

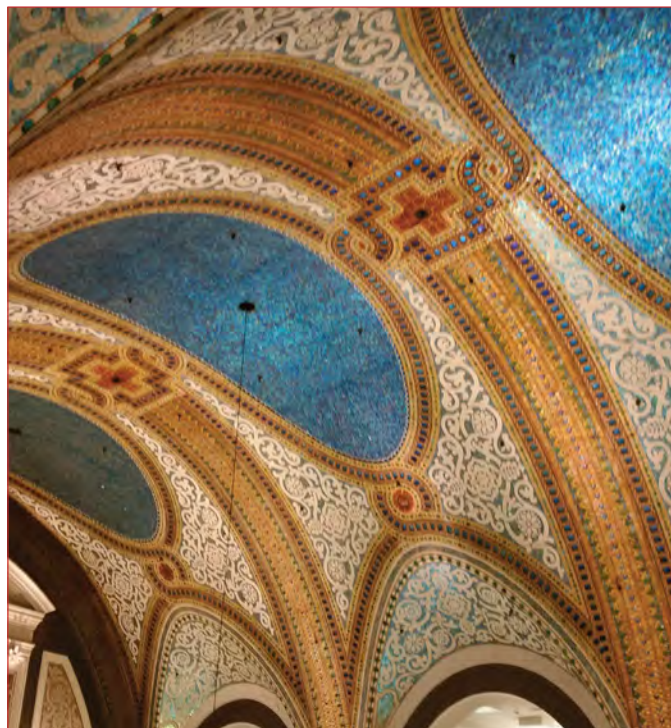
ACR 2018 Report

By Philip A. Baer, MDCM, FRCPC, FACR

The ACR returned to Chicago this year after a seven-year absence. Apparently, Chicago is named the Windy City based on the hot air generated by its politicians in the past. This year it was windy in the weather sense as well, with flight turbulence en-route and flying debris while walking on the Magnificent Mile and near Lake Michigan being commonly noted.

The meeting was at the spacious McCormick Place south of downtown, with excellent access via Chicago Transit Authority (CTA) trains and the American College of Rheumatology (ACR) Shuttle. Canadians were well represented at the opening awards ceremonies, with Earl Silverman being recognized as an ACR Master, and Dafna Gladman picking up yet another award, this time as ACR Distinguished Clinical Investigator. Interestingly, of the 21 new ACR Masters, only one was listed as retired, despite the age 65+ requirement to be a Master. Looks like rheumatologists really love their work!

I had no posters to present, so much more freedom to wander through the meeting sessions. Congratulations to Ines Colmegna and Vinod Chandran who each presented at the podium during an ACR Plenary Session. Dr. Colmegna's work with her group at McGill was also highlighted at an ACR press conference. Her abstract #837 highlighted the improved immune response noted in seropositive rheumatoid



Famous Tiffany dome ceiling at Macy's State Street store.

arthritis (RA) patients immunized with a high-dose trivalent influenza vaccine versus a standard-dose quadrivalent vaccine. Good to know as the flu season approaches. Dr. Chandran's abstract #2787 showed that -21 HLA-Class I Dimorphism differentiates psoriatic arthritis (PsA) from psoriasis without psoriatic arthritis (PsC). PsC patients within their discovery cohort and replication study had a significantly lower prevalence of -21M compared to controls, as well as those with PsA.

This study provides indications for a potential role of natural killer (NK) cells in PsA pathogenesis, as well as providing a genetic marker that differentiates PsA from PsC. I will have to stop abbreviating psoriasis as PsO if PsC is the correct term.

The ACR Year in Review session kicked the meeting off with all kinds of interesting material: A human skeletal stem cell has been recently identified. Somewhat ignored cells such as fibroblasts and stromal cells may have important pathogenetic roles in our rheumatic diseases. Platelets can donate sugars to glycosylate antibodies. On the clinical side, no bleeding was encountered in 1,050 joint aspirations/injections done at the Mayo Clinic on patients taking direct-acting oral anti-coagulants (DOACs)/novel oral anti-coagulants (NOACs). Opioids were no better than non-opioids regarding function and pain interference in patients with hip and knee OA or chronic low back pain, but performed worse regarding pain intensity reductions. Apparently, there



Sculpture at McCormick Square: Are those joints arthritic?



JAKs were everywhere at ACR 2018.

is a DREAM study as well as a DREAM registry: the DREAM study showed oral fatty acids were ineffective for dry eyes in Sjogren's syndrome. Mortality in systemic lupus erythematosus (SLE) is declining, but not as rapidly as mortality in non-SLE populations. The ARTIS registry concluded that, overall, TNF inhibitors do not increase the risk of recurrent cancer in RA.

The meeting highlighted many papers on Janus kinase (JAK) inhibitors, cardiovascular disease in RA, and real-world evidence on the effectiveness and safety of many familiar therapies. Patient-related outcomes and biosimilars continue to be topical, as well as immune-related adverse events to checkpoint inhibitors used in oncology. New ACR and ACR/EULAR guidelines and criteria were presented on reproductive health in rheumatology patients, large-vessel vasculitis and IgG-4 related disease.

I really enjoyed The Great Debate on monitoring for retinal toxicity in patients on hydroxychloroquine (HCQ). Both debaters, Dr. James Rosenbaum (the only rheumatologist who heads a Department of Ophthalmology) and Dr. Michelle Petri (passionate lupologist at Hopkins), did an excellent job. I think Dr. Petri won, based on her argument that HCQ toxicity is low, manageable, and reversible if caught early, and that the documented efficacy of HCQ in preventing morbidity and mortality in SLE must not be compromised.

Dr. John O'Shea, the key scientist who led the development of jakinibs, gave an excellent overview of the field. With four JAKs handling 57 cytokines (including growth hormone and leptin), the science can be quite confusing. He reviewed all the agents and clinical trials, as well as issues in assessing selectivity. New formulations could



The Gentlemen Statues near the Chicago River downtown.

include inhaled, topical and non-absorbable jakinibs. He also covered oclacitinib, a jakinib only approved in dogs for atopic dermatitis, which I encountered recently when reviewing the medications of a canine member of our extended family (the drug brand name is Apoquel, which sounded to me like a generic version of Seroquel, but I was wrong).

Overall, this year's meeting was very well-attended, with 15,000 attendees, of which 12,000 were scientific attendees. A total of 3,032 abstracts were accepted with 106 countries represented.

All in all, another successful and jam-packed meeting, which still allowed time to enjoy all that Chicago has to offer in terms of architecture, shopping and restaurants. Next year we will be in Atlanta for ACR 2019.

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The future of healthcare: Vision for 2030.