

Wednesday, 30 march, 2011
Registration 7:30am
Scientific Sessions 7:45 - 1:30pm
08:30-08:55 Makarim Hall 2

Pediatric rheumatology for adult rheumatologist

08:55-09:25

Basics Of musculoskeletal Ultrasound For Rheumatologists

09:25-10:50

Cardiovascular risk stratification in Rheumatic diseases

10:15-10:50Pfizer Satellite Symposium
Biologics in RA Year in Review**10:50-11:20**

Strategic Management of RA

11:20-11:40

Achieving Remission in RA

11:50-12:30Roche Satellite Symposium
IL-6 in Rheumatoid Arthritis**1:30- 1:55**

(State of Art Lecture) Management of CNS Lupus

1:55- 2:20

Update in Management of Lupus Nephritis

2:20 - 2:45

Pregnancy and SLE

2:45--3:10

Biologics in SLE

3:20 -4:00Bristol Myers Satellite Symposium
New Horizon in the management of RA**3:00 - 5:00**Musculoskeletal US Workshop
(Shoulder)**Al Diwan Saloon**

WELCOME ADDRESS

The Saudi Society of Rheumatology (SSR) is proud to welcome all delegates and speakers to the 1st Annual Saudi Society & rheumatology Symposium.

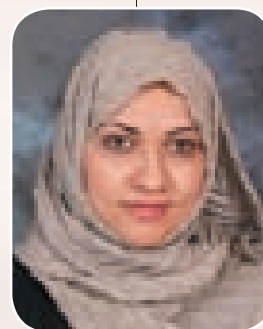
We hope that your attendance will enhance your knowledge of the most up to date research & development in rheumatology and its clinical advances.

We have gathered a 'who's who' in the field from over the world and wish the event to become a platform of knowledge by attracting rheumatologists that are in the forefront of their science.

During this first symposium the topics covered form an overview of this debilitating ailment, starting with 'Spodyloarthropathies dieses burden' on the opening day, to 'strategic management of RA' on day 2 and 'advances in management of antiphospholipid syndrome' on the 3rd and last day. Attendees can choose the topics that are of particular interest to them and their institutions. These

can be identified on the detailed schedule (Scientific Programme).

There will be two practical workshops, one on 'Musculoskeletal ultra-sound' and the other, 'Injection and joints examination'.



The 12 scientific topics and 2 practical workshops have been CME hours accredited by the Commission for Health Specialties, a further indication of the serious implementation of a R&D strategy by the Government of the 2 holy mosques, King Abdullah and his educational initiatives.

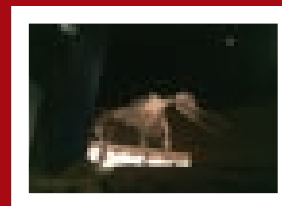
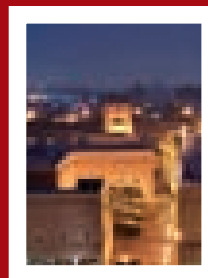
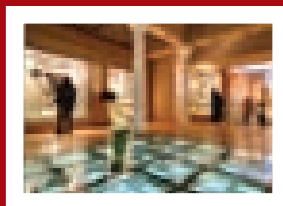
In order to make your attendance memorable, we have arranged for a gala dinner to be held at The King Abdulaziz Historical centre.

Once again I would like to welcome you to the Capital city of Saudi Arabia. I hope that you enjoy your stay and benefit from the proceedings.

Sincerely yours,
Dr. Hanan AL Rayes
 President of 1st SSRS

SSRS Gala Dinner

Check SSR booth to pick your invitation card!



Please join us today evening at our gala dinner which will provide a perfect opportunity to catch up with old friends and make new ones.

The dinner will take place at Abdulaziz Historical Centre from 8:00 - 11:00pm
 Dinner must be attended by Special Invitation that can be obtained from the SSR booth.

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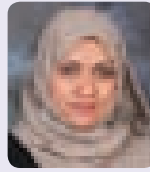
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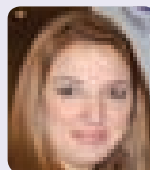
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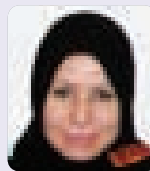
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Dr. Lina El Kibbi
Rheumatology Consultant
Specialized Medical Center Hospital



Dr. Hussein Halabi
President of Pan Arab Society
of Rheumatic Diseases
Consultant Of Medicine and Rheumatology
King Faisal Specialist Hospital
and Research Center, Jeddah



Dr. Fayza Al Jishi
Medical University of Vienna and
Hietzing Hospital, Vienna, Austria
*Eum ea nemore evertitur, vis an choro
trifiani numquam.*



Dr. Suleiman Al Mayouf
Consultant, Head of Pediatric Rheumatology
King Faisal Specialist Hospital
and Research Centre Riyadh



Dr. Wafaa Sewaili
Consultant of Pediatric Rheumatology
King Fahad National Guard Hospital

New Criteria for RA Remission

ACR and EULAR update 1981 criteria to reflect modern treatment options

by David Holzman /*The
Rheumatologist* Feb 2011 & *Arthritis
Rheum.* 2011.



The ACR and the European League Against Rheumatism (EULAR), in cooperation with members of the Outcome Measures in Rheumatology (OMERACT) initiative, have completed the first comprehensive provisional definition of remission in rheumatoid arthritis (RA) for clinical trials since 1981. The criteria are designed to distinguish true remission from even minimal disease activity.

The new criteria will enable doctors to better evaluate patients' conditions, as well as patients' prospects for achieving remission or, alternatively, for achieving minimal disease activity.

So, join us Today in Rheumatoid Arthritis session

Prof. J. Smolen

Dr. Hussein Halabi



First new Lupus Drug in 100 years

A new treatment for SLE has been approved in the US, after a 56-year lull in new therapies for the autoimmune disease.

The FDA approved belimumab (Benlysta) for patients with lupus who are already receiving standard treatment for the disease. While there are no known cures for lupus, belimumab is the first new treatment to hit the market in more than half a century.

In one phase-three trial of almost 900 patients, belimumab significantly improved lupus symptoms, with similar adverse-event rates compared with placebo. Belimumab treatment also reduced the severity of lupus flares in some patients, and others reduced their steroid doses.

So Come and join us to attend Lupus session

David D CRUZ

Symposium FLASH





New hope for children suffering from debilitating arthritis

Supplemental Biologics License Application (sBLA) was submitted to the United States (US) Food and Drug Administration (FDA) and an Accelerated Assessment application to the European Medicines Agency (EMA) to extend the license indication of **Tocilizumab** for the treatment of **Systemic Juvenile Idiopathic Arthritis** (sJIA).

There are currently no approved therapies for sJIA in the EU or US, which is characterized

by inflammatory arthritis accompanied by intermittent fever, skin rash, anemia, enlargement of the liver and/or spleen and inflammation of the lining of the heart and/or lungs. The peak age of onset of sJIA is between 18 months and two years, although persistence of the disease into adulthood occurs. It has the worst long-term prognosis of all childhood arthritis subtypes, accounting for almost two-thirds of all deaths among children with arthritis, with an overall mortality rate estimated to be between two to four percent. Current treatment consists of high dose corticosteroids which do not improve the long-term prognosis and are often accompanied by severe side effects

The applications follow positive data from the global phase III **TENDER** study that demonstrated TOCILIZUMAB was effective in improving the signs and symptoms of sJIA.

The study, presented at the European League Against Rheumatism (EULAR 2010) congress, showed that, following three months' treatment with TOCILIZUMAB, **85 (eighty five) percent of patients had a 30 (thirty) percent improvement (JIA ACR30)** in the signs and symptoms of sJIA and absence of fever, a primary characteristic of sJIA, compared to 24 (twenty four) percent of patients who received placebo.

Further data showed **70 (seventy) percent of patients on TOCILIZUMAB achieved JIA ACR70 and 37 (thirty seven) percent achieved JIA ACR90**, compared to eight percent and five percent of patients who received placebo, respectively. In addition to the significant improvement in JIA ACR response, nearly two-thirds of patients in the study were free of rash after three months. In the study, TOCILIZUMAB was well tolerated in children with sJIA with a safety profile similar to adults treated with TOCILIZUMAB for rheumatoid arthritis (RA).

sJIA is an extremely debilitating disease that can be life-threatening for young children, for which there are no currently approved medicines, with these striking data TOCILIZUMAB may become a treatment option that benefits children and their families living with this condition every day.

Enbrel, safe and effective beyond 10 years: North American experience

Weinblatt ME, Bathon JM, Kremer JM, et al. *safety and efficacy of etanercept beyond 10 years of therapy in North American patients with early and long-standing rheumatoid arthritis. Arthritis Care Res (Hoboken) 2010 Oct 18.*

Overview:

Type of study and objectives? This was a series of open-label extension studies following on from initial double-blind trials of etanercept, which sought to evaluate the long-term (> 10 years) safety and efficacy of etanercept in rheumatoid arthritis (RA) patients.

Who were the patients? Adult patients with early RA (n=194) or long standing RA (n=217), who had previously received at least 1 dose of etanercept in a double-blind trial. These patients were treated with etanercept 25 mg twice weekly through 10 years.

What were the efficacy findings over 10 years? Both patients groups showed sustained improvement in American college of Rheumatology (ACR) responses, swollen joint counts, Health Assessment Questionnaire (HAQ) scores and o-reactive protein levels.

What about safety over 10 years? There were 5 opportunistic infections and 29 cases of sepsis. The rate of all malignancies was similar to that expected in the general population, but the occurrence of lymphomas was higher than that expected in the general population. Deaths occurred in 18 early RA and 43 long-standing RA patients.



Social Program

Wednesday, 30 Mar, 2011

Meet at hotel lobby	4:30pm
National Museum	5:00pm
King Abdulaziz Historical Center	6:30pm



نشرة خاصة تصدر بمناسبة انعقاد المؤتمر السنوي الأول للجمعية السعودية لأمراض الروماتيزم - اليوم الثاني ٢٥ ربيع الثاني ١٤٣٢ هـ - الرياض

الدكتور خشيم : المؤتمر يدل دلالة واضحة على جدية البرامج العلمية التي تتبناها الجمعية
الدكتور السويلم : الجمعية تتبنى إعداد السجل الوطني لأمراض الروماتيزم
الدكتورة الرئيس : المؤتمر استقطب خبرات عالمية وإقليمية ومحلية



وفي نهاية الحفل سلم الدكتور محمد بن حمزة خشيم أعضاء اللجنة العلمية هدايا تذكارية خاصة بهذه المناسبة . ثم قدم الدكتور رامي السويلم رئيس الجمعية السعودية لأمراض الروماتيزم درع الجمعية لمعالي وزير الصحة تسلمه نيابة عنه الدكتور خشيم .

من جهته قال رئيس الجمعية السعودية لأمراض الروماتيزم الدكتور رامي السويلم أن من أهم الملفات التي نعمل على إنهاؤها وسترى النور قريباً إن شاء الله هو السجل الوطني لأمراض الروماتيزم ومن خلاله نستطيع رصد الحالات وتوزيعها الجغرافي ، سيكون هذا السجل خير معين لوزارة الصحة وكافة المؤسسات الصحية من أجل رسم السياسات المستقبلية والاعتمادات المالية وتوزيع المراكز والمختصين والموارد حسب الحاجة .

أفتتح تحت رعاية معالي الدكتور عبد الله بن عبد العزيز الربيعة وزير الصحة صباح يوم أمس الثلاثاء ٢٤ ربيع الآخر ١٤٣٢ هـ الموافق ٢٩ مارس ٢٠١١ م وذلك بحضور الدكتور محمد حمزة خشيم وكيل وزارة الصحة للتطوير والتخطيط المؤتمر العالمي السنوي الأول للجمعية السعودية لأمراض الروماتيزم بقاعة مكارم في فندق الماريوت بالرياض .

وفي كلمة الافتتاح لمعالي وزير الصحة والتي ألقاها نيابة عنه الدكتور خشيم ذكر إن وزارة الصحة تشجع وتتبنى ما تقوم به الجمعيات العلمية وتعتبرها مكملة لدورها في البحث عن كل ما يساهم في الارتقاء بنوعية وجودة خدمات الرعاية الصحية المقدمة في مملكتنا الحبيبة ، وأشاد معاليه بالدور الجلي للجمعية السعودية لأمراض الروماتيزم رغم حداثة نشأتها .

واستطرد الدكتور خشيم قائلاً إن مناسبة علمية بهذا الحجم والتميز في الإعداد والتنظيم لتدل دلالة واضحة على جدية البرامج العلمية التي تتبناها الجمعية للمساهمة في الرقي بمستوى خدمات الرعاية الصحية المقدمة للمواطن والمقيم . وأشار في ختام كلمته أن وزارة الصحة تعمل جاهدة على التوسع في بناء المستشفيات بمختلف مناطق المملكة .



ومن جهتها أوضحت الدكتورة حنان الرئيس رئيسة المؤتمر أن اللجنة العلمية سعت إلى استقطاب الخبرات العلمية المتميزة ، فوجهت الدعوة إلى نخبة من الأطباء من مختلف دول العالم بما فيها دول الخليج العربي ، ودول العالم العربي ، إضافة إلى نخبة من الرواد في طب وعلاج أمراض الروماتيزم في المملكة لإثراء البرنامج العلمي لهذا اللقاء .

واختتمت الدكتورة الرئيس كلمتها بتقديم الشكر إلى زملائها أعضاء اللجنة العلمية الذين لم يدخروا وسعاً خلال فترة الإعداد لهذا الحدث العلمي الضخم ، كما وجهت شكرها للشركات الراعية والمشاركة في دعم هذا التجمع العلمي .