

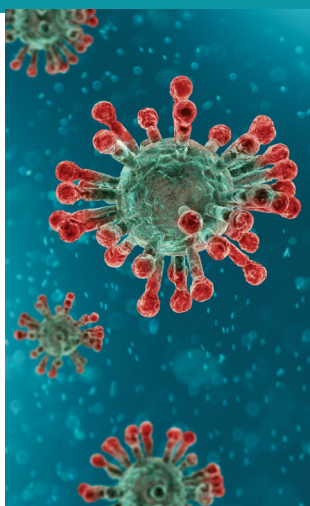
FALL 2020

Arthritis Progress Report

News from the Russell/
Engleman Rheumatology
Research Center



University of California
San Francisco



As of this writing, in September 2020, the COVID-19 Global Rheumatology Alliance had cataloged more than 4,500 cases of people with rheumatic diseases and COVID-19.

Division Researchers Lead Global COVID-19-Related Research

When the COVID-19 pandemic hit, researchers in the UCSF Division of Rheumatology immediately understood they had an important role to play, given the potential of the virus to severely affect those with rheumatic diseases and those taking immunosuppressive drugs.

Jonathan Graf, MD; Patricia Katz, PhD; Jinoos Yazdany, MD, MPH; and Jimmie Ye, PhD, were among those who shifted the focus of ongoing studies or participated in the development of new ones to add to the knowledge base about COVID-19.

Global Rheumatology Alliance Makes Near Immediate Impact

Yazdany's initial concern was having very little data to guide clinical decision making for her patients. "Our immunosuppressed patients were understandably very worried," she says. "We had a pandemic that was wreaking havoc – and we needed to know how this disease affects patients who have rheumatic diseases. Do they manifest different symptoms? What factors increase risk? Are particular medicines protective, or harmful?"

On March 11, 2020, Yazdany had a conversation on Twitter with colleagues about setting up a registry among the world's rheumatologists to help inform medical care during the pandemic. By March 24, the idea became reality. In collaboration with the American College of Rheumatology and the European League Against Rheumatism, Yazdany established an adult registry hosted at UCSF: the COVID-19 Global Rheumatology Alliance (rheum-covid.org).

"We quickly used Twitter and Facebook to identify regional leads across six continents to spread the word," says Yazdany. "We've also garnered a huge amount of patient involvement, which helps inform what we study." This rapid and effective ramping up of critically important work has convinced Yazdany that academic physicians can leverage social media both to advance science and to help

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Message from the Director

Innovation Meets Challenging Time

This year has tested us all in ways we never expected to be tested, in our personal lives, in our professional lives and in our commitment to help people in need. Hard times are revealing about character and values, and I have never been more proud than I am now to be associated with the Russell/Engleman Center and to have witnessed the response of the faculty and trainees in the

Division of Rheumatology at UCSF.

First and foremost, patient care continued without interruption and without any compromise in quality. The transition to virtual visits was immediate and extremely well received and appreciated by our patients. For people who had to be seen in person, either in the outpatient setting or because they required hospitalization, the trainees and faculty were selfless in putting patient care above any concern they may have had for their own health.

Of course, I expected no less, but that does not detract from my admiration for their courage and commitment.

At the same time that we were reimagining patient care in the context of a pandemic, our researchers immediately conceived, initiated and now lead a major international effort to understand the impact of the pandemic on people with diverse rheumatologic diseases. That effort is highlighted in our cover story.

Hard times are particularly poignant reminders of the generosity and importance of the donors who support the Russell/Engleman Center. In good times and in hard times, they are thinking of how to help others. We are very grateful for their support.

David Wofsy, MD

Director, Russell/Engleman Rheumatology Research Center

COVID-19 Global Rheumatology Alliance

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disseminate accurate, evidence-based information to the public. To that end, the division has begun its own Twitter feed: @UCSFRheum.

Among the findings to date:

- “Our major recommendation is that patients should not pre-emptively stop immunosuppression,” says Yazdany.
- Patients on a moderate dose of steroids before developing COVID-19 tend to have more severe outcomes.
- Yazdany co-authored an editorial in *Annals of Internal Medicine* that was among the first to first to show that data supporting the use of hydroxychloroquine and chloroquine for COVID-19 was “limited and inconclusive.”

Yazdany is most pleased that the alliance has been able to deliver some good news: “People with rheumatic diseases are doing better than we thought,” she says. ■

New Division Chiefs

New Leadership’s Vision Builds on Powerful Past

The UCSF Division of Rheumatology recently named new division chiefs at UCSF Health, Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) and the San Francisco VA Health Care System (SFVAHCS).

The three new chiefs are fully prepared to lead the division into the next phase of what has been a highly impactful run. In the nearly 75 years since its inception, the division’s renowned faculty has delivered state-of-the-art care, conducted groundbreaking research and trained generations of outstanding clinician-scientists.

“Our division’s legacy of clinical, scientific and educational excellence and innovation stems from a culture of collaboration and communication established by our predecessors across our three sites,” says Maria Dall’Era, MD, division chief at UCSF Health.

Jinoos Yazdany, MD, MPH, division chief at ZSFG, agrees, noting, “We’re really proud to continue that legacy, but at the same time we need to adapt to the times we find ourselves in.”

Dall’Era, Yazdany and Gabriela Schmajuk, MD, division chief at SFVAHCS, believe adaptation is necessary because they face an unprecedented confluence of challenges. Researchers must contend with shrinking government resources. Technology and the COVID-19 pandemic have changed the nature of patient care. Financial and efficiency demands have squeezed time needed to teach the next generation of clinicians and scientists.

The division’s tradition of communication and collaboration is an essential part of any response – but so is finding new ways to take advantage of those strengths.

COVID-19 Catalyzes Change

Perhaps nothing has made the challenges clearer than the COVID-19 crisis. With safety considerations precluding most in-person visits and anxious patients wondering whether they should continue immunosuppressive or biologic medications, the division acted.

Faculty members adapted research to answer COVID-19-related questions. Yazdany quickly organized an international COVID-19 Global Rheumatology Alliance (see front page), which enabled clinicians to collaboratively gather data and share updated findings to guide care for patients with rheumatic diseases during the pandemic.

For direct patient care, says Schmajuk, “We quickly pivoted to telehealth. Across all three sites, we were up to over 80 percent of our visits occurring virtually within a month, which was a huge effort.”

Looking Ahead

The leadership team has also sought to better leverage the uniquely diverse patient populations represented at the division’s three clinical sites. UCSF Health is a referral center for patients with rare or complex types of rheumatic disease. Veterans at SFVAHCS often struggle economically, while wrestling with complicated musculoskeletal and immunologic diseases. Difficulties accessing care and other social



Maria Dall'Era, MD Gabriela Schmajuk, MD Jinoos Yazdany, MD, MPH

determinants of health mean diverse ZSFG patients often present initially with advanced disease.

“Whenever you have a greater diversity of patients, it helps expand your understanding of disease processes in different patient populations,” says Schmajuk. “That’s powerful.”

Yazdany adds that improving care for all must involve attracting more under-represented-in-medicine trainees, encouraging them to stay in academic rheumatology and ensuring that their training incorporates an understanding of diverse patient populations. For example, in response to a dearth of images that depict rheumatic-relevant rashes on skin of different colors, educators in the division are creating a new image library, so trainees are equally well prepared to treat all patient populations.

In addition, because division fellows train at three sites, patients benefit from the fellows’ understanding of rheumatic disease in all its complexity, including the role of health disparities. Patients at all three settings also have access to state-of-the-art clinical trials, which, says Dall’Era, “have the additional benefit of advancing knowledge that can improve the quality of life for the next generation of patients.”

Care improvements also emerge from UCSF Health’s creation of disease-based clinics for rheumatoid arthritis, lupus,

scleroderma, vasculitis, spondyloarthritis and osteoarthritis, with additional such clinics planned. These clinics are at the heart of the division’s translational research, offering patients the opportunity to contribute samples to researchers investigating mechanisms of disease, as well as novel therapies.

Growing and Empowering Faculty

Finally, a nationwide shortage of rheumatologists means it is especially critical to train the next generation of clinicians, scientists and educators who can lead future clinical care and discovery in rheumatic disease. The division’s new leadership supports this effort through the following actions:

The appointments of:

- Julie Zikherman, MD, as associate chief for Basic Research, an appointment that also strengthens the division’s link to UCSF’s powerful, cross-disciplinary basic research program called ImmunoX
- Lianne Gensler, MD, as director of the Fellowship Program
- Sarah Goglin, MD, as associate chief for Education

The hiring of:

- Clinical faculty, including former UCSF fellow Sarah French, MD
- Clinical research faculty, including former UCSF fellow Christine Anastasiou, MD, MSc, and epidemiologist Milena Gianfrancesco, PhD, MPH, who will focus on studying the risk factors and outcomes for rheumatic diseases
- Judith Ashouri-Sinha, MD, a physician-scientist who will focus her basic and translational research efforts on rheumatoid arthritis

As they assume their leadership roles, the three chiefs are determined to capitalize on the factors that make academic rheumatology at UCSF unique. That effort, which remains in very good hands, has never been more important. ■

Philanthropy

Giving Accelerates Search for Cures

Inspired by very generous contributions from two graduates of our Rheumatology Fellowship Program, the Russell/Engleman Rheumatology Research Center (R/ERRC) has launched a major fundraising initiative designed to substantially increase our capacity to train clinicians and scientists.

Andrew Chan, MD, PhD, understands better than most the importance of immunology in advancing many types of medical care. The senior vice president for Research at Genentech and former UCSF rheumatology fellow (1989-1991) says, “What we’ve appreciated over the last two decades is that the immune system is not only important for maintaining health, but actually contributes to many diseases beyond what we would consider traditional immune-mediated diseases.” He adds that it may be possible to harness discoveries in immunology to treat diseases as diverse as multiple sclerosis and cardiovascular disease.

Shrinking government funding for science and the ongoing need to find a cure for everything from rheumatoid arthritis and lupus to scleroderma and spondyloarthritis make support for academic rheumatology more important than it has ever been. Chan has made significant financial contributions to division initiatives, and he believes donating to the UCSF Division of Rheumatology remains an excellent way to support the discipline’s future.

So does Brian Daniels, MD, also a strong division supporter. A former fellow (1990–1993) who led Development and Medical Affairs at Bristol-Myers Squibb for a decade, Daniels says, “The only way we get to cures is by training physician-scientists who really understand the link between the pathology and the clinical disease. Supporting the division is an opportunity to give back to an institution that...taught me the science and practice of rheumatology, as well as a way to

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Philanthropy

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help those promising physician-scientists as they enter their careers.”

Doing so can have an outsized impact. Over the years, the UCSF Division of Rheumatology has trained people who have gone on to become deans of schools of public health, deans of universities, division chiefs, accomplished clinical professors and leaders in the bio-pharmaceutical industry. A powerful recent example: Beginning in 2021, former division chief Lindsey Criswell, MD, MPH, DSc, will assume leadership of the National Institute of Arthritis and Musculoskeletal and Skin Diseases.



Andrew Chan, MD, PhD



Brian Daniels, MD

Seeding Larger Initiatives

Beyond supporting the next generation of the specialty’s leaders, both men also see important opportunities to spur what can become much larger initiatives. The division’s diverse patient population, the scientific community’s growing understanding of the social determinants of health, and UCSF’s expertise in

interdisciplinary research mean that such initiatives can be especially powerful.

“[UCSF’s collaborative culture and diverse patient populations] open the door for science to address health inequities that have existed for decades,” says Chan. “It’s an opportunity to use science, in collaboration with all of the university’s phenomenal investigators, to connect the dots.... I know the division is moving in that direction, but it takes a lot to recruit and retain outstanding investigators.” While large donations are always welcome, so is seed money for projects that can generate preliminary data that allows the division to effectively compete for the larger initiatives. Division donors can work with the UCSF Russell/Engleman Rheumatology Research Center to coordinate their efforts and maximize their impact.

“UCSF is an outstanding academic institution, with strong investigators in each subspecialty area,” says Chan. “But the institution needs additional resources...to accelerate [much needed scientific] advances.” ■

Arthritis Progress Report is produced by the Russell/Engleman Rheumatology Research Center (R/ERRC) in the Department of Medicine at UC San Francisco.

R/ERRC Director and Editor-in-Chief:

David Wofsy, MD

R/ERRC Executive Director and Managing Editor: PJ Handeland

Writer: Andrew Schwartz

Designer: Laura Myers

For more information

about our programs, please contact PJ Handeland, executive director of the Russell/Engleman Rheumatology Research Center, at patricia.handeland@ucsf.edu or (415) 722-8536.

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