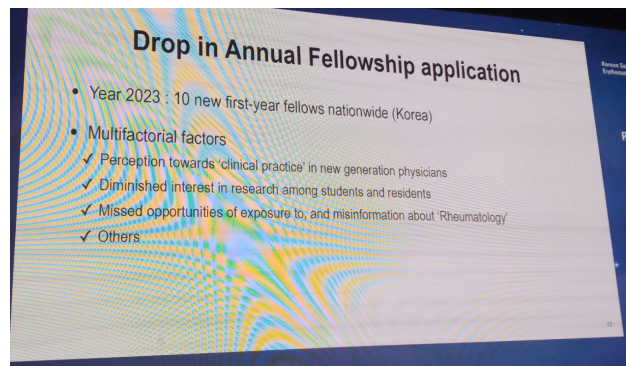


Step into a Beautiful World

Peter Paolo Daleon, Sheila Marie Reyes, Lisa Traboco



There is a word in Korean that is pronounced “a-RHEUM-da-eun” which is a formal way of saying “beautiful”. In the recently concluded Lupus - Korean College of Rheumatology Conference held in Seoul, Korea last May 17-20, 2023, it was the first time that the international event was being held in person after 3 years since the start of the Pandemic. No longer were delegates hidden behind computer screens, although some speakers were still only available through Zoom. We reflect on this brand new world since isolation, on how it feels to be finally interacting in person again and what it means for a new rheumatologic world.



Did you know there are only 10 new first year rheum fellows in the entire South Korea?

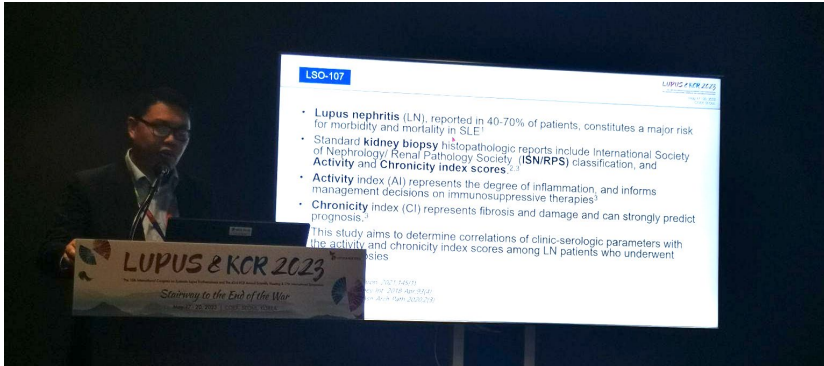
Step 1: Oral Presentation (Peter Paolo Daleon)

Speaking and presenting in front of an audience in person is very much different when you do it online such as through Zoom or Google Meet. This kind of activity has never been, and probably will never be, my cup of tea. The gadgets we use and the sense of not being around your audience during online presentations gave me a sort of security blanket from the eyes of the audience. However, my experience during the Lupus and Korean College of Rheumatology Annual Convention somehow changed that perspective.

It was a wonderful opportunity to have our research paper entitled “*Association of Higher Chronicity Index Scores in Patients with Lupus Nephritis*” accepted as a late-breaking abstract for a short oral presentation on the last day of the convention (May 20, 2023). For the first time in my life, I will be speaking in front of a live audience, in

an international conference, to talk about something I am supposed to be very knowledgeable at. I tried my best to be well-prepared – preparing and rehearsing my script several times, trying to answer potential questions that may be asked, and telling myself that I can do it and present it well.

The day of presentation came and I felt nauseated and weak in my knees hours before the actual presentation. I felt slightly relieved when I saw the small room, and tried to appear very confident as I presented our research.



Our research showed the following: (1) extra-renal manifestations including oral ulcers, arthritis, and serositis at kidney biopsy *inversely* correlated with chronicity index scores, (2) shorter disease duration from SLE or nephritis diagnosis to time of kidney biopsy correlated with higher activity index scores, and (3) hypertension was strongly associated with higher chronicity index scores. The results further emphasized the importance of regular monitoring and effective management and control of hypertension among lupus nephritis patients. Questions such as *“how will you know if the increase in chronicity index is due to hypertension or to the disease itself?”* and *“are there specific anti-hypertensive medications that can lower the chronicity index?”* were challenging for me to answer at that time, but definitely provided additional insights to refine and discuss our paper, as well as new ideas for further clinical research. The experience truly provided a sense of fulfillment having achieved a personal milestone and challenged me to continue learning and working to improve my potentials. I certainly look forward to more opportunities to engage in research and share these in future local and international forums.

Kamsahamnida to Lupus and KCR 2023 Organizing Committee for accepting our abstract and for allowing me to experience this wonderful opportunity and to Dr. Sandra Navarra for pushing me forward to complete this endeavor.

LUPUS & KCR 2023

The 13th International Congress on Lupus, Nephritis, and Hypertension
The 4th KCR Annual Scientific Meeting & 17th International Symposium
May 17-20, 2023 | COEX, SEOUL

LSO-107

Association of Hypertension with Higher Chronicity Index Scores in Patients with Lupus Nephritis

Peter Daleon, Wendell Española, Sandra Navarra
University of Santo Tomas Hospital, Manila, Philippines

BACKGROUND

Lupus nephritis is reported in 40-70% of patients, constituting major risk for morbidity and mortality in SLE. Kidney biopsies provide useful information to guide management in lupus nephritis (LN). Standard histopathology report includes ISN/RPS class, as well as Activity Index (AI) and Chronicity Index (CI) scores representing inflammation and fibrosis, respectively. We analyzed the clinical attributes associated with histopathologic class, AI and CI scores in patients with LN.

RESULTS

The summary of demographic, clinical, and laboratory parameters of 44 patients were summarized in Table 1. Of renal parameters, only hypertension was associated with higher CI (r=0.417), although there was a trend for higher UPCr (r=0.144) and serum creatinine (r=0.221) correlating with higher AI, this was not statistically significant. Shorter duration between SLE (r=0.355) or LN (r=0.334) diagnosis was associated with higher activity index scores (Table 2). Extra-renal features of oral ulcers (r=0.368), arthritis (r=0.461), and serositis (r=0.301) were associated with lower CI scores (Table 3). There was no correlation of individual disease parameters with ISN/RPS class.

CONCLUSION

In this study, we found a significant correlation of hypertension with higher chronicity index scores. A shorter disease duration from the onset of SLE or LN diagnosis is also significantly correlated with higher activity index scores. In addition, this was consistent with a correlation seen between extra-renal disease activity manifestations, such as oral ulcers, arthritis, and serositis with lower chronicity index scores. These findings reinforce the importance of adequate blood pressure control among LN patients and the need to treat LN early and aggressively in order to prevent potentially irreversible renal damage.

Characteristics	N=44
Gender (%)	
Female	42 (95.5)
Male	2 (4.5)
Age at SLE diagnosis in years, mean ± SD	21.6 ± 2.7
SLE disease duration in years, mean ± SD	3.46 ± 4.1
Age at LN diagnosis in years, mean ± SD	25 ± 10.3
Duration of LN to biopsy in years, mean ± SD	2.36 ± 3.7
Serum creatinine in mg/dL, mean ± SD	1.4 ± 0.87
eGFR in mL/min/1.73 m ² , mean ± SD	71.8 ± 37.3
UPCr, mean ± SD	2.6 ± 1.4
SLE disease activity at biopsy, mean ± SD	10.6 ± 4.4
ISN/RPS classification (%)	
Class III*	13 (29.5)
Class IV*	29 (65.5)
Class V	2 (4.5)
Mean activity index score	7.05 ± 2.9
Mean chronicity index score	3.7 ± 2.1

Table 1 Demographic and clinical profile of patients
*1 patient with mixed Class III or Class IV + Class V

Clinical Parameters	AI, r	CI, r
Disease duration from SLE or LN onset to renal biopsy	-0.355*	-0.019
UPCr	0.144	0.039
Serum creatinine	0.221	0.181
eGFR	-0.267	-0.229
SLE disease activity at renal biopsy	-0.162	-0.05
Hypertension	-0.142	0.417*

Table 2 Pearson correlation coefficients (r) of different clinical parameters with activity and chronicity index scores
AI, activity index; CI, chronicity index
*Significant at p < 0.05

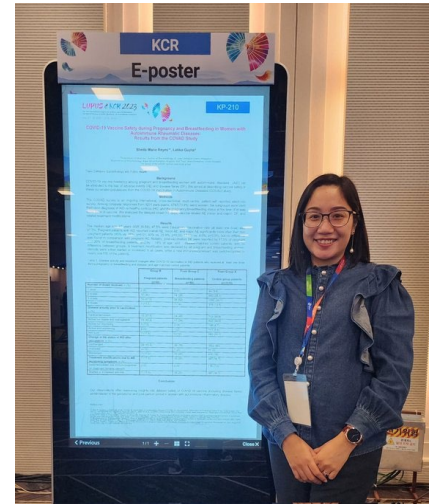
Clinical Parameters (1997 ACR Criteria)	AI, r	CI, r
Malar Rash	0.19	-0.138
Oral Ulcer	0.066	-0.268*
Discoid Rash	0.05	0.01
Arthritis	-0.045	-0.461*
Serositis	0.2458	-0.301*
Nephritis	0.230	-0.08
Neurologic	-0.223	-0.087
Hematologic	-0.261	-0.184
Photosensitivity	0.107	-0.152
Immunologic	-0.175	-0.224
Low complement C3	-0.182	-0.044

Table 3 Pearson correlation coefficients (r) of clinical manifestations based on 1997 ACR classification criteria for SLE with activity and chronicity index scores
AI, activity index; CI, chronicity index
*Significant at p < 0.05

my potentials. I certainly look forward to more opportunities to engage in research and share these in future local and international forums.

Step 2: e-Poster Presentation (Sheila Marie Reyes)

Sheila represented one of the COVAD substudies which was later integrated with an oral presentation from one of our international co-authors. After two years of online posters it was rather refreshing to see a “real” poster. Large monitors were at the exhibit area and you would search for your poster to be on display. In one sense, this lessens the amount of poster waste you carry to-and-from your country. It is also reusable: any exhibitor can show multiple displays on a loop if needed. True to the social media of our generation, each poster can also be “liked”. I am uncertain if this equates to the merit of the research, but it does work for more extroverted individuals. However, I think what would have made it more interesting and more inclusive is if the monitors were still “live” online and participants overseas could still ask questions to the presenters.



Step 3: Hello, World (Lisa Traboco)



This is the 3rd international meeting for me to present the work of **COVAD** (COVID-19 vaccination in autoimmune disease), but it was also the first meeting for me to present my Medical Education work on the **ARGO** (Applied Rheumatology on the Cerego). As an introvert, it was intimidating for me to meet my co-authors and online mentors in person. But I was also grateful for the opportunity to meet those who supported a beginning researcher simply by email. I reflected on this a lot; all my fellowship life I have felt somewhat inferior when attending international conferences. I have many times believed that our knowledge was too limited for a global scale. But when we

met Lupus researchers like Professor Laurent Arnaud (President of SLE Euro Society), and Professor Ioannis Parodis (Karolinska Institute) whom we have only interacted through Twitter, I was touched at their encouragement - that our Asian perspectives can be center stage. In addition, I think that attending has made me realize that we need to interact more with our Asia Pacific region counterparts. As an English speaking nation, and perhaps due to our west mentality - we seem to interact more with the West. It was very difficult to introduce ourselves to Korean rheumatologists, perhaps culture, perhaps shyness - but an eye opener for me to look into our region first. I applaud the KCR for providing what I believe is the first live translation of lectures. Perhaps in the future - AI generated subtitles will be the norm?

The conference for me was busy but short - I miss some aspects of virtual learning - such as having the sessions on demand as soon as 24 hours later. But these are only the first new steps into the light - as we take our knowledge from the pandemic - and use them to improve the rheumatologic world.

Capping the Philippine representation: Prof. Sandra Navarra speaks at the:

LUPUS & KCR 2023

The 15th International Congress on Systemic Lupus Erythematosus and The 43rd KCR Annual Scientific Meeting & 17th International Symposium

Alliance Session 1

Improving Lupus Outcomes through Patient Education

on the topic:

Lupus education for physicians and patients in a resource-limited setting

Sandra Navarra

Univ. of Santo Tomas, Philippines

Challenges in Lupus Healthcare: Limited Access to Specialists



The PHILIPPINES

- Population 113.7 M
- Archipelago of 7,640+ islands
- 2,000 islands are inhabited
- 3 major island groups: Luzon, Visayas, Mindanao

Rheumatologists in clinical practice*

- Total: **226**
- 200 internists, 26 pediatricians

[General] Rheumatology training centers

- 5 IM-Rheumatology [2 with Pedia Rheumatology]
- All located in Metro Manila

Lupus Education in Resource Limited Settings

LUPUS & KCR 2023

- Integrate and strengthen the study of SLE in the MEDICAL CURRICULUM and training programs
- Actively involve IM or pedia residents, interns, med students to rotate in dedicated (including Transition) LUPUS CLINICS
- Deploy volunteers to share their lupus stories with students as part of the PATIENT PARTNERS educational program
- Train PRIMARY CARE PHYSICIANS or non-specialists in more effective triage of patients with rheumatic diseases through the A.R.M.S. program
- Enhance the use of TELE-RHEUMATOLOGY to reach patients especially in remote areas.
- EMPOWER patients by actively engaging them in decision-making processes concerning their health care
- Encourage and reinforce PATIENT SELF-HELP or peer-mentoring programs and support group projects including socio-cultural activities

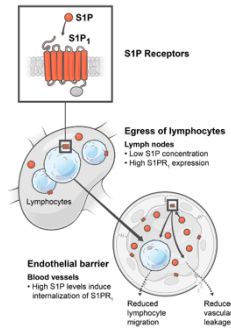
...and presented results of Ph2 clinical trial on CENERIMOD

Safety, Efficacy and Pharmacodynamics of Cenerimod in Patients with Systemic Lupus Erythematosus: Two Randomised, Double-blind Phase 2 Clinical Trials

LSO-092

Sandra V. Navarra¹, Peter Cornelisse², Clélia Cahuzac², Yoshinari Yokoyama³, Osamu Togo³, Ouali Berkani²

¹University of Santo Tomas, Manila, Philippines; ²Idorsia Pharmaceuticals Ltd, Allschwil, Switzerland; ³Idorsia Pharmaceuticals Japan Ltd, Tokyo, Japan



The influencers of #lupuskcr2023

LUPUS & KCR 2023 @Lupus_Kcr_2023	100
sheila @RHEUMarampa	97
Lisa T. @rheumarhyme	94
Manuel Ugarte-Gil @mugartegil	82
The CoVAD Study @CoVADStudy	81
APLAR @APLAR_org	79
EuniceVMC @mushrheummd	73
Dr. Geraldine Zamora @doktora_ging	71

