Highlights on the APLAR Meeting 2004 at Jeju, Korea

The 11th APLAR meeting was held between 11th and 15th September 2004 at the International Convention Centre (ICC) in Jeju-do, South Korea. Jeju-do is situated at the most southern part of South Korea where the island was formed by Hallasan ("san" is Korean which stands for "mountain") between 1.2 million and 700 thousand years ago. Being the "Island of Beauty and Mystery", it is where the popular Korean drama series "All-In" was featured. As a place heavily permeated with tranquility and romance, it is no wonder why Jeju-do is a favorite place of choice for honeymooners and tourists from all over the world.

The meeting was started with a clinical review course which was well received by our fellow trainees and young rheumatologists. The course encompassed a wide variety of rheumatic diseases including the management of gout, osteoarthritis (OA), lupus nephritis and rheumatoid arthritis (RA). Using the data from the Health Professionals Follow-up Study (HPFS), Dr. Hyon Choi (USA) demonstrated relative risks of 1.41 and 1.51 for the development of gout amongst men respectively in the highest quintile of meat and seafood intake. Surprisingly, purine-rich vegetable consumption was not associated with the development of gout (RR 0.96; 95% CI 0.74-1.24). Inverse relationships were found between the development of gout and intake of vegetable protein and dairy product. There were 27% and 48% decreases in risk of gout in men in the highest quintile of vegetable and dairy protein consumption respectively. It was postulated that dairy protein may have a urate-lowering effect while this beneficial effect in meat and seafood protein is offset by their high purine load. Dr. Peter Brooks (Australia) reviewed the management of OA. Despite the paucity of new data, Dr. Brooks stressed that a multidisciplinary approach remained the mainstay of management of OA. With a revolutionary shift of the concept of pathogenesis of OA from a pure degenerative to a complex inflammatory process, an increasing number of options for the treatment of OA is being expected, especially the use of disease modifying anti-osteoarthritic drugs (DMOAD) like Diacerein. The recent advance in the management of RA is one of the most exciting and fast-growing fields in rheumatology. While the efficacy and safety of various biological agents have been confirmed by controlled trials, Dr. Bruce Cronstein (USA) stressed that methotrexate (MTX) remained the backbone of therapy of RA. Dr. Cronstein argued that older drugs like hydroxychloroquine and sulphasalazine and newer agents like leflunomide and anti-TNFα remain as effective additions or alternatives to MTX if MTX alone is not effective. Data regarding the safety and efficacy of potential biologics (e.g. anti-IL18 Ab and anti-C5a Ab) for the treatment of RA are being excitingly awaited.

Osteoporosis (OP) was the main focus of discussion during the second part of the review course. Dr. Duckjoo Lee (Korea) gave a comprehensive review on the management of senile and glucocorticoid-induced osteoporosis (GIOP). Apart from discussing the usual non-pharmacological and pharmacological treatments of OP, complementary and alternative therapies were explored. Epidemiological observation regarding a lower fracture rate amongst Asian women may be related to higher dietary soy (containing phytoestrogens) intake which contributes to improved bone quality. Besides bone mineral density (BMD), bone quality may be even more important to determine the development of fracture. Dr. Yon-Koo Park (Korea) advocated that histomorphometric analysis of undecalcified bone could accurately quantify the turnover rate of bone which is important in planning and monitoring anti-osteoporosis therapies. Lastly, he presented the strategy for managing GIOP by illustrating the guideline proposed by N Lane et al. published in 1998. (Endocrinol Metab Clin North Am 1998;27:465-483).

A plenary lecture featuring early RA was jointly delivered by Drs. PP Tak (Netherlands) and A Silman (UK). With the current aim of early diagnosis of RA, prompt disease control to induce complete remission and prevention of bone erosion with subsequent functional decline, both challenged the use the present ACR classification criteria for "diagnosing" and classifying different subsets of RA patients. Dr. Silman argued that the combination of clinical presentation, autoantibody profile (e.g. anti-CCP) and the level of inflammation accompanied by genetic factor determination (e.g. HLA DRB1) would be useful to identify RA patients with high risk of erosion.

A review of recent advances of OA was delivered by Prof M Dougados (Germany) and Prof BH Min (Korea) in another plenary lecture. Prof Dougados summarised the recent trials regarding the comparison of paracetamol and NSAIDs in the treatment of OA and favourable result of short term effect of weight loss in patients with OA knees. The roles of doxycycline and risedronate
in the management of OA were also mentioned, though their uses were limited by discouraging results in controlled trials. Prof Dougados also introduced the recently-worked up recommendations for the management of OA knees by the EULAR taskforce (the ESICIT, Ann Rheum Dis. 2003).

Concurrent sessions of other rheumatic diseases and workshops were available in the meeting. Of particular interest was the outcome measure of RA. Dr. Theodure Pincus (USA) advocated the use of multidimensional health assessment questionnaire (MD-HAQ) for quantifying baseline and subsequent clinical status of patients with RA. The MD-HAQ, derived from the conventional HAQ, is a simple 1-page questionnaire which can be completed by patients within 10 minutes. Additional aspects of the MD-HAQ include queries about the ability to walk for 3 km and participate in sports and games, scales for fatigue, morning stiffness and psychological distress. Ethnical and cultural differences render the use of most health status assessment questionnaires published in western literature problematic in Asian patients. Dr. Julian Thumboo (Singapore) particularly stressed on this issue. Dr. Thumboo list out that the HAQ, Arthritis Impact Measurement Scale-2 (AIM-2), World Health Organisation Quality of Life measure (WHOQL), Short Form 36 Health Survey (SF-36) already have versions suitable for use in many APLAR countries. A mere modification of language of assessment forms is insufficient for their proper use because social contexts and cross cultural adaptation are equally important and should be taken into account. Since the majority of instruments have been developed in one socio-cultural context, proper validation of modified health assessment forms before use is essential. Several procedures are essential in validating assessment tools. These involve identification, adaptation and translation of the HRQoL instruments, pilot testing of feasibility and acceptability, psychometric testing, interpretation and finally clinical studies.

Last but not the least, there exists ample room for further improvement and exploration in laboratory and clinical rheumatology around the Asia Pacific region. As Prof Ho-Youn Kim, the Congress Chairment of APLAR 2004 stated, over the past 41 years since its birth, APLAR has grown to 22 member countries and the APLAR 2004 would mark the evolution of the APLAR Congress into the leading international conferencing organisation.

A Mak
The APLAR 2004 Congress was held in Jeju, Korea from 11th to 15th September 2004. Jeju is famous for its beautiful sceneries and is an island for honeymoon vacation. This is the first time I attended a moderate-sized international medical conference. I was extremely filled with excitement and joy. Prof. CS Lau was elected as the president of APLAR – this also added to my happiness during the opening of the conference.

The experience of using biologics especially TNF-α inhibitors continued to be the focus of discussion. The efficacy and safety of the TNF-α inhibitors in different pan-pacific localities was presented in a symposium. Dr. KW Lee Gavin presented data from Hong Kong. Over a hundred patients have been treated with anti TNF-α agents and the efficacy was comparable to that of the Caucasians. Four cases of tuberculosis were reported. An Indian group presented their experience of using infliximab in one hundred and eight patients with ankylosing spondylitis. Patients were given infliximab at 3 mg/kg every 8 weeks without the loading regimen. There was no case of tuberculosis in 52 weeks of follow-up. The use of biologics in different localities was in general limited by their cost.

Other talks were focused on early rheumatoid arthritis. The pathogenetic aspect of early rheumatoid arthritis was presented by Prof. PP Tak. Several studies of synovial biopsy in early rheumatoid arthritis showed identical features of chronic synovial inflammation. This supported the hypothesis that immunological abnormalities preceded the clinical manifestations, and prompt therapeutic intervention in early rheumatoid arthritis was very important. Equally exciting was the lecture by Prof. Josef S Smolen. He mentioned the definition and therapy of early rheumatoid arthritis. Prompt treatment was again emphasised and the predictors of unfavourable radiological outcomes were elevated numbers of T cells, fibroblast like synoviocytes, and granzyme B cytotoxic cells in synovial tissue biopsies. The level of soluble granzyme B in serum was also an independent predictor of erosive disease. This suggested the measurement of granzyme B in serum might assist prediction of outcome in early arthritis.

The role of B cells in rheumatoid arthritis was also discussed in a lecture delivered by Prof. SL Bridges, USA. Apart from the well-known rheumatoid factor and anti-CCP antibodies, the K/BxN mice model in the pathogenesis of rheumatoid arthritis was also presented. The success of anti-B cell therapy, namely the anti-CD20 monoclonal antibody, rituximab, was of course the clinical proof of the important role of B cells in rheumatoid arthritis. Prof. Kazuyuki from Japan also presented other therapeutic options in rheumatoid arthritis like IL-6 receptor blockade.

With the availability of more novel therapeutic options, better outcome measures in rheumatoid arthritis are important for evaluation of their efficacy. Prof. Pincus's lecture on different outcome measures with special emphasis on the multidimensional health assessment questionnaire (MDHAQ) has aroused a lot of interest from the audience. The MDHAQ is a questionnaire that combines correlation with long-term disability, usefulness in outcome measures and simplicity. He encouraged the use of patients' self-reported questionnaires in clinical practice. A summarised two-page English version of MDHAQ was also given to the audience.

For systemic lupus erythematosus, several interesting and enlightening lectures are worth mentioning. Prof. Elkon presented the role of IgM antibodies and complement in clearance of apoptotic cells. Prof. CS Lau from Hong Kong also gave a lecture on defective apoptotic cell clearance in lupus. Increased apoptosis was associated with SLE and defective clearance of these apoptotic cells by macrophages might be associated with the pathogenesis of the disease.

More focus has been put on osteoarthritis (OA) as more and more cytokines and chemokines were identified to be related to its pathophysiology, indicating that the disease is not a degenerative process. Prof. Aigner from Germany summarised the cellular reactions during the osteoarthritis disease process. First, chondrocytes activated or deactivated specific anabolic or catabolic pathways. Second, chondrocytes underwent drastic phenotypic changes with severely altered gene expression profiles, and finally, chondrocytes underwent cell death by apoptosis or necrosis, or chondrocytes proliferate in order to compensate for cell loss or in order to increase overall synthetic activity. Prof. Yoshizaki from Japan presented the involvement of several chemokines including the CC chemokines MCP-5, MIP-α and, an RANTES in the pathogenesis of osteoarthritis. Prof. D Lajeunesse presented the OA osteoblasts and its metabolic alternations, which interfered with normal cell metabolism and led to altered intracellular matrix composition. In summary, there is much to learn in the pathogenesis of osteoarthritis and hopefully these findings will open up new insights and therapeutic options in the near future.
Completely new to me was a disease called nephrogenic sclerosing dermopathy, which was increasingly recognised around the world. It shared similarity with scleroderma with hardening and tightening of the skin of the body, but without the systemic inflammatory markers. It usually occurred in patients undergoing dialysis. The other interesting condition which Dr. WS Wong from Hong Kong presented was a case of acne-related skeletomuscular disease.

It was raining heavily when we arrived at Jeju. Fortunately we had 2 sunny days. We went out to have a look around Jeju Island. The sceneries were good and there was fresh seafood that we dare not swallow without cooking. In fact, during a dinner in a Japanese restaurant, Dr. WS Wong cooked all sashimi for us in a hot pot!

YY Leung