

Tennessee Rheumatology Society
2016 Annual Scientific &
Business Meeting
February 26 – 27, 2016
Embassy Suites by
Hilton Nashville South Cool Springs
Franklin, Tennessee

# PROGRAM BOOK

# WELCOME MESSAGE



Greetings,

Welcome and thank you for attending the Tennessee Rheumatology Society (TRS) 2016 Annual Scientific and Business Meeting. This year's meeting features speakers and some of the top experts in their respective fields presenting on pertinent topics such as legislation, emerging therapies and cost issues.

This year's events start with our Friday Welcome Reception followed by the TRS Dinner & Evening Presentation, and a full day of CME-accredited programming on Saturday.

The scientific sessions will be first rate, covering these topics:

- Emerging Novel Therapies in Rheumatoid Arthritis
- Reducing the Cost of Biologics: Dose Reduction, Withdrawal, and Biosimilars
- Microbiome
- Opioid Epidemic: Lessons from Pharmacoepidemiologic Studies IgG4 Related Disease

The primary purpose of the TRS is to educate and expand the understanding of rheumatic diseases among physicians engaged in the practice of rheumatology, including the socio-economic issues associated with the treatment of rheumatic diseases. I look forward to seeing you all at the meeting.

Best Regards,

Satish Odhav, MD President, Tennessee Rheumatology Society

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#### Filming/Photography Statement

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#### **Educational Needs**

Rheumatologists working in Tennessee are focused on the delivery of care, and cannot keep track of daily legislative and regulatory developments that will ultimately impact their provision of that care.

The therapeutic landscape has substantially changed with the introduction of biologics and small molecules selectively targeting pathogenic elements in the synovium of RA patients. The introduction of these novel molecules have come about as a consequence of an improved understanding of the pathogenic processes in RA in concert with advances in biotechnology. The critical pathogenic processes include cellular interactions, i.e. T cell, B cell and T cell/Macrophage which generate antibody and cytokine production in particular TNFi, IL-6 and GMCSF. A novel strategy of signal transduction inhibition of the JAK/stat pathway leads to a reduction of multiple cytokines, an earlier therapeutic response and possible use of monotherapy. All of these novel agents are further improving the outcomes of RA patients.

While biologics have changed the therapeutic paradigm in RA, they have dramatically increased the health care costs with fewer patients generating a larger share of health expenditures. A number of strategies have been put in place to reduce the costs of these therapies without compromising on health care. The more aggressive and early use of combination conventional DMARDS, particularly with SC high dose Methotrexate, have improved outcomes enough to reduce the need for biologics in many cases. As well, recent studies demonstrating the withdrawal of biologics in early RA or dose reduction in more established RA will contribute to reduced health care costs. Moreover, the introduction of biosimilars has already had a substantial effect on reducing biologic costs. Improved therapeutic algorithms will reduce the time wasted with ineffective therapy. Taken together, the early therapeutic strategies with conventional DMARDs, biologic dose reduction, improved therapeutic algorithms with biologics as well as will have a significant influence on cost reduction of biologics.

New insights from DNA sequence-based analyses of gut microbial communities and a renewed interest in mucosal immunology suggest that the microbiome represents an important environmental factor that can influence autoimmune disease manifestation. Rheumatologists need to be aware of a possible role for the microbiota in the pathogenesis of RA with new technologies that might provide scientific breakthroughs.

Treatment of adult, noninfectious uveitis remains a challenge for ophthalmologists around the world. The disease accounts for almost 10% of preventable blindness in the US and can be idiopathic or associated with infectious and systemic disorders. Rheumatologists need to be aware of the most up-to-date treatment recommendations for uveitis.

There is a marked increase in opioid analgesic use that goes in parallel with increasing number of deaths and hospitalizations for opioid overdose/toxicity. National data indicate that opioid analgesics are involved in approximately 15,000 deaths per year, accounting for the majority of all prescription drug deaths. Furthermore, there are 10 hospital admissions for opioid toxicity for every death.

The risk of opioid toxicity is particularly important in patients with non-malignant pain, in whom the use of opioid analgesics has also dramatically increased. This lecture will review evidence that quantifies the risk of opioid toxicity in patients with non-malignant pain and present evidence related to risks factors associated with it.

IgG4-related disease is a condition that mimics many malignant, infectious, and inflammatory disorders. Greater awareness of this disease is needed to ensure earlier diagnoses, which can prevent severe organ damage, disabling tissue fibrosis, and even death.

# NEEDS, OBJECTIVES & ACCREDITATION

#### **Educational Objectives**

At the conclusion of the TRS 2016 Annual Scientific & Business Meeting, attendees should be able to:

- Identify the major state legislative issues highlighted or addressed in the past year.
- 2. Identify ongoing federal legislation about rheumatology issues.
- 3. Recognize the role physicians play in advocating for patients and their practice.
- 4. Recognize the organizations involved in advocating for rheumatology issues in Tennessee and the impact they have on specific issues.
- 5. Describe the current therapeutic targets in the pathogenesis of RA.
- Explain the rationale for current strategies to inhibit cytokines in RA.
- 7. Recognize the effectiveness of novel monoclonal antibody and small molecule strategies in the treatment of RA.
- 8. Explain the strategies in both methotrexate-naive and inadequate responders to withdraw biologics.
- 9. Review the data supporting dose reduction of biologics.
- Explain the development of biosimilars and recent data supporting their approval and concerns for the clinician.
- 11. Identify the role of the microbiome in the development of chronic autoimmune disease.
- 12. Describe the current management recommendations for the treatment of Uveitis.
- 13. Review the epidemiology of opioid-related morbidity and mortality in patients with chronic non-cancer pain.
- 14. Describe the evidence (and knowledge gap) about the risk of opioid toxicity in vulnerable populations (children/elderly).
- 15. Explain the evidence (and knowledge gap) about risk factors associated with opioid toxicity in patients with non-cancer pain.
- 16. Recognize IgG4RD, understand concepts of causation and basics of therapy.

#### **SAPS CME Accreditation Statement:**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Southern Alliance for Physician Specialties and the Tennessee Rheumatology Society. The Southern Alliance for Physician Specialties CME is accredited by the Medical Association of Georgia to provide continuing medical education for physicians.

The Southern Alliance for Physician Specialties CME designates this live activity for a maximum of **6.75** AMA PRA Category 1 Credits $^{\text{TM}}$ . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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In accordance with the ACCME Accreditation Criteria, the Southern Alliance for Physician Specialties (SAPS), as the accredited provider of this activity, must ensure that anyone in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest. Therefore, it is mandatory that both the program planning committee and speakers complete disclosure forms. Members of the program committee were required to disclose all financial relationships and speakers were required to disclose any financial relationship as it pertains to the content of the presentations. The ACCME defines a 'commercial interest' as "any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients". It does not consider providers of clinical service directly to patients to be commercial interests. The ACCME considers "relevant" financial relationships as financial transactions (in any amount) that may create a conflict of interest and occur within the 12 months preceding the time that the individual is being asked to assume a role controlling content of the educational activity.

The requirement for disclosure is not intended to imply any impropriety of such relationships, but simply to identify such relationships through full disclosure and to allow the audience to form its own judgments regarding the presentation.

PLANNING COMMITTEE/	DISCLOSURE			
CME ORGANIZERS	Company	Role	Received	
BOATRIGHT, MD, Michael CME Organizer	J & J, Pfizer, Gilead Sciences, Merck, Allergan, United Health, Amgen, Bristol Meyers, Medtronic, Abbvie	Stockholder	Stock Shareholder (directly purchased)	
HOUSE, MD, Suzan CME Organizer	Genentech		Consultant	
	Abbott Speakers Bureau		Other Financial or Material Support	
	Theralogix	Stockholder	Stock Shareholder (directly purchased)	
	Arthritis Clinic	Salary	Other Financial or Material Support	
ODHAV, MD, Satish	Lilly, Iroko, Abbvie	Consultant	Consultant	
CME Organizer, Speaker	Celgene, Abbvie, Iroko	Speakers Bureau	Consultant	
	West Tennessee Research Institute	Research	Grants/Research Support	
ORMSETH, MD, MSCI, Michelle CME Organizer	Nothing to disclose			

# FACULTY DISCLOSURE REPORT

SPEAKERS/ MODERATORS/ PANELISTS/	DISCLOSURE			
DISCUSSANTS/ CO-AUTHORS	Company	Role	Received	
CHUNG, MD, MPH, Cecilia Speaker	NIH, Rheumatology Research Foundation	Research Funding	Grants/Research Support	
KEYSTONE, MD, FRCP(C), Edward Speaker	Abbott, Amgen, AstraZeneca, Bristol-Myers Squibb, F. Hoffmann-LaRoche, Janssen, Lilly, Novartis, Pfizer, Sanofi- Aventis	Research	Grants/Research Support	
	Abbott, AstraZeneca, Biotest, Bristol-Myers Squibb, F. Hoffmann-La Roche, Genentech, Janssen, Lilly, Merck, Pfizer, UCB		Consultant	
	Abbott, Astrazeneca, Bristol- Myers Squibb Canada, F. Hoffmann-La Roche, Janssen, Pfizer, UCB, Amgen		Honorarium	
MYERS, MD, Kevin Speaker	Nothing to disclose			
	Arthritis Clinic	Salary	Other Financial or Material Support	
ODHAV, MD, Satish CME Organizer, Speaker	Lilly, Iroko, Abbvie	Consultant	Consultant	
	Celgene, Abbvie, Iroko	Speakers Bureau	Consultant	
	West Tennessee Research Institute	Research	Grants/Research Support	
POSTLETHWAITE, Brad Speaker	Nothing to disclose			
SCHWARTZMAN, MD, Sergio Speaker	Pfizer	Ownership Interests	Stock Shareholder (directly purchased)	
	Pfizer, Janssen, Genentech, UCB, Abbvie, Hospira	Consulting	Consultant	
SCHWEITZ, MD, Michael Genentech Speaker		Speaker's Bureau	Other Financial or Material Support	

# **PROGRAM**

#### TRS 2016 Annual Scientific and Business Meeting

All Sessions will be located in *Hickory/Maple Room* unless otherwise noted Speakers and times are subject to change

#### Registration/Information Desk Hours

Location: Junior Ballroom Foyer

Friday, February 26, 2016 8:30am. – 6:30 p.m. Saturday, February 27, 2016 7:00 a.m. – 4:00 p.m.

#### **Exhibit Hall Hours**

Location: Junior Ballroom

Friday, February 26, 2016 5:00 p.m. – 6:30 p.m. Saturday, February 27, 2016 7:00 a.m. – 3:30 p.m.

#### FRIDAY, FEBRUARY 26, 2016

8:30 a.m. - 6:30 p.m. Registration/Information Desk

Location: Junior Ballroom Foyer

3:00 p.m. - 5:00 p.m. Board of Directors Meeting with Industry

Roundtable Location: Poplar

5:00 p.m. - 6:30 p.m. Exhibit Hall Open

Location: Junior Ballroom

5:00 p.m. - 6:30 p.m. Welcome Reception with Exhibitors

6:30 p.m. - 9:00 p.m. Dinner and Evening Program

Location: Hickory/Maple Room

7:00 p.m. - 8:00 p.m. Legislative Policies and New Issues

Michael Schweitz. MD

CSRO, Federal Advocacy Chair

#### SATURDAY, FEBRUARY 27, 2016

7:00 a.m. - 4:00 p.m. Registration/Information Desk

Location: Junior Ballroom Foyer

7:00 a.m. - 8:00 a.m. Continental Breakfast in Exhibit Hall

7:00 a.m. – 8:00 a.m. Poster Session

Location: Oak Room

7:00 a.m. - 3:30 p.m. Exhibit Hall Open

Location: Junior Ballroom

#### TRS 2016 Annual Scientific and Business Meeting

All Sessions will be located in *Hickory/Maple Room* unless otherwise noted Speakers and times are subject to change

#### SATURDAY, FEBRUARY 27, 2016 (Cont.)

	8:00 a.m 8:05 a.m.	Welcome Address TRS President: Satish Odhav, MD		
	8:05 a.m 9:05 a.m.	Emerging Novel Therapies in Rheumatoid Arthritis Edward C. Keystone, MD, FRCP(C) Mount Sinai Hospital, Toronto Canada		
	9:05 a.m 10:05 a.m.	Reducing the Cost of Biologics: Dose Reduction, Withdrawal, and Biosimilars Edward C. Keystone, MD, FRCP(C) Mount Sinai Hospital, Toronto Canada		
	10:05 a.m 10:30 a.m.	Break	and Networking in Exhibit Hall	
	10:05 a.m 10:30 a.m.	Poster Session in Oak Room		
	10:30 a.m 11:30 a.m.	Sergio	e on Microbiome Schwartzman, MD Cornell Medical College	
	11:30 a.m 12:30 p.m.	<b>Update on Uveitis</b> Sergio Schwartzman, MD Weill Cornell Medical College		
	12:30 p.m 2:00 p.m.	Lunch and Annual Business Meeting Location: Hickory/Maple		
	2:00 p.m 2:30 p.m.	Opioid Epidemic: Lessons from Pharmacoepidemiologic Studies Cecilia P. Chung, MD, MPH Vanderbilt University Medical Center		
	2:30 p.m 3:00 p.m.	IgG4 Related Disease Kevin J. Myers, MD Vanderbilt University Medical Center		
	3:00 p.m 3:15 p.m.	Break and Networking in Exhibitor Hall		
	3:00 p.m 3:15 p.m.	Poster	Session in Oak Room	
	3:15 p.m 4:00 p.m.	Fellow Case Presentations		
3:15 p.m 3:35 p.m. 3:35 p.m 3:55 p.m.			Case One- Vanderbilt University Kenneth Johnsen, MD	
			Case Two- UT Memphis Brad Postlethwaite, MD	
3:55 p.m 4:00 p.m.		n.	Q & A Session	

# SPEAKER BIOSKETCHES

#### Cecilia P. Chung, MD, MPH

Dr. Chung graduated from Universidad Nacional Mayor de San Marcos in Lima, Peru, where she received her BS and MD in 1998. This was followed by a rheumatology fellowship at Universidad Nacional Mayor de San Marcos until 2002. Her postgraduate training also included a clinical-research fellowship at University of Alberta, a research fellowship at Vanderbilt University, an internal medicine residency ABIM research track at Johns Hopkins Bayview Medical Center, and a rheumatology residency at Johns Hopkins University. In addition, she completed a rheumatology fellowship, ABIM research track, and a clinical pharmacology fellowship at Vanderbilt University. She received her Master of Public Health degree from Vanderbilt University in 2005.

Dr. Chung is currently an assistant professor of medicine at Vanderbilt, and holds hospital appointments at Vanderbilt University Medical Center, Nashville General Hospital, and VA Tennessee Valley Healthcare System. She is a fellow of the American College of Rheumatology, a member of the International Society for Pharmacoepidemiology, a member of the Vanderbilt Newman Society, and an alumni of the Vanderbilt Harrison Society. In addition, Dr. Chung is a member of the editorial board of *Clinical Rheumatology*, and an ad hoc reviewer for *Annals of the Rheumatic Diseases, Arthritis and Rheumatology, Arthritis Care and Research, Arthritis Research and Therapy, Clinical Rheumatology, Journal of Rheumatology, Seminars of Arthritis and Rheumatism, Rheumatology International, Scandinavian Journal of Rheumatology, and Lupus.* 

#### Edward C. Keystone, MD, FRCP(C)

Dr. Keystone obtained his MD from the University of Toronto in 1969. After a further five years of training in rheumatology, he received his specialty degrees (or fellowships) in both rheumatology and internal medicine in 1974. He then carried out his research training at the Clinical Research Centre in Harrow, London, UK, until 1976. He was on staff as a consultant rheumatologist at The Wellesley Central Hospital in Toronto, Canada, from 1976 to 1998 before taking up his current position at Mount Sinai Hospital.

Dr. Keystone is a professor of medicine at the University of Toronto. He is the chairman of the Canadian Rheumatology Research Consortium (CRRC), a not-for-profit corporation comprising academic and community rheumatologists devoted to enhancing the efficiency and quality of clinical trials in Canada. Dr. Keystone founded the Arthritis and Autoimmunity Research Centre, a multidisciplinary research centre devoted to epidemiological and translation research studies in autoimmue diseases at the University Health Network, from which he recently stepped down as its co-director.

Dr. Keystone was recently appointed as director of the Rebecca MacDonald Centre for Arthritis and Autoimmune Disease – a centre devoted to research into genomics, therapeutics, and outcomes in autoimmune inflammatory joint disease. He heads the advanced therapeutics division, which focuses on novel therapeutics in both rheumatoid arthritis and osteoarthritis. He is a consultant to the pharmaceutical and biotechnology industry and is a member of numerous biopharmaceutical advisory boards.

Dr. Keystone is also actively engaged in laboratory research studies of immune system abnormalities in rheumatoid arthritis and other autoimmune rheumatic diseases. He is the author of more than 170 peer-reviewed papers, reviews and book chapters, and has been the recipient of numerous teaching awards and honors, including the Senior Investigator Award of the Canadian Rheumatology Association.

# SPEAKER BIOSKETCHES

#### Kevin J. Myers, MD

Dr. Myers graduated from Princeton University with a BA in biology in 1979. He then completed his MD from Vanderbilt University in 1983. Following this, Dr. Myers continued his training with a residency in anatomic pathology at Massachusetts General Hospital. He then returned to Vanderbilt where he completed an internship and residency in internal medicine, and a fellowship in rheumatology.

Dr. Myers is currently an assistant professor of medicine/rheumatology at Vanderbilt University School of Medicine having previously held positions at Arthritis Specialists of Nashville, and Medical Specialists of Nashville. He was on the Committee on Clinic Redesign, Rheumatology, from April 2011 – April 2012, and is currently the director of the Medical Specialties Clinic for Rheumatology at Vanderbilt University Medical Center.

#### Satish Odhav, MD

Dr. Odhav is board certified in rheumatology. He also is certified by the Society for Clinical Densitometry. He earned his medical degree from the University of Witwatersrand, in Johannesburg, South Africa; his fellowship in rheumatology was at the University of Tennessee.

He sits on the Board of Directors of the Arthritis Foundation of Tennessee and serves on the clinical faculty of the Department of Medicine, University of Tennessee, Memphis.

#### Sergio Schwartzman, MD

Dr. Schwartzman earned his MD from The Mount Sinai School of Medicine in New York. He then completed his residency at Long Island Jewish Hillside Medical Center, and his fellowship at The New York Hospital, Hospital for Special Injury. He received certification in internal medicine in 1985, and certification in rheumatology in 1988.

Dr. Schwartzman currently holds the appointments of associate attending physician at Hospital for Special Surgery, and an associate professor at Weill Cornell Medical College. His special expertise is in the areas of systemic lupus erythematosus, Raynaud's phenomenon, vasculitis, renal disease in autoimmune illnesses, and antiphospholipid syndrome. Further, Dr. Schwartzman has been awarded, "Best Doctors in New York," by New York Magazine in 2011.

#### Michael Schweitz, MD

Dr. Schweitz completed a seven year undergraduate and medical school program at the George Washington University in Washington, DC, in 1972. He completed his internal medicine training at GW and his rheumatology fellowship at Georgetown University in 1977. He then entered private practice in West Palm Beach, Florida.

Dr. Schweitz is a partner in Arthritis and Rheumatology Associates of Palm Beach, an eight physician single specialty practice in Palm Beach County. He is a Fellow of the American College of Physicians and the American College of Rheumatology. He served as a member of the Committee on Rheumatologic Care. He is a past president of CSRO and the Florida Society of Rheumatology where he continues to sit on both executive committees. He is an active member of the American Society of Clinical Rheumatology.

He has served on the Board of Directors of the Arthritis Foundation at both state and local levels for many years and for the past 33 years has donated his time in helping to staff a free arthritis clinic for medically indigent patients in Palm Beach County.

Dr. Schweitz has been recognized in "Best Doctors of South Florida" and "America's Top Physicians." His personal interests include wine collecting and wine education, as well as collecting first edition crime fiction.

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