

APLAR-ACR EXCHANGE

THE JOHNS HOPKINS EXPERIENCE

Exploring the Frontiers of Rheumatology

The rheumatology observership at Johns Hopkins Hospital in Baltimore, Maryland, provided an exceptional opportunity to engage with one of the world's leading medical institutions. It offered a seamless combination of clinical excellence, research, and a learning environment that prioritized collaboration and mutual respect. This unique approach not only enriched clinical understanding but also provided valuable insights into promoting growth for both trainees and medical staff alike. The emphasis on teamwork, open communication, and a supportive atmosphere made it an ideal environment for learning and professional development.



The rotation spanned six specialty clinics within the division of rheumatology, each addressing complex cases in its respective subspecialty. The **Arthritis Clinic**, led by **Dr. Clifton Bingham**, offered invaluable insight into the intricate management of rheumatoid arthritis and psoriatic arthritis. The clinic demonstrated the strategic use of DMARDs and biologic agents, with strong emphasis on careful selection, initiation, and tapering to optimize efficacy while minimizing long-term risks. This highlighted the importance of tailoring treatment plans to individual patient needs, considering factors such as comorbidities, disease activity, and patient preferences.



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In the **Lupus Clinic**, **Dr. Homa Timlin** provided a comprehensive view of systemic lupus erythematosus, including therapeutic strategies such as belimumab for maintenance and obinutuzumab for refractory lupus nephritis. The patient population was notably diverse, with a significant proportion of African American and Asian patients. Observations highlighted that African American patients often presented with more aggressive disease phenotypes, underscoring the importance of considering race and ethnicity in disease management, prognosis, and therapeutic response. This reinforced the need for personalized, culturally informed care that considers both genetic and environmental factors in the management of lupus.

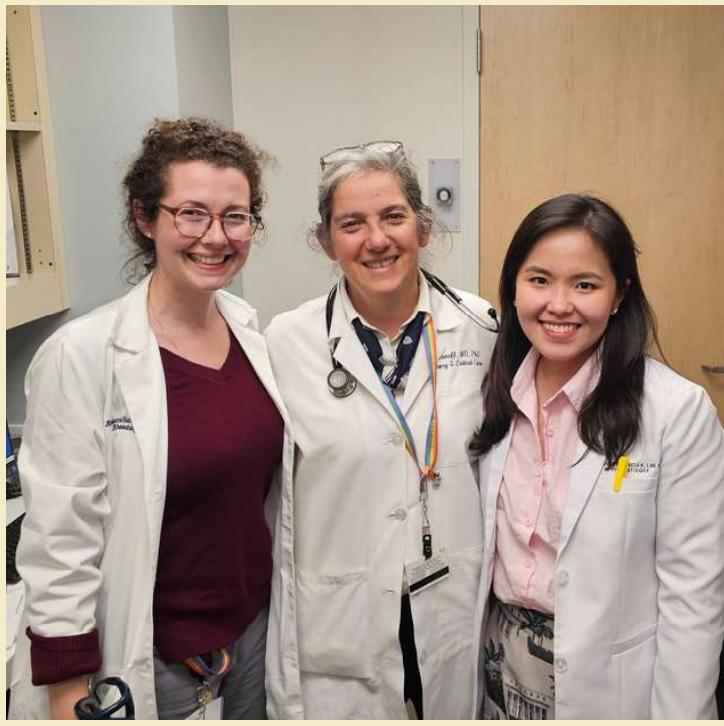
The Myositis Clinic, guided by **Dr. Jemima Albayda**, **Dr. Lisa Christopher-Stine**, and **Dr. Eleni Tiniakou**, explored the complexities of managing myositis. The clinic emphasized the importance of accurate diagnosis, particularly for challenging conditions like inclusion body myositis, where clinical presentation and physical examination are critical. The management of myositis can be complex, particularly when incorporating biologics, intravenous immunoglobulin (IVIG), and, in refractory cases of dermatomyositis, JAK inhibitors. While these therapies can be highly effective, they come with inherent risks, necessitating close monitoring to mitigate potential complications. The clinic's approach highlighted the importance of individualized care plans, vigilant assessment, and the careful tapering of medications to achieve optimal outcomes.



The **Vasculitis Clinic** with **Dr. Brendan Antiochos** introduced cases less commonly encountered in our region, such as giant cell arteritis (GCA) and Behçet's disease, alongside more familiar conditions like Wegener's granulomatosis, polyarteritis nodosa, and Henoch-Schönlein purpura. While in the **Sjögren's Syndrome Clinic**, led by **Dr. Thomas Grader-Beck** and **Dr. Alan Baer**, the focus was on diagnosing and managing primary Sjögren's syndrome. The clinic

received referrals to evaluate patients with suspected Sjögren's syndrome, conducting diagnostic tests on-site, including the Schirmer test and unstimulated salivary flow measurement. This integrated approach streamlined the diagnostic process and ensured timely intervention.

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The **Scleroderma Clinic**, led by **Dr. Laura Hummers**, underscored the necessity of a multidisciplinary approach to managing systemic sclerosis. This integrated perspective was further exemplified in the **Interstitial Lung Disease (ILD) Clinic** under **Dr. Sonye Danoff**, where the complex interplay between pulmonary and rheumatologic disorders were discussed. Working alongside these esteemed specialists was both humbling and inspiring, as they

combined expert patient care with research while maintaining an open and engaging teaching style.



The **musculoskeletal ultrasound clinic**, led by **Dr. Jemima Albayda**, focused on evaluating referrals to determine whether pain symptoms were inflammatory or mechanical in nature. Ultrasound aided in diagnosis and facilitated procedures such as intra-articular steroid injections.



In addition to outpatient rotations, time was spent on the **inpatient service** at Johns Hopkins Medical Center in downtown Baltimore, supervised by **Dr. Lisa Christopher-Stine**. Alongside rheumatology fellow Dr. Patel and medical resident Dr. Kaur, the team managed new referrals, followed by detailed rounds where cases were discussed comprehensively. These sessions created a supportive environment for collaborative clinical decision-making, highlighting the value of diverse perspectives and promoting the growth and confidence of trainees.



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Fridays were filled with enriching academic activities, beginning with a hands-on ultrasound workshop led by Dr. Jemima Albayda, followed by Journal Club discussions on recent rheumatology literature. Subsequent Fridays featured the CCC Fellows' Conference on Renal Pathology of Rheumatic Diseases, presented by renal pathologist Dr. Avi Rosenberg, and the Dr. Nadia D. Morgan Memorial Lecture, with Dr. L. Ebony Boulware, Dean of Wake Forest University as the keynote speaker. Her lecture explored the pervasive impact of racism on kidney health, emphasizing the importance of considering race in risk stratification and prognosis. Highlighting the need for clinicians to move beyond assumptions based on appearance and explore patients' family histories to provide personalized care. The morning concluded with Radiology Rounds led by rheumatologist Dr. Peter Holt, where imaging findings were correlated with clinical cases.



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Healthcare Systems: A Reflection on Differences

An important aspect of this observership was reflecting on the differences between the healthcare systems in the United States and the Philippines. Johns Hopkins is a specialty center in which patient care is supported by a resource-rich environment. In contrast, the healthcare system in the Philippines



faces more limitations on resources and therapeutic options, including certain medications that are not accessible in the country.

A key difference lies in the insurance systems. In the U.S., healthcare is primarily supported by private insurance and government programs, providing access to a broad range of treatments, though affordability depends on insurance coverage. In the Philippines, while government programs like PhilHealth exist, they often offer limited reimbursement for specialized treatments and biologics, leaving many patients to bear significant out-of-pocket expenses. This financial burden makes access to care more challenging for Filipino patients.



These differences highlight the importance of adapting treatment strategies based on available resources, and underscored the need for improvements in the healthcare system and equity in the Philippines.

Reflection on Growth and Global Collaboration

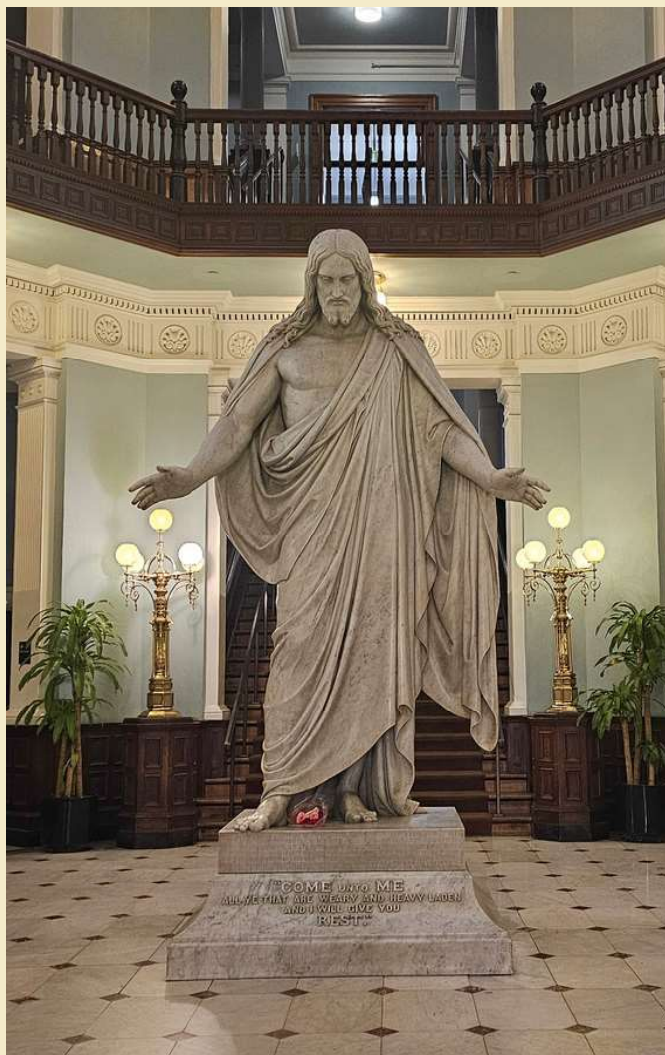
The experience extended beyond clinical and academic learning, fostering meaningful connections with fellow trainees. A memorable dinner with rheumatology fellows and international colleagues, including lupus fellow Dr. Aza from Thailand and myositis fellow Dr. Takashi from Japan, showcased the global nature of the field.

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Walks around the scenic campus, with its historic architecture, provided moments of relaxation and balance.

This observership at Johns Hopkins highlighted the institution's excellence in clinical care, research, and education, emphasizing the importance of a supportive, collaborative environment that encourages questions, insights, and meaningful dialogue—essential for nurturing clinical skills, critical thinking, and leadership, building a solid foundation for a future of rheumatologist.



I believe opportunities such as the exchange program provide invaluable exposure, and I hope that other fellows and trainees in rheumatology will have the chance to explore similar experiences abroad, gaining new perspectives that enrich our practice and professional growth.

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by Fayanne Patricia K. Lim
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