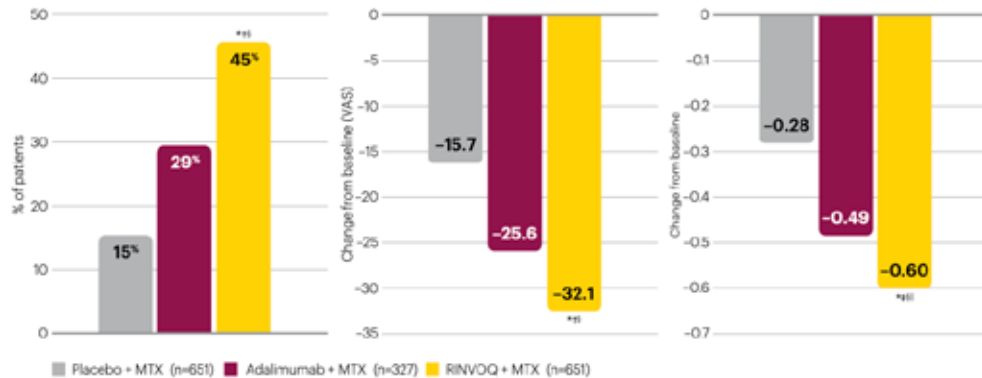
1. Cosentyx (secukinumab) Summary of Product Characteristics. May 2020. **2.** Baraliakos X et al. RMD Open. 2019;5(2):e001005. **3.** Marzo-Ortega H et al. Ann Rheum Dis. 2019;78(suppl 2):873. Abstract FRI0379. **4.** Rudwaleit M et al. Ann Rheum Dis. 2009;68(6):777-783.

UNPRECEDENTED REMISSION

In patients with moderate to severe active RA and an inadequate response to MTX

RINVOQ + MTX was **SUPERIOR** to adalimumab + MTX at Week 12 on:

SELECT-COMPARE:¹



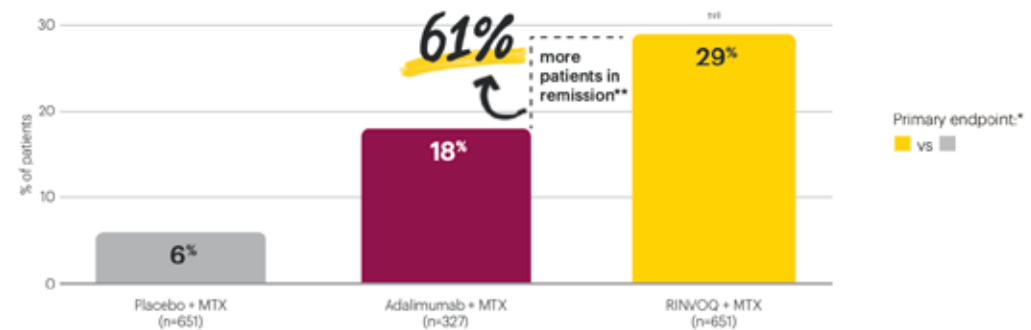
Superiority for ACR50, Δ pain, and Δ HAQ-DI for RINVOQ + MTX vs adalimumab + MTX at Week 12 were FDA ranked key secondary multiplicity-controlled endpoints. Δ HAQ-DI for RINVOQ + MTX vs placebo + MTX at Week 12 was an EMA ranked key secondary multiplicity-controlled endpoint. All other data shown were prespecified nonranked non-multiplicity controlled endpoints; nominal P-values are provided. *P<0.001 vs placebo + MTX. **P<0.001 vs adalimumab + MTX. †P<0.01 vs adalimumab + MTX. ‡Indicates multiplicity-controlled superiority comparison of RINVOQ + MTX vs adalimumab + MTX. ††Indicates multiplicity-controlled comparison of RINVOQ + MTX vs placebo + MTX.

1. Fleischmann R, Pangan AL, Song IH, et al. Upadacitinib versus placebo or adalimumab in patients with rheumatoid arthritis and an inadequate response to methotrexate: results of a phase 3, double-blind, randomized controlled trial [published on line July 9, 2019]. *Arthritis Rheumatol.* doi:10.1002/art.41032

In patients with moderate to severe active RA and an inadequate response to MTX

RINVOQ + MTX demonstrated **SIGNIFICANTLY GREATER REMISSION RATES** vs placebo + MTX or adalimumab + MTX

SELECT-COMPARE: Remission (DAS28 [CRP] <2.6) rates at Week 12 (NRI)^{1,2}



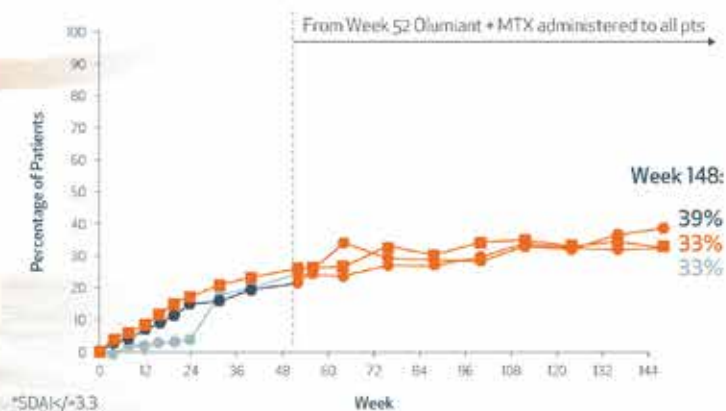
*DAS28 (CRP) <2.6 for RINVOQ + MTX vs placebo + MTX at Week 12 was a primary multiplicity-controlled endpoint. DAS28 (CRP) <2.6 for RINVOQ + MTX vs adalimumab + MTX at Week 12 was a prespecified nonranked non-multiplicity controlled endpoint; nominal P-value is provided. **61% is the relative difference between 29% (RINVOQ + MTX) and 18% (adalimumab + MTX) of patients who achieved remission (DAS28 [CRP] <2.6) at Week 12. †P<0.001 vs placebo + MTX. ††P<0.001 vs adalimumab + MTX. ‡Indicates multiplicity-controlled comparison of RINVOQ + MTX vs placebo + MTX.

1. Rinvog SmpC - revision date: Dec 2019 2. Fleischmann R, Pangan AL, Song IH, et al. Upadacitinib versus placebo or adalimumab in patients with rheumatoid arthritis and an inadequate response to methotrexate: results of a phase 3, double-blind, randomized controlled trial [published on line July 9, 2019]. *Arthritis Rheumatol.* doi:10.1002/art.41032



Olumiant maintained remission in MTX IR patients for 3 years

33 - 39% of patients on Olumiant 4 mg were in a state of remission (SDAI <3.3) at year 3 (observed case analysis)



Switch from: PBO(+MTX) to Olumiant 4 mg(+MTX) (n=488) at 52 weeks
 Switch from: PBO(+MTX) to Olumiant 4 mg(+MTX) (n=330) at 52 weeks
 Olumiant 4 mg(+MTX) (n=487) since week 0

Note: All patients were in remission (SDAI < 3.3) at baseline. Patients who received placebo (+MTX) were switched to Olumiant 4 mg(+MTX) at week 24 per the protocol (fully observed case analysis). (Note: Patients who had no observation at the last point visit) are included. Response rates were consistently higher based on the Observed Case analysis. There was no significant difference between patients who discontinued from the study were defined as non-responders in the analysis but included from the complete analysis.

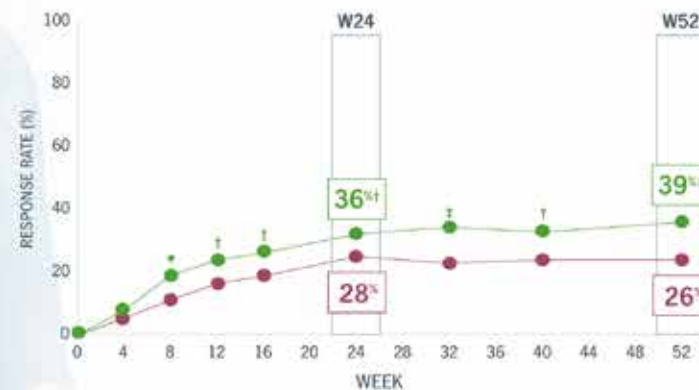
ADA and Remission: MTX was discontinued at Week 48 for inadequate response to methyl sulfate. 188 non-responders reported ADA. PBO (+placebo) plus placebo. SDAI = simplified disease activity index.

Source: Li, et al. Rheumatology. 2020. <https://doi.org/10.1093/rheumatology/kyz076>



Taltz is the first and only IL-17A to successfully demonstrate superiority vs. Adalimumab. Taltz simultaneously achieved ACR 50 and PASI 100 in patients with PsA at 24 weeks and results were consistent through 52 weeks¹

PATIENTS (%) ACHIEVING SIMULTANEOUS ACR50 AND PASI 100 THROUGH WEEK 52, N=119



■ Taltz (n=59) ■ Adalimumab (n=60)

†p < .05 vs. Adalimumab; ‡p < .01 vs. Adalimumab; §p < .001 vs. Adalimumab

Note: N/A was used for imputation of all missing data, including dropouts as non-responders.

Reference: 1. Grover J, et al. A Head-to-Head Comparison of Ixekizumab and Adalimumab in Biologic-Naïve Patients with Active Psoriatic Arthritis: Efficacy and Safety Outcomes from a Randomized, Open-Label, Blinded Assessor Study Through 52 Weeks (abstract). Arthritis Rheumatol. 2019; 71 (suppl 10):1120.

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We are a group of Rheumatologists aiming to bring up-to-date quality Rheumatology Education to Physicians around the world.

Our objective is to bring together expertise from across the rheumatology profession and from big Rheumatology bodies like: ASAS, Grappa, Best of ACR, EULAR etc., combining a wide range of experiences and skills to ensure we are supporting our members to the very best of our abilities.

For registration and more information, kindly visit our official website:

www.era-rheumatology.org

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