

ACR 2014

By Philip A. Baer, MDCM, FRCPC, FACP

"You wanna be where you can see, our troubles are all the same / You wanna be where everybody knows your name."

– Gary Portnoy, "Where Everybody Knows Your Name" (lyrics, Portnoy and Angelo), Soundtrack from *Cheers*, 1982.

Boston 2014 was my third go-round with the American College of Rheumatology (ACR) in Beantown. The first time, I recall staying right downtown, with the conference held at the Hynes Convention Centre. Getting around was a bit of a nightmare due to Boston's Big Dig project to reroute and bury expressways; it finished years behind schedule and over budget, but was worthwhile in the end. I compensated by taking several walking tours through Back Bay, Boston Common, and along the Freedom Trail. The ACR used to offer them at nominal cost through the conference "Spouses Program"—a relic of a different era.

The second time in Boston, we were at the Boston Convention and Exhibition Center (BCEC) in the revitalized Seaport District, the largest building in New England. The year was 2007, and the talk among Canadian attendees was of our mighty loonie flying high at \$1.10 US in value. Everything was cheap for us, including attending a Montreal Canadiens vs. Boston Bruins hockey game at the TD Centre.

For Boston this year, I was looking forward to a leisurely conference, attending with my wife, balancing the three-ring circus of meeting sessions, networking, and CRA-related events with touring some of Boston's tourist highlights, including Harvard Yard, the Institute of Contemporary Art, and the Boston Tea Party museum. I am not a regular at the Harvard Rheumatology Review Course, so my visits to Boston are quite sporadic.

The whole relaxing conference idea went out the window when I found out an abstract we had submitted had been accepted for a podium presentation at ACR. Great, except I was the first author, so it was up to me to actually present the study, something brand new to me after 30 years in rheumatology! I had presented posters over the years, of course, the first at ACR 1986. I remember typing the different parts in a huge font on standard pieces of paper, attaching them to contrasting pieces of cardboard, putting them in a brown envelope, and needing 24 pushpins to put the various parts on the posterboard. The topic: "Impact of intra-articular

steroid injections on salicylate levels in RA." Probably a paper with one of the lowest impact factors in rheumatology research history, but we did manage to publish an article based on it after the meeting. Going through my rheumatology papers recently, I even found the abstract acceptance letter from Dr. Ronald Messner, indicating ours was one of 300 accepted posters. Obviously, that meeting was a far cry from the thousands of posters on offer at ACR 2014.

Thereafter, I had presented various posters at pain and rheumatology conferences, usually co-authored with my wife. Production ramped up when I joined the Biologic Rheumatology Registry Across Canada (BioTRAC) registry as an investigator, and we obtained a critical mass of patients, allowing for analysis of multiple research questions in a Canadian real-world observational setting. This led to standing in front of posters at various CRA, ACR, and European League Against Rheumatism (EULAR) meetings, culminating in presenting a poster on one of the ACR Poster Tours in San Diego in 2013. I thought I had achieved my maximum in terms of research participation.

This podium presentation presented additional opportunities for embarrassment. I did not want to be recalled for fainting during a presentation; I already have witnessed that at a prior rheumatology meeting. Likewise, I did not relish facing the memory challenge Dr. Ed Keystone (author #2 on our study) withstood at a past EULAR when the power failed during his presentation. He did not miss a beat, as he had memorized every number on his slides down to two decimal points.

Fortunately, our paper had 14 co-authors, including an excellent biostatistics team and the support of a committed sponsor. From an initial skeleton, we quickly progressed through five drafts. Dr. Keystone scrambled our slide order, and rearranged everything to increase the simplicity and coherence. My son coached me on basic statistics, including the Chi square test, Pearson's correlation coefficient, and ROC curves, and the biostatistics group taught me how to explain the rationale for our modelling choices. I

practiced at our Journal Club and at other CMEs on the topic of composite indices in rheumatoid arthritis (RA). As I found out a few years ago at the CRA Great Debate, 10-12 minutes is not a long time to convey a logical and understandable presentation. I want to thank everyone who listened and provided feedback. Dr. Jacques Brown, Dr. Claire Bombardier, Dr. Dafna Gladman, Dr. Bob Josse, and Dr. Keystone all provided helpful advice on dealing with questions, and on presenting in large dark rooms where you can barely see the audience. My plan included filling the room with Canadian colleagues and friends, and leaving as little time as possible for challenging queries.

The next attack of nerves came when the ACR published the final conference program. Our paper was scheduled as part of an afternoon with nine concurrent sessions. It turned out I would be presenting in the largest of the nine session halls, indicating our paper was part of a session expected to be quite popular. I figured perhaps the second-biggest hall would attract some of our audience, given the co-chairs were the ever-popular Dr. Iain McInnes and Dr. Vivian Bykerk. At least I no longer had to worry about having a shaky hand on the laser pointer, as I would not be using one in a large hall with multiple projection screens.

In the end, everything went well. Our paper was paired with one from the DANBIO registry on the same topic of patient-related outcomes in composite disease activity measures, which I was able to reference in introducing our study. Our slides projected well in the large room, and no one asked any questions regarding statistics. The Canada-USA divide on physical examination was exposed by the questions, dealing with our confidence in our joint examinations without the use of bedside ultrasound.

With that out of the way, I could enjoy the meeting, including our lively CRA Council and CRAJ Board meetings, and many breakfast, lunch, and dinner meetings with colleagues. Canada night at the downtown Harvard Club, on the 38th floor of a skyscraper, was terrific: familiar and friendly colleagues and their families, tasty food and great views, despite the rainy weather. Dr. Andy Thompson and his www.rheuminfo.com team provided insightful suggestions regarding which sessions to attend with their new www.rheumreports.com website. My thanks to Dr. Janet Pope, one of Dr. Thompson's reporters, for the following statistics on prolific Canadian authors at ACR 2014: DD Gladman (39), E Keystone (28), WP Maksymowych (26), B Haraoui (22), P Rahman (20), JS Sampalis (20), V Chandran (18), B Bensen (17), D Choquette (17), E Rampakakis (16),

J Pope (16), VP Bykerk (16), C Thorne (15). The list is a *Who's Who* of Canadian rheumatology, of whom we can all be extremely proud. I thought I was doing well with nine abstracts, one jointly with my wife, but we are playing in a different league.

The weather was typical for the Northeast in November, and the WiFi was spotty at the conference centre, but overall it was another excellent meeting. I enjoyed presentations on new ACR-EULAR PMR guidelines, though the 2015 update on the ACR RA Guidelines was disappointing. Reassuring data was presented on antimalarials for reduction in cardiovascular morbidity in rheumatic diseases, and the ability to give zoster vaccine to patients on biologics. Our own Dr. Ron Laxer was the expert presenter at a CPC on chronic recurrent multifocal osteomyelitis (CRMO), an autoinflammatory disorder that mostly affects children. Dr. Earl Silverman received an ACR Award for excellence in investigative mentoring. New therapies targeting IL17 in seronegative arthritis and URAT-1 transporters in gout were highlighted, as well as therapies targeting interferon in lupus.

In the end, we made it to Harvard for a tour led by a sophomore student, and walked the Freedom Trail. The aquarium, Institute of Contemporary Art, and the Boston Tea Party museum will have to wait for another visit. Alcohol was in plentiful supply, but we did not make it to the bar featured on *Cheers* either.

Finally, no trip would be complete without some travel-related pain. We stayed until the meeting ended Wednesday at noon, and landed in Toronto at 4PM in the midst of a fall snowstorm. That resulted in a two-hour wait for a taxi, with an unruly crowd requiring the police to be called to maintain order. We ended up in line with Dr. Rayfel Schneider, a pediatric rheumatologist whom I had never met. Chatting with him made the time pass quickly, and also generated some ideas for future CRAJ articles. We wound up sharing a cab, which only took another two hours through bumper-to-bumper traffic to get us all home. Shades of CRA 2008 in Mont Tremblant, when we slept overnight at Trudeau airport in Montreal, but this was not quite as bad.

I look forward to ACR 2015 in San Francisco, but I cannot even think that far yet—CRA 2015 looms, followed by EULAR. The cycle never ends.

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