

ACR 2019 in Atlanta

By Philip A. Baer, MDCM, FRCPC, FACP

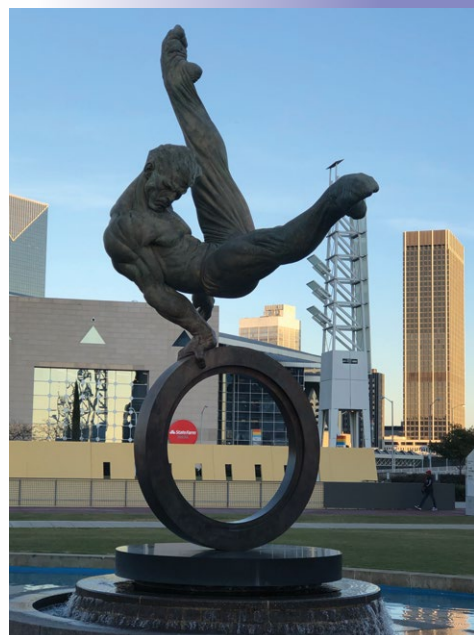
"I dare somebody to go to Atlanta and not have a good time."
– Brian Tyree Henry (actor and star of the show "Atlanta")

The last time the American College of Rheumatology's (ACR) annual scientific meeting was held in Atlanta was in 2010. Given that the ACR has its corporate headquarters in Atlanta, I was surprised the meeting is not held there more often. I missed ACR 2010 as we were on a CME trip in China. However, as we queued for customs on our return at Toronto Pearson Airport, I noticed that I knew dozens of people in the snaking line. They were all returning from ACR 2010, so I received a crash course on the meeting highlights while we waited.

While I had transited through the Atlanta airport, I had never actually been to the city. In addition to the conference at the Georgia World Congress Centre, I was hoping to see some of the city's highlights, including the headquarters of CNN and Coca-Cola, as well as the Chick-Fil-A College Football Hall of Fame (CCFHF). Despite the recent controversy surrounding the opening of a Chick-Fil-A restaurant in Toronto, the CRA chose to hold Canada Night at CCFHF, and the combination of colleagues, food, wine and the exhibits turned out to be a winner.

Most of my other touristy plans went up in smoke, as the conference agenda is so busy. This is a product of its own merits (over 15,000 participants and nearly 11,000 scientific attendees from 103 countries, thousands of posters, hundreds of podium presentations, and many very interesting lectures), and because it provides a venue for all sorts of other meetings to take place on the sidelines with colleagues from across Canada and around the world.

For those trying to get organized, the ACR meeting app was very helpful. I signed up for daily poster tours as well, which provide the views of an expert on key studies in various disease areas. I focused on rheumatoid arthritis (RA), enjoying small-group interaction with leaders such as Dr. Jonathan Kay and Professor Iain McInnes (see photo at top on page 9). I highly commend the attempts by ACR to make learning more fun and interactive, including the ACR Knowledge Bowl (won by the defending champion Neutrophil Nets with a highly vocal cheering section), The Great Debate, and Thieves Markets. The Great Debate proposition this year was "Anabolic agents are/are not appropriate first-line therapy for glucocorticoid-induced osteoporosis." This was timely given the recent approval of romosozumab in both Canada and the U.S., and the 2017 approval of abaloparitin in the U.S., in addition to the long-available teriparatide. New features included a Daily Digest wrap-up presentation which synthesized significant findings from the multiple concurrent sessions of the day. The roster of well-known speakers for this segment included Joe Craft, David Isenberg, Cornelia Weyand, Peter Merkel, Marian Hannan and Gregg Silverman. I also enjoyed the TED-style talks at the "In the Rheum" discussion, with Iain McInnes, John Stone and Liz Lightstone. The theme of minimizing





Dr. Iain McInnes and Dr. Jonathan Kay

steroid use in RA, lupus and vasculitis was intriguing and looks more feasible with advances in therapies. There was also a daily #ACR19 Tweet Up highlighting diverse participants' views on key topics and studies.

The kickoff session is always worthwhile, as is the end of the conference summary with Jack Cush and Artie Kavanagh. Between them, they wished for fewer presentations on fibromyalgia (not wanting to paint rheumatologists as the subject matter experts) and on hydroxychloroquine drug monitoring. New ACR Guidelines were presented on gout, osteoarthritis (OA) of the hip, knee and hand, large vessel vasculitis (giant cell arteritis [GCA], polyarteritis nodosa [PAN] and Takayasu), and antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis. The gout guideline championed treat-to-target over the treat-to-symptom control advocated by other organizations. For osteoarthritis (OA), the term "nonpharmacologic" is on the way out, replaced by more positive terms to describe these essential therapies.

The Phillip Hench lecture by John Reveille was a tour de force on axial spondyloarthritis (SpA), B27 and personalized medicine. I heard the Immunology and Stats bootcamp sessions were also excellent, but there isn't time to attend every session personally. I also enjoyed the European League Against Rheumatism (EULAR) session on "The Road to Remission is Long and Bumpy, but Worth it in the End," featuring the ever-present and always entertaining Iain McInnes.

The ACR makes catching up easy, with free access to all sessions for all registrants for one year after the conference through ACR Beyond. This now includes videos, syllabi, and downloadable highlight slides. CME credits were much easier to document this year. They were even available for those who paid a registration fee and watched the conference from home via live streaming.

Late-breaking, pediatric, and patient perspective posters have gone digital, and were presented as e-posters which can also be viewed on the ACR website. Late-breaking abstracts covered a variety of novel therapies from anifrolumab and fenebrutinib for lupus to olokizumab for RA. Time will tell if these and other innovative therapies make it to our clinics.

Highlights:

Best session title: "You Give Me Fever: Case-based Approach to Autoinflammatory Syndromes."

The usual suspects were well-represented in abstracts: JAK inhibitors, adverse events of checkpoint inhibitors, comorbidities in rheumatic diseases, and FDA updates.

Abstracts presented at ACR plenary sessions included guselkumab in psoriatic arthritis (PsA), long-term GRIAC study results, methotrexate (MTX) in erosive hand OA, prednisolone in hand OA, anifrolumab in systemic lupus erythematosus (SLE), ixekizumab in non-radiographic AxSpA, upadacitinib in ankylosing spondylitis (AS), and romosozumab for osteoporosis in patients with kidney disease.

I had one poster this year, but I was interested to see that I was one of four Baers with abstracts—the others were Rebecca with two, Alan and Jean. None of us were related to any one of the others, as far as I can discern.

"Medical Education Beyond Rheumatology In 2019" included clinical sessions which explored non-rheumatologic diseases rheumatologists often encounter in their patients. For instance, the "NAFLD (non-alcoholic fatty liver disease) & Hepatotoxic Medications: What's a Rheumatologist to Do?" session covered non-alcoholic steato-hepatitis, and the medications we can and can't use with our patients who have this condition.

The strong Canadian contingent included Meet the Professor session leader Nigil Haroon, and workshop leaders Pari Basharat and Johannes Roth. Many Canadians also moderated sessions and presented their research findings. Ron Laxer and Hani El-Gabalawy were recognized as ACR Masters.

The next ACR meeting will be in Washington, D.C. in November 2020, just after the U.S. presidential election. That should be an exciting meeting. I look forward to seeing you there.

*Philip A. Baer, MDCM, FRCPC, FACP
Editor-in-chief, CRAJ
Scarborough, Ontario*

