

# ACR Convergence 2022 Review

By Philip A. Baer, MDCM, FRCPC, FACR

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The expression “I’d rather be in Philadelphia” is derived from a fictional epitaph that locally born entertainer W.C. Fields (1880-1946) proposed for himself in 1925: “Here lies W.C. Fields. I would rather be living in Philadelphia.” Contrary to popular belief, this joke did not ultimately grace his tombstone.

While I would rather have been in Philadelphia for ACR Convergence 2022, I ended up attending virtually again. Other than a few select sessions such as the ACR Business Meeting and Rheumatology Knowledge Bowl, every session was available simultaneously virtually and in-person. The audio and video quality on the platform were generally excellent, and the in-session polling worked smoothly. PDFs of presenter slides were unfortunately not usually available at the time the sessions occurred but were promised for later if and when presenters made them available. The pre-recorded poster videos were high quality, and PDFs of the posters were all available from the start of the meeting. The platform remains open for review until October 31, 2023, which is a very generous timeframe.

We live in an “Attention Economy” where key social media platforms seek to attract and monetize our attention. Some believe that our attention spans are decreasing consequently. Society has adapted, with movies and advertisements getting shorter in recent years. Professional baseball games remain a work in progress. Medical meetings have also had to change. I noted that the Dubois SLE lecture was 30 minutes long this year versus one hour in the past. The ACR also introduced Ignite Talks, which were sessions covering 213 key posters each presented orally in 5 minutes, back-to-back, without a question-and-answer period. The other session format which was very prominent was the Community Hub type, of which there were multiple instances covering the gamut of clinical, research and business aspects of rheumatology. These generally occurred on Zoom rather than the main meeting platform.

I enjoyed the Opening Session, featuring ACR President Dr. Ken Saag and ARP President Barbara Slusher. Both organizations were highlighted for their trustworthiness and responsiveness. The Plenary Keynote was noteworthy, with Dr. Abraham Verghese of “Cutting for Stone” fame presenting a memorable lecture. He is a noted author and Professor for the Theory and Practice of



Medicine at Stanford University Medical School. He has always emphasized the value of physical examination, a competency highly regarded in rheumatology.

Many Canadians were prominent as presenters and session chairs as usual. We were also well represented as ACR/ARP award winners, and all these awardees will be highlighted in upcoming issues of the *CRAJ*. One of my favourite sessions was The Great Debate. The question was whether disease-modifying anti-rheumatic drugs (DMARDs) should be used to treat subclinical rheumatoid arthritis (RA) to prevent full-blown RA. The “no” side featured an all-Canadian powerhouse duo of Janet Pope and Hani el-Gabalawy. Their dialogue pretending to be a doctor and patient discussing the issue, including both what was said and what was left unspoken by both sides, was masterful in highlighting the difficulties of getting a patient to accept such treatment, even if we had better evidence that it might be helpful. The online poll was over 90% in favour of the “no” side by the end of the debate.

COVID-19 scientific studies were of course prominent. A key study was Abstract 950: Obstetric Outcomes in Women with Rheumatic Disease and COVID-19 in the Context of Vaccination Status: Data from the COVID-19 Global Rheumatology Alliance Registry. A greater number of preterm births (PTB) were noted in unvaccinated women compared to fully vaccinated women (29.5% vs. 18.2%). This was presented as a poster, in an Ignite session, and at an ACR press conference by Dr. Sinead Maguire, who is currently a clinical fellow at the University of Toronto, though formally based in Ireland. More Canadian content!

Posters were only presented virtually, so there was no poster hall for mingling and networking. Accepted abstracts totalled 2,240, with 17 presented at plenary sessions, and 282 as oral presentations.

Other sessions I enjoyed were the Year in Review, both adult and pediatric rheumatology versions, and



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the Wrap-Up session, as well as the FDA Update, Thieves Market and Curbside Consult sessions, and several of the named lectureships, including the Hench, Gluck, Daltroy and Klemperer talks. Dr. Wigley's Hench lecture on scleroderma was comprehensive, and cited William Osler among other clinicians. I learned that pulmonary hypertension has been redefined to start at a mean pulmonary artery pressure of 20 rather than the previous 25 mmHg. As well, his parting advice that "While I have treatment goals (skin, lung, GI, kidney improvement)...Remember the patient's (pain, pruritus, coping)" hit home. From a Canadian perspective, we should be proud of the work done by our own Canadian Scleroderma Research Group (CSRG) on this topic.

Multiple new, updated, and draft guidelines and classification criteria were presented at ACR Convergence. Topics covered included calcium pyrophosphate crystal deposition (CPPD) disease, steroid-induced osteoporosis, anti-phospholipid syndrome, and vaccinations in rheumatic disease. A novel ACR guideline for exercise, rehabilitation, diet, and additional integrative interventions for RA was also highlighted. Consistent exercise was strongly recommended, while dietary supplements, chiropractic and electrotherapy were conditionally not recommended.

I note the IgGenerals team from Massachusetts General Hospital won the ACR Knowledge Bowl, the ACR's counterpart to CRA's RheumJeopardy. A very appropriate team name.

As usual, ACR Convergence 2022 was jam-packed with interesting sessions, cutting-edge science, and innovative presentations. Attendance statistics showed total attendance was more than 13,000, total scientific attendees numbered 11,000 plus, with in-person scientific attendees just under 7,000, and virtual scientific attendees over 4,300. International attendance showed a near 50:50 split, while U.S. attendees were about two-thirds in person. ACR Convergence 2023 will again be presented in hybrid fashion in early November 2023, with the in-person sessions returning to San Diego, a familiar venue for ACR meetings. I will see you there, one way or another.

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