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Summary

Rheumatic diseases: Today and tomorrow

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A rheumatologist discusses unmet needs in the field including precision medicine approaches to select therapies, emerging cellular therapies like CAR-T cells for severe autoimmune disease, and the potential role of metabolic interventions such as GLP-1 receptor agonists in psoriatic arthritis.

KEY POINTS

- The speaker stated that the main current problem in rheumatology is not knowing which biologic therapy is beneficial for a specific patient, despite having multiple options after methotrexate.
- The speaker reported that CAR-T cell therapy can induce stable drug-free remission for at least five years in severe autoimmune disease, as the cells deplete B cells in tissue unlike rituximab, though the therapy requires chemotherapy and is labor-intensive and expensive.
- The speaker presented data showing that adding GLP-1 receptor agonist to anti-IL-17a therapy significantly increased treatment response in psoriatic arthritis, beyond effects on weight reduction alone.
- Precision rheumatology approaches are emerging using tissue gene expression, multi-omics, and network analysis to predict treatment response, though the speaker noted it will be years before this enters clinical practice.
- The speaker stated that T-cell engagers offer advantages over CAR-T cells by not requiring lymphodepleting chemotherapy or specialized infrastructure, but cannot induce drug-free remissions and require continued background therapy.
- In the discussion, the speaker expressed the view that cellular therapies are appropriate only for severe autoimmune diseases with organ manifestations and would never be a treatment option for typical rheumatoid arthritis, given infectious risks including need for immunoglobulin supplementation.

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