

TRAINING BURSARY PROGRAMME 2020-2021

Report presented by

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TRAINING BURSARY PROGRAMME DESTINATION

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1) What was the motivation to apply for training in this centre?

Being an Internal Medicine Specialist physician and researcher in the field of SLE and Rheumatology, I aim to understand racial/ethnic variations in SLE, as well as regional differences between SLE patients of African descent living across the world. From the clinical perspective, I aim to deliver high-quality care to my SLE patients, informed by contemporary high-quality evidence, clinical experience and context-specific realities. The UCL Centre for Rheumatology has substantially contributed to the current understanding of SLE pathophysiology, disease characteristics and management through their established large and long-standing multiethnic SLE cohort. Furthermore, SLE care at the UCL lupus clinic is delivered by a multidisciplinary team of experts (including dermatologists, nephrologists, neurologists) under the coordination of rheumatologists. The UCL lupus clinic is also in close collaboration with the APS clinic held by Hematologists.

Taken collectively, the UCL lupus clinic was an ideal destination to fulfill my training objectives.

2) How were the objectives fulfilled by the training?

The objectives I mentioned in my motivation letter when applying for this bursary were:

• From a clinical perspective: to be able to accurately manage lupus nephritis, neuropsychiatric SLE as well as the antiphospholipid syndrome, and to be able to accurately assess SLE activity using various disease activity measures

 From a research perspective: to acquire knowledge on accomplishments, uncertainties, leverage of cohorts and registries, conduct of outstanding clinical trials, good attitudes for efficient international collaboration and partnership development in the field of SLE

From the clinical perspective, I received a formal training on BILAG assessment which is the intention-to-treat SLE activity measure developed in UK, and as such most widely used at the UCL lupus clinic. I also got insights on differences between most accurate and commonly used SLE activity measures (including SLEDAI-2k, SELENA-SLEDAI and ECLAM). I attended weekly adult and juvenile SLE consultations (on Mondays) conducted by my supervisor Pr Rahman, and pediatric rheumatologists, during which I had the opportunity to discuss with Pr Rahman and other specialists on the management of lupus nephritis and neuropsychiatric lupus. BILAG assessment is systematic during SLE consultations in UCL. Pr Rahman liaised me with the head of the APS clinic, Pr Hannah Cohen, allowing me to attend weekly APS consultations (on Thursdays). APS consultations have given me the opportunity to gain insight on the epidemiology and diagnosis of APS, frequency of antiphospholipid antibodies (aPLs) in the general population, laboratory assessment of aPLs, as well as personalized APS management based on a wide variety of cases with different levels of complexity. Noteworthy also, Pr Rahman liaised me with rheumatology nurses from the infusion clinic with whom I worked on practical aspects of biologics (rituximab, belimumab) administration to SLE patients. I was especially glad to see patients receiving belimumab (BENLYSTA), as this drug is not yet available in Cameroon.

From the research perspective, I am pleased to have learnt about the many outstanding achievements in the field of SLE, including those from the UCL lupus clinic (e.g. major contribution on SLE treatment with rituximab). I am now aware of major studies ever held and ongoing in the field, as well as those unsuccessfully terminated and those about to start.

I also learnt about major achievements in the field of APS, including those from the UCL APS clinic. Finally, through meeting attendance and discussions with my supervisor as well as my other masters (Pr Isenberg, Pr Cohen), nurses and the UCL SLE cohort database manager, I got some insights on pre-requisites for setting up an SLE cohort and a lupus clinic, and on SLE and APS domains where further research is needed. Notably, I am actually conducting two research projects (started during my training period) in those domains. Hopefully, those projects will lead to publications in the coming months.

In summary, I can say that I met my objectives.

3) What are the main opportunities/strenghts this center offers for future applicants?

- (i) Opportunity to learn from change-maker experts in the field of SLE and APS
- (ii) Opportunity to learn from multiethnic, large and long-standing SLE and APS cohorts
- (iii) Opportunity to conduct relevant, high-quality research
- (iv) Opportunity to work in a relaxed environment, within a multidisciplinarity team of specialists usually involved in SLE and APS care
- (v) Opportunity to attend weekly rheumatology and APS multidisciplinary meetings
- (vi) Opportunity to meet training objectives

4) Practical advice for future applicants to the SLEuro training bursary

For me, SLEuro is actually the best for career enhancement and has the best vision for improvement of care and research in the field of SLE. Furthermore, SLEuro promotes borderless cooperation. Consequently, I highly encourage colleagues from all over the world who want to make career in the field of SLE and associated autoimmune diseases to adhere to SLEuro and apply for the training bursary programme.

My SLEuro training experience has a special connotation, ending with my first ever participation in an international SLE conference (the 13th SLEuro meeting).

In conclusion, the SLEuro training is a landmark story in my career and life.

Thank you Pr Rahman!

Thank you Pr Isenberg!

Thank you Pr Cohen!

Thank you SLEuro!