



Rheumatology Association of Iowa 11th Annual Meeting

February 28 - March 1, 2025 The Hotel at Kirkwood Center Cedar Rapids, Iowa Rheumatology Association of Iowa

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Industry Support

THANK YOU TO OUR 2025 PROMOTIONAL SPONSORS

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Thank You to Our 2025 Exhibitors

AbbVie

Alexion AstraZeneca Rare Disease

AMGEN, Inc.

AstraZeneca

Boehringer Ingelheim Pharmaceuticals, Inc.

Boehringer Ingelheim Pharmaceuticals, Inc. - Medical Affairs

Genentech

GlaxoSmithKline

Johnson & Johnson

Kyowa Kirin, Inc.

Novartis

Pfizer, Inc.

Premier Specialty Network

Radius Health

Sanofi

Sobi, Inc.

UCB, Inc.

Program Schedule

Industry Sponsored Symposia

Saturday, March 1 9:00 a.m. - 10:00 a.m.

Industry Breakfast Symposium Sponsored by Amgen, Inc.

Location: Tippie Business Event Room

Achieving and Sustaining Remission in Severe Active ANCA-Associated

Vasculitis: GPA and MPA Adam Kilian, MD

12:45 p.m. - 1:45 p.m.

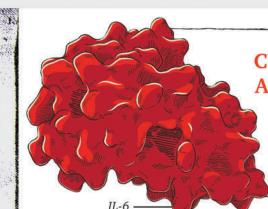
Industry Lunch Symposium Sponsored by UCB, Inc.

Location: Tippie Business Event Room

BIMZELX Has Arrived in Rheumatology Expert Perspectives On A New

Treatment For PsA, nr-axSpA, And AS

Kurt Oelke, MD



CURRENT GUIDELINES ESTABLISH GCs AS THE STANDARD OF CARE FOR PMR. HOWEVER, CHALLENGES REMAIN¹⁻⁴

> Explore treatment considerations in PMR, by visiting the SANOFI booth

Scan the QR code or visit PMRandIL6.com to learn more about the pathogenesis of PMR.



GCs=glucocorticoids; PMR=polymyalgia rheumatica.

References: 1. Buttgereit F, Dejaco C, Matteson EL, Dasgupta B. Polymyalgia rheumatica and giant cell arteritis: a systematic review. JAMA. 2016;315(22):2442-2458. 2. Floris A, Piga M, Chessa E, et al. Long-term glucocorticoid treatment and high relapse rate remain unresolved issues in the real life management of polymyalgia rheumatica: a systematic literature review and meta-analysis. Clinical Rheum. 2022;41:19-31. 3. Acharya S, Musa R. Polymyalgia Rheumatica. NCBI Bookshelf. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022. 4. Mazzantini M, Torre C, Miccoli M, et al. Adverse events during longterm low-dose glucocorticoid treatment of polymyalgia rheumatica: a retrospective study. Journal Rheumatol. 2012;39(3):552-557.

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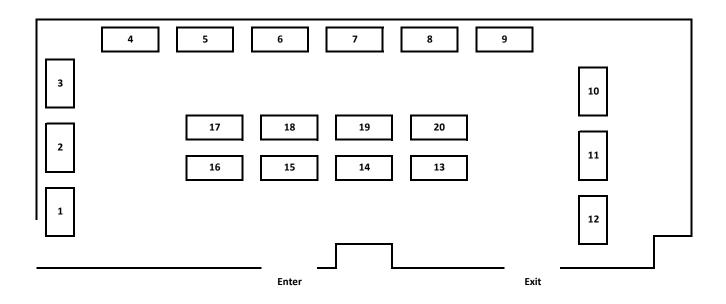
Rheumatology Association of Iowa 11th Annual Meeting

All activities will be in the Ballroom unless noted otherwise.

All activities will i		iless noted offierw	/ISE.	
FRIDAY, FEBRUARY 28, 2025		10:00 a.m 10:45 a.m.	Preexisting Autoimmune Disease and Checkpoint Inhibitors	
OVERVIEW			Speaker: Jennifer Strouse, MD University of Iowa	
4:00 p.m 7:15 p.m.	Registration/Information Desk Location: Ballroom Corridor	10:45 a.m 11:15 a.m.	Break & Networking in Exhibit Hall	
6:00 p.m 7:15 p.m. GENERAL SESSION	Exhibit Hall Open Location: Ballroom B & C	11:15 a.m 12:00 p.m.	Interesting Cases and Research Presentations Moderator: Hanna Zembrzuska, MD,	
5:10 p.m 5:15 p.m. Remarks	Welcome & Opening		MME, FACP University of Iowa	
5:15 p.m 6:15 p.m.	CAR-T Therapy in Rheumatic Disease Speaker: Alfred H. Kim, MD, PhD Washington University School of Medicine	12:00 p.m 12:45 p.m.	Legal Aspects of Rheumatology Practice Speakers: Tricia L. Hoffman- Simanek Senior Vice President Shuttleworth &	
6:15 p.m 7:15 p.m.	Welcome Reception Location: Exhibit Hall		Ingersoll P.L.C. Mark P. Hudson	
SATURDAY, MARCH 1, 2025			Senior Vice	
OVERVIEW			President Shuttleworth & Ingersoll P.L.C.	
7:30 a.m 4:00 p.m.	Registration/Information Desk Location: Ballroom Corridor		Joseph M. Miller Vice President Shuttleworth & Ingersoll	
8:30 a.m 2:30 p.m.	Exhibit Hall Open Location: Ballroom B & C	12:45 p.m 1:45 p.m.	Industry Symposium Lunch	
9:00 a.m 10:00 a.m.	Industry Symposium Breakfast	12:49 p.m 1:49 p.m.	Location: Tippie Business Event Room	
	Location: Tippie Business Event Room	1:45 p.m 2:15 p.m.	Dessert & Networking in the Exhibit Hall	
12:45 p.m 1:45 p.m.	Industry Symposium Lunch Location: Tippie Business	2:05 p.m 2:15 p.m.	RAI Annual Business Meeting	
GENERAL SESSION	Event Room	2:15 p.m 3:00 p.m.	CSRO Advocacy and Health Policy Update Speaker: Michael S. Brooks,	
8:10 a.m 8:15 a.m.	Welcome		MD, FACP, FACR CSRO	
8:15 a.m 9:00 a.m.	Inflammatory Arthritis Secondary to Checkpoint Inhibitors Speaker: Jennifer Strouse, MD University of Iowa	3:00 p.m 3:45 p.m.	Statehouse Insights Speaker: Brett Barker, PharmD lowa House of Representatives	
9:00 a.m 10:00 a.m.	Industry Symposium Breakfast Location: Tippie Business Event Room			

Final program, speaker bios, and CME information available online at virtual.association-service.org/rai

Exhibit Hall Floor Plan



Company Name	Table #	Company Name	Table #
AbbVie	1	GlaxoSmithKline	2
Alexion AstraZeneca Rare Disease	7	Johnson & Johnson	3
AMGEN, Inc KRYSTEXXA	13	Kyowa Kirin, Inc.	16
AMGEN. Inc Evenity	19	Novartis	12
AMGEN. Inc Otezla and Enbrel	20	Pfizer, Inc.	6
AMGEN. Inc Tavneos	14	Premier Specialty Network	5
AstraZeneca	8	Radius Health	17
Boehringer Ingelheim Pharmaceuticals, Inc.	4	Sanofi	10
Boehringer Ingelheim Pharmaceuticals, Inc Medical Affairs	11	Sobi, Inc.	18
Genentech	9	UCB, Inc.	15





Patients say they're fine, but RA SAYS OTHERWISE

> ~ 1 in 3 patients with RA are not adequately controlled by bDMARD therapy after 1 year1

Facilitating greater communication with your patients creates the opportunity to recognize uncontrolled RA.

Setting goals such as remission with your patients, and tracking them with tools such as RAPID3, leads to better outcomes. These goals are associated with reduced burden (e.g., reduction in fatigue, pain, and disability).2-4

Help Get Your Patient's RA Under Control at

REASSESSRA.COM



References: 1. Strand V, Miller P, Williams SA, Saunders K, Grant S, Kremer J. Discontinuation of biologic therapy in rheumatoid arthritis: analysis from the Corrona RA Registry. Rheumatol Ther. 2017;4(2):489-502. doi:10.1007/s40744-017-0078-y 2. Ward MM, Castrejon I, Bergman MJ, Alba MI, Guthrie LC, Pincus T. Minimal clinically important improvement of Routine Assessment of Patient Index Data 3 in rheumatoid arthritis. J Rheumatol. 2019;46(1):27-30. doi:10.3899/jrheum.180153 3. Solomon DH, Bitton A, Katz JN, Radner H, Brown EM, Fraenkel L. Treat to target in rheumatoid arthritis: fact, fiction, or hypothesis? Arthritis Rheumatol. 2014;66(4):775-782. doi:10.1002/art.38323 4. Ajeganova S, Huizinga T. Sustained remission in rheumatoid arthritis: latest evidence and clinical considerations. Ther Adv Musculoskelet Dis. 2017;9(10):249-262. doi:10.1177/1759720X17720366

bDMARD=biologic disease-modifying antirheumatic drug; RA=rheumatoid arthritis; RAPID3=Routine Assessment of Patient Index Data 3.



Amgen is a proud sponsor of the RAI Annual Meeting

ABOUT AMGEN

Amgen harnesses the best of biology and technology to fight the world's toughest diseases, and make people's lives easier, fuller and longer. We helped establish the biotechnology industry, and we remain on the cutting-edge of innovation, using technology and human genetic data to push beyond what's known today.





Inspired by patients, we take health personally

Breakthrough treatments that will shape the future of health care will only have impact if people can get them. We advocate for patients every step of the way, expanding access to our medicines and developing tools and programs so patients can receive optimal care.

Learn more at jnj.com

Are you considering

X-linked hypophosphatemia?



is a progressive, lifelong, phosphorus-wasting disease. It is characterized by chronic hypophosphatemia due to increased FGF23 activity.1



> Progressive





P

 Phosphorus wasting



What do you need to know?



XLH is commonly misdiagnosed, which may lead to potentially inappropriate disease management.2



Learn how to accurately diagnose XLH



The signs and symptoms can vary in presentation and severity.2,3



Ontact a Kyowa Kirin rep to find out more and access additional XLH resources

Arlene and her daughter Gina Living with XLH

FGF23=fibroblast growth factor 23; XLH=X-linked hypophosphatemia.

References: 1. Hamilton AA, Faitos S, Jones G, Kinsley A, Gupta RN, Lewiecki EM. Whole body, whole life, whole family: patients' perspectives on X-linked hypophosphatemia. *J Endocr Soc.* 2022;6(8):bvac086. doi:10.1210/jendso/bvac086

2. Carpenter TO, Imel EA, Holm IA, Jan de Beur SM, Insogna KL. A clinician's guide to X-linked hypophosphatemia. *J Bone Miner Res.* 2011;26(7):1381-1388. doi:10.1002/jbmr.340 3. Trombetti A, Al-Daghri N, Brandi ML, et al. Interdisciplinary management of FGF23-related phosphate wasting syndromes: a Consensus Statement on the evaluation, diagnosis and care of patients with X-linked hypophosphataemia. *Nat Rev Endocrinol*. 2022;18(6):366-384. doi:10.1038/s41574-022-00662-x

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Rheumatology Association of Iowa

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