

出國報告（出國類別：開會）

**2022 年香港  
第 24 屆亞太風濕病協會聯盟年會  
(APLAR2022)**

服務機關：高雄榮民總醫院/內科部過敏免疫風濕科

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## 摘要

本次參加第 24 屆亞太風濕病協會聯盟大會(APLAR 2022)的主要目的為發表論文於國際風濕疾病會議，增加本院能見度、促進國際交流與風濕疾病學術研究合作發展的機會、學習風濕病學的最新進展。

本屆會議(APLAR 2022)於 2022 年 12 月 6 日至 9 日在香港國際會議展覽中心舉行，為期 4 天，共有約 800 名專業醫療人員參與，會議中透過專題演講、工作坊訓練、展場展示最新醫療科技，交流有關風濕病及免疫學的最新研究發現，並帶來的臨床衝擊突破性技術。

會議當中透過工作坊(workshop)學習到許多影像診斷工具的使用，包含高解析度超音波以及核磁共振等，另外紅斑性狼瘡(SLE)研究進展和藥物發展也是本次會議的一大重點，收穫頗豐，對本職往後工作發展甚有助益。

## 關鍵字

紅斑性狼瘡 超音波

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## 一、目的

第 24 屆亞太風濕病協會聯盟大會(APLAR 2022)為 COVID-19 疫情後第一次年度實體會議，邀請來自亞太地區和世界各地的所有風濕病學家、科學家、研究人員及醫療人員等參加，藉由參加亞太風濕病年會之盛會學習並交流：

- (一) 發表論文於國際風濕疾病會議，增加本院能見度。
- (二) 促進國際交流與風濕疾病學術研究合作發展的機會。
- (三) 學習風濕病學的最新進展。

## 二、過程

第 24 屆亞太風濕病協會聯盟大會(APLAR 2022)於 2022 年 12 月 6 日至 9 日在香港國際會議展覽中心舉行，總共為期 4 天的大會，據大會揭露的數據指出，共有約 800 名專業醫療人員參與，會議中透過專題演講、工作坊訓練、展場展示最新醫療科技，交流有關風濕病以及免疫學的最新研究發現以及帶來的臨床衝擊。

### 會議第一天(2022 年 12 月 6 日)

本日除了大會開幕式，相關的活動主要是各種風濕病知識以及影像診斷的工作坊(workshop)，在 workshop 中會透過經驗豐富的資深醫師回顧重要的風濕疾病學概念，另外最有收穫的當屬影像學的教學工作坊，會中展示高解析度超音波如何幫助臨床醫師對細微的骨關節病進行鑑別診斷。

### 會議第二天(2022 年 12 月 7 日)

除了參與會議專題演講之外，亦遇到來自台灣其他醫學中心風濕科之同好，互相交流各自的與會心得以及大家臨床經驗上的異同之處。或許由於香港仍管制必須戴口罩的關係，會場中西方國家的人較少，主要仍為亞州地區的風濕科醫師以及香港當地的醫師與會，另外亦與香港當地的醫師交流其醫療制度以及保險給付制度。

### 會議第三天(2022年12月8日)

參與多場紅斑性狼瘡(SLE)研究新進展的演講，過去 20 年來，風濕病最明顯的進步在於類風溼性關節炎的治療發展，近年來已開始發展出 SLE 的新治療方式以及藥物，對於 SLE 患者免疫異常的變化是這幾年全球學者與藥物公司研究重心，實需要藉此機會深入了解。

### 會議第四天(2022年12月9日)

乾癬性關節炎亦是這幾年藥物研發重心，且乾癬性關節炎有許多關節外表現，而東方人又與西方人的關節外表現可能有所不同，東方人實需要進行跨機構甚至跨國的合作釐清跟西方人不同之處。

## 三、心得及建議

(一) 亞太風濕病協會聯盟 (APLAR) 於 1963 年在澳大利亞雪梨(Sydney)成立。APLAR 致力專注於在亞太地區風濕病學的研究。而本次會議係由香港風濕病學會主辦，香港屬於國際大都市，國際網絡發達。參與國際會議對增加本院能見度、促進國際交流與風濕疾病學術研究合作發展的機會、學習風濕病學的最新進展，都是很好的成長機會，盼望院方此後能繼續支持參與國際會議並發表論文。

1. 醫療研究與臨床應用：高解析度超音波如何幫助臨床醫師對細微的骨關節病進行鑑別診斷。近年來已開始發展出 SLE 的新治療方式以及藥物；乾癬性關節炎因東西方關節外表現不同，尚須進一步研究應用。
2. 因疫情因素，主要為亞太地區專家學者參加，多與香港當地的醫師交流其醫療制度以及保險給付制度，少有歐美國家醫療專業人士與會。

# 附錄



▲世界各地專家學者與會



▲高解析度超音波展示應用



▲演講



▲2022 亞太風濕病協會聯盟大會—APLAR



## Time-dependent impact of granulomatosis with polyangiitis on the hazard of mortality and end-stage renal disease

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### Background/Purpose

Previous studies of granulomatosis with polyangiitis (GPA) survival in Asian countries have been limited by small sample size, usually less than 50 patients, were lacking control groups, and were single center study designs, which may introduce sampling and/or referral bias. Studies assessing the separate mortality risk of GPA based on the different time interval during follow-up were scarce. We aimed to describe the time-dependent impact of GPA on the risk of mortality and end-stage renal disease (ESRD). The results would provide valuable insight regarding the most vulnerable period for patients with GPA.

### Method

We carried out a retrospective longitudinal study using a nationally representative database in Taiwan. Patients with incident GPA without prior history of ESRD were identified, and non-GPA control cohorts were selected and matched to GPA cohorts according to sex, age, entry time and comorbidities. Cox proportional regression model was used to estimate hazard ratios (HR) for mortality and ESRD stratified by the follow-up period.

### Results

A total of 142 GPA patients and 568 matched controls were identified. Of those, 52 GPA patients died during follow-up, 48.1% of whom did so within the first 6 months after diagnosis. The 1-, 3-, 5-, and 10-year survival rates of GPA were 78.2%, 71.2%, 62.6%, and 54.7%, respectively. Patients with GPA exhibited the greatest risk of mortality within the first 6 months after follow-up compared with non-GPA cohorts (HR: 21.9, 95% CI: 8.41 - 57.5) (Figure 1). The mortality risk diminished after 1 year and to a marginally significant level during the follow-up period of 5-10 years (HR: 2.71, 95% CI: 0.97 - 7.62). Ten (7.1%) of the GPA patients experienced ESRD, and these cases occurred exclusively in the first 3 years following diagnosis (Figure 2).

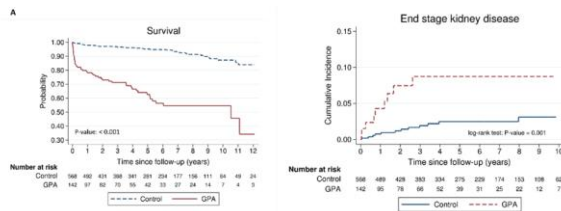


Figure 1. Survival rate of GPA patients compared with non-GPA controls. The greatest risk of mortality was observed within the first 6-12 months after the diagnosis of GPA.

Figure 2. Cumulative incidence of end stage kidney disease (ESKD). ESKD cases occurred exclusively in the first 3 years following GPA diagnosis.

### Conclusion

Our study indicates that patients exhibit a much higher risk of mortality within the first 6-12 months following the diagnosis of GPA and that said risk decreased after 5 years' follow-up to a similar level to the age-, sex-, entry time- and comorbidity matched individuals. Progression to ESKD also occurs in the first few years in the course of GPA. These findings call for awareness and increased vigilance of the critical initial treatment phase of GPA and highlight the importance of striking a balance between gaining efficacy of the therapeutic regimen while preventing treatment-related complications.

## ▲論文發表



## Association of systemic sclerosis with incident clinically relevant heart failure

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### Background/Purpose

Primary myocardial involvement is an important cause of death in systemic sclerosis (SSc). Subclinical diastolic/systolic heart dysfunction is recognized; however, whether this indicates a subsequent increased risk of clinically overt heart failure (HF) remains largely unknown. We aimed to investigate the risk of clinically overt HF in a large, unselected SSc cohort.

### Method

This retrospective cohort study was conducted using a nationwide insurance database in Taiwan. Incident SSc patients with no history of HF were identified, and non-SSc comparison groups were selected and matched to the SSc groups by age, sex, and cohort entry time. The cumulative HF incidence was estimated using the Kaplan-Meier method. Multivariable Cox proportional hazards regression was used to calculate adjusted hazard ratios (HRs) for HF hospitalization.

### Results

A total of 1830 SSc patients and 27,981 controls were identified. The cumulative incidence of hospitalized HF at 3, 5, and 10 years among patients with SSc were 3.5%, 5.3%, and 9.7%, respectively (Figure 1). Compared with non-SSc individuals, SSc patients had an increased risk of HF (adjusted HR: 3.26, 95% confidence interval [CI]: 2.49-4.28). Subgroup analyses (Figure 2) revealed that the impact of SSc on the occurrence of HF was greater among patients aged <50 years than those aged ≥50 years (HR: 7.8, 95% CI: 4.03-15.1 versus HR: 2.78, 95% CI: 2.06-3.76).

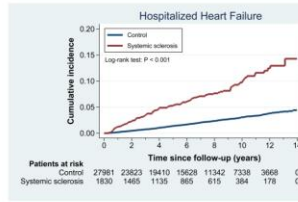


Figure 1. Cumulative incidence of hospital admission for heart failure

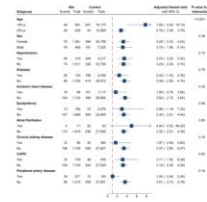


Figure 2. Subgroup analyses of heart failure risk

### Conclusion

This large-scale cohort study provided population-based evidence that patients with SSc express a markedly elevated risk of hospitalization for HF compared to the general population. These results bridge the gap between previous observations of subclinical heart dysfunction in SSc and clinically relevant HF. Considering the high mortality risk following HF hospitalization, our novel findings suggest that clinicians involved in the care of SSc patients should pay attention to associated symptoms and signs of HF. Our findings also support the recommendation that regular monitoring using appropriate laboratory tests or imaging studies for heart function evaluation might be warranted, which may lead to early detection and better prognosis among individuals with SSc.

## ▲ 論文發表



## ▲ 演講



## ▲ 下次主辦國家—泰國清邁 2023/12/07