Rapporteur report – 22nd November Forenoon session Hall A

1. **IgG4-related Disease (IgG4-RD)** is a variable vessel vasculitis.
2. **Coronary Arteritis** is relatively specific for IgG4-RD.
3. **Necrosis**, **neutrophils**, **granulomatous inflammation**, **multinucleated giant cells**, and **histiocytes** are **typically absent** in IgG4-related disease.
4. Females are more likely to have **lacrimal** and **submandibular gland** involvement in IgG4-RD.
5. Serum IgG4 is a **better biomarker** for disease monitoring compared to ANCA in AAV.
6. IgG4 levels greater than **5 times the upper limit of normal (ULN)** have a **positive predictive value (PPV)** of **75%** (range: 69%-81%).
7. **Rising IgG4 levels** should never be ignored.
8. The pancreas in IgG4-RD is considered the **new analogue of the kidney** in **ANCA vasculitis**
9. **Sanger Sequencing** Can reliably detect mutations with a **variant allele frequency (VAF)** above **20%**.
10. **TET2 Mutation**: Associated with an **increased risk of cardiovascular disease**
11. **DNMT3A**, **TET2**, and **ASXL1** mutations are associated with: **AAV (ANCA-associated vasculitis) and Rheumatoid arthritis (RA)**
12. IBD patients have a **3 to 5-fold higher burden** of **somatic mutations**.
13. Somatic mutations are seen in **plasma cell clones** in **cryoglobulinemia**
14. Consider **RASopathies** in cases of **monocytosis**.
15. **Seropositive RA** :Generally shows **better responses** to **biological therapy**.
16. **Seronegative RA**: Exhibits **variable responses** and may require **differentiated treatment strategies**.
17. **Anti-SNRK** and **Anti-HUWE1**: Potential predictors for **Tofacitinib therapy** response.
18. **5-20% of patients** do not respond to all current therapies

19. **Abatacept**: Better response associated with **higher baseline cThf levels**, and biomarkers like **CXCL13**, **RF IgM**, and **Anti-CCP**

20. **PD-1hi CD4 Tph Cell Cluster**: Linked to response to **JAK inhibitors**.

21. **Neutrophil-Rich Profiles**: Associated with **increased responses** to **Baricitinib**.

22. **Upadacitinib**: **Enhanced response** observed with increased **methylation levels**.

23. The development of precision medicine is: **Dynamic**, requiring ongoing adjustments, **Complex**, involving the integration of multiple factors, Knowledge is **fragmented and incomplete**, especially concerning complete biological pathways, **No single drug** can serve as a **universal solution** for AIRD treatment.

24. It is important to liaise with related specialties and aim for combined efforts to enhance outcomes.

25. Data collection should be meticulous, ensuring accuracy and reliability.

26. Strive for prospective cohort studies, as they provide more robust and forward-looking insights.

27. Our collective data should replace individual or isolated findings ("my data") to contribute to broader knowledge.

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