

(04)

中軸型脊椎關節炎照護暨風濕新知與
重點式即時超音波於整合醫學之應用

Care of Axial Seronegative Spondyloarthritis, Recent Advances
in Rheumatology with Application of Point of Care Ultrasound
(POCUS) in Integrated Medicine

時間：115 年 6 月 27 日(星期六) 8:30~12:00
地點：臺北榮民總醫院 致德樓第四會議室

08:30-08:35	Opening Remarks	陳明翰主任 Ming-Han Chen
	座長：陳明翰 主任 (Ming-Han Chen)	
08:35-09:20	JAK 抑制劑於免疫介導發炎疾病之疼痛控制與安全性概況 JAK Inhibitors in Immune-Mediated Inflammatory Diseases (IMIDs): Update on Pain Management and Safety Profile	陳瑋昇醫師 Wei-Sheng Chen
09:20-10:05	免疫相關不良反應的治療對策：從風濕科醫師角度出發 irAE Management: From the Perspective of a Rheumatologist	李克仁醫師 Ke-Ren Li
10:05-10:25	Coffee Break	
	座長：張景智 主任 (Ching-Chih Chang)	
10:25-11:10	介白素 17 抑制劑於血清陰性關節炎之照護新視野 A new Horizon for IL-17 Inhibition Therapy for SpA	謝祖怡醫師 Tsu-Yi Hsieh
11:10-11:55	即時照護超音波：從醫院床邊到居家 Point-of-Care Ultrasound: From Bedside to Home Care	許甯傑醫師 Nin-Chieh Hsu
11:55-12:00	Closing Remarks	張景智主任 Ching-Chih Chang

JAK Inhibitors in Immune-Mediated Inflammatory Diseases (IMIDs): Update on pain management and safety profile

JAK 抑制劑於免疫介導發炎疾病之疼痛控制與安全性概況

Wei-Sheng Chen

陳瑋昇

Department of Allergy, Immunology and Rheumatology, Taipei Veterans General Hospital, Taipei, Taiwan, ROC
臺北榮民總醫院 過敏免疫風濕科

Janus kinase inhibitors (JAKi) have become an important therapeutic option across multiple immune-mediated diseases; however, their safety profile remains a major clinical concern. This presentation provides an integrated overview of JAKi safety across different disease populations, with emphasis on rheumatoid arthritis (RA) and atopic dermatitis (AD), alongside key insights from clinical trials and real-world evidence.

Safety outcomes associated with JAK inhibitors vary substantially depending on baseline patient characteristics. Epidemiological data show that RA patients are generally older and have a higher prevalence of cardiovascular (CV) risk factors and malignancy compared with AD patients, who are typically younger and healthier. Consequently, adverse events of special interest—including major adverse cardiovascular events (MACE), venous thromboembolism (VTE), and malignancy—are observed more frequently in RA populations than in AD populations. Age further modifies risk, with higher event rates consistently seen in patients aged ≥ 65 years across indications. Despite this, the absolute risk increase remains modest, estimated at approximately one additional event per 1,000 PYs.

Across indications, variations in adverse event rates appear to reflect differences in underlying disease biology and comorbidity burden rather than intrinsic differences between JAK inhibitors. Pooled analyses and long-term extension studies suggest that incidence rates of cardiovascular events and malignancies are largely consistent with the background risk of the treated populations. Notably, herpes zoster represents a consistent class effect, with increased incidence observed across all JAK inhibitors compared with baseline population rates.

In conclusion, JAK inhibitor safety should be interpreted within the context of patient-specific risk factors and disease populations. Individualized risk assessment is essential to optimize benefit-risk balance and to support appropriate clinical use across diverse indications.

irAE management: From the perspective of a rheumatologist

免疫相關不良反應的治療對策：從風濕科醫師角度出發

Ke-Ren Li

李克仁

Department of Allergy, Immunology and Rheumatology, National Taiwan University Hospital, Taipei, Taiwan, ROC
臺大醫院 過敏免疫風濕科

Immune checkpoint inhibitors (ICIs) have revolutionized cancer treatment by enhancing antitumor immune responses. However, these therapies are also associated with a distinct spectrum of immune-related adverse events (irAEs), which result from immune system activation against normal tissues.

This presentation will explore the diverse clinical manifestations of irAEs across organ systems, including dermatologic, gastrointestinal, endocrine, pulmonary, and neurologic toxicities. Emphasis will be placed on the pathophysiological mechanisms, diagnostic challenges, and current evidence-based strategies for the prevention and management of irAEs.

Through case studies and updated clinical guidelines, we will discuss the importance of early recognition, appropriate grading, and timely intervention to optimize patient outcomes while maintaining oncologic efficacy. Understanding the balance between therapeutic benefit and immune toxicity is crucial in the era of immunotherapy.

A new horizon for IL-17 inhibition therapy for SpA

介白素 17 抑制劑於血清陰性關節炎之照護新視野

Tsu-Yi Hsieh

謝祖怡

Division of Allergy, Immunology and Rheumatology, Department of Internal Medicine & Division of Clinical Training, Department of Medical Education, Taichung Veterans General Hospital, Taichung, Taiwan, ROC

臺中榮民總醫院 內科部 過敏免疫風濕科 教學部臨床訓練科

Spondyloarthropathy (SpA), encompassing axial SpA, peripheral SpA, psoriatic arthritis (PsA), psoriasis (PsO), and inflammatory bowel disease (IBD)-related SpA, is a chronic inflammatory musculoskeletal disease often associated with extra-articular manifestations (EAMs). Over the past two decades, therapeutic advancements have included TNF inhibitors, IL-17A inhibitors, JAK inhibitors, and IL-23 inhibitors. However, these treatments have been linked to paradoxical effects, such as TNF-receptor antagonists and IL-17A inhibitors exacerbating uveitis, and IL-17A inhibitors inducing IBD.

Bimekizumab, a novel biologic targeting both IL-17A and IL-17F, offers a unique mechanism of action by addressing overlapping inflammatory pathways. Clinical trials have demonstrated its rapid onset of action, efficacy comparable to IL-23 inhibitors, and sustained disease control even after treatment discontinuation, making it a promising option for psoriatic disease.

In PsO, bimekizumab has shown superior efficacy in pivotal Phase 3 trials, achieving high rates of complete skin clearance (PASI 100) as early as Week 16, with durable responses sustained over four years. It also delivers excellent results in challenging areas like nail and scalp psoriasis and is effective for patients who previously failed other biologics, including IL-17A inhibitors, highlighting its potential as a second-line treatment.

In PsA, bimekizumab is effective in treating peripheral arthritis, enthesitis, dactylitis, and skin symptoms. It has demonstrated significant ACR50 and PASI100 responses at Week 16, with sustained benefits through Week 52. Bimekizumab also inhibits radiographic progression of joint damage, particularly in patients with high baseline inflammation, suggesting disease-modifying properties. Nearly 50% of patients achieved minimal disease activity (MDA) at two years.

Long-term safety data show a consistent and manageable profile. Oral candidiasis is the most common adverse event, but rates decline with continued treatment, and most cases are mild or moderate. Bimekizumab is associated with a low risk of IBD and may benefit patients with uveitis.

Overall, bimekizumab is an innovative and effective treatment for PsO and PsA, addressing unmet needs in refractory disease and complex comorbidities. Its robust efficacy, durable responses, and favorable safety profile make it a valuable addition to the SpA therapeutic landscape.

Point-of-care ultrasound: From bedside to home care

即時照護超音波：從醫院床邊到居家

Nin-Chieh Hsu

許甯傑

Division of Hospital Medicine, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan, ROC

臺大醫院 內科部 整合醫學科

Point-of-care ultrasound (PoCUS) has emerged as a transformative tool in modern clinical practice, enabling rapid, bedside assessment that bridges diagnostic uncertainty and immediate clinical decision-making. Traditionally rooted in emergency and critical care settings, PoCUS is now expanding into general internal medicine, hospital medicine, and increasingly into community and home-based care models. This shift reflects broader healthcare transitions toward patient-centered, decentralized care, particularly in aging societies with rising multimorbidity.

In the inpatient setting, PoCUS enhances diagnostic accuracy and guides management across multiple domains, including fluid status assessment, cardiopulmonary evaluation, and abdominal pathology. Protocolized approaches such as multi-organ scanning and focused examinations—such as the Admission Point-of-Care Ultrasound Examination (APEX)—demonstrate how PoCUS can systematically inform early inpatient management, often leading to significant modifications in treatment plans. Furthermore, integration into hospitalist workflows facilitates timely interventions, reduces reliance on advanced imaging, and improves care efficiency.

Beyond the hospital, PoCUS holds significant promise in hospital-at-home (HaH) and community-based care. With portable ultrasound devices and tele-supervision models, clinicians and trained nurse practitioners can perform real-time assessments in patients' homes, supporting early diagnosis, monitoring of chronic conditions, and avoidance of unnecessary hospital visits. Educational innovations, including near-peer teaching and remote supervision, are essential to scaling PoCUS competency across diverse healthcare providers.

However, challenges remain, including variability in training, quality assurance, and integration into existing healthcare systems. Establishing standardized curricula, competency-based assessment frameworks, and supportive policy structures will be crucial to sustain its expansion.

In summary, PoCUS represents a paradigm shift from hospital-centered diagnostics to a more flexible, bedside-to-home continuum of care. Its integration across care settings offers opportunities to enhance diagnostic precision, improve patient outcomes, and support the evolving landscape of integrated healthcare delivery.