



COLLEGE OF MEDICINE

The UNIVERSITY of OKLAHOMA HEALTH SCIENCES CENTER

The 47th Annual

WILLIAM K. ISHMAEL

RHEUMATOLOGY SYMPOSIUM

VIRTUAL EXHIBIT PROGRAM BOOK

October 1, 2021

Exhibitors' Contact Information

Alexion Contacts:

- › **Lisa Saxe**
Lisa.Saxe@alexion.com

Amgen Contacts:

- › **Jason Bronson**
jbronson@amgen.com
405-740-2287
- › **Jennifer Mason**
jmason@amgen.com
918-408-7227

AstraZeneca Contacts

- › **Jason Ophus**
Jason.ophus@astrazeneca.com
918-693-0662

Aurinia Contacts

- › **Chris Reynolds**
Immunology Specialist
creynolds@auriniapharma.com
405-202-9192
- › **Catherine Thorson**
Regional Professional Relations
cthorsen@auriniapharma.com
405-833-1641
- › **Sam Smothers**
Field Access Navigator
ssmothers@auriniapharma.com
501-590-3690
- › **Anna Pavlova-Wolf**
Medical Science Liaison
apavlova@auriniapharma.com
903-315-0080

Bristol Myers Squibb Contacts:

- › **Karen Smith**
Karen.smith1@bms.com
918-857-3807
- › **Karl Friday**
Karl.Friday@bms.com
918-671-9400

GlaxoSmithKline Contacts:

- › **Margie Monroe**
405.209.4601
margie.l.monroe@gsk.com

Janssen/Johnson & Johnson

- › **Jerome Reed**
jreed29@its.jnj.com
513-309-8972
- › **Scott Jackson**
Sjacks19@its.jnj.com
619-988-0482

Exhibitors' Virtual Zoom Marketplace

7:30am-8:30am | 11:am (morning break) | 12:15 (lunch)



<https://qabs.zoom.us/j/84385988531?pwd=R1M2WU1mOTdlbnFpRlRnMmhJeWJZQT09>
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Passcode: 271233



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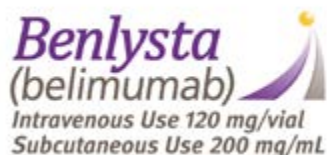
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BRISTOL MYERS SQUIBB

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Passcode: 320318



<https://qabs.zoom.us/j/84385988531?pwd=R1M2WU1mOTdlbnFpRlRnMmhJeWJZQT09>
Meeting ID: 843 8598 8531
Passcode: 271233

Connect Perplexing Symptoms With Low Alkaline Phosphatase

The diagnosis may point to hypophosphatasia¹

Ordered Items

Comp. Metabolic Panel (14): Venipuncture

TESTS	RESULT	FLAG
Comp. Metabolic Panel (14)		
Glucose, serum	75	
BUN	10	
Creatinine, serum	1.0	
Sodium, serum	140	
Potassium, serum	3.9	
Chloride, serum	102	
Carbon dioxide, total	26	
Calcium, serum	10.4	
Albumin, serum	3.7	
Total protein	6.5	
Bilirubin, total	0.7	
AST (SGOT)	15	
ALT (SGPT)	17	
Alkaline phosphatase	31	Low

Persistently low alkaline phosphatase (alk phos) levels, <40 U/L, can be the key to identifying metabolic bone disease in hard-to-diagnose patients.^{1-3*}

Patients with hypophosphatasia (HPP) may experience one or more key symptoms, including joint, bone, or muscle pain, and muscle weakness, along with mobility issues, frequent fractures, and poor dentition. When patients present with one or more key symptoms, or report them in questions on background history, the next step is to check for low alk phos on their comprehensive metabolic panel.¹

Patient image and patient lab values are hypothetical. ALP reference ranges vary based upon lab. Refer to your lab for the appropriate reference intervals.

*Limitations: An alk phos level of below 40 U/L is not conclusive for a diagnosis of HPP. Patient should be evaluated for other symptoms of HPP and differential diagnoses should be ruled out.

References: 1. Bianchi ML, Bishop NJ, Guaiabens N, et al. *Osteoporos Int*. 2020;31(8):1445-1460. 2. Adeli K, Higgins V, Nieuwesteeg M, et al. *Clin Chem*. 2015;61(8):1049-1062. 3. Schumann G, Klauke R, Canalias F, et al. *Clin Chem Lab Med*. 2011;49(9):1439-1446.

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Learn more about using low alkaline phosphatase to make the connection at hypophosphatasia.com/hcp

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START WITH A STRONG FIRST LINE

Using LUPKYNIS™ (voclosporin) in combination with MMF and steroids can transform your first-line regimen^{1,a,b}

2.7x

more likely to achieve complete renal response with LUPKYNIS vs standard of care alone

2x

faster proteinuria reductions vs standard of care alone

≤2.5
mg/day

efficacy achieved in the presence of low-dose steroids

Visit LUPKYNISpro.com to learn more

^aComplete renal response was achieved in 40.8% of patients with LUPKYNIS and 22.5% with control. Proteinuria reductions (UPCR ≤0.5 mg/mg) were achieved at a median time of 169 days with LUPKYNIS vs 372 days with control.¹

^bComplete renal response was defined as a confirmed UPCR of ≤0.5 mg/mg; eGFR ≥60 mL/min/1.73 m² or no confirmed decrease from baseline in eGFR of >20% or no treatment- or disease-related eGFR-associated event at time of assessment; presence of sustained, low-dose steroids (≤10 mg prednisone from Weeks 44-52); and no administration of rescue medications. Proteinuria reduction was based on time to UPCR of ≤0.5 mg/mg.¹



Dedicated to providing personalized support and resources to meet the needs of your patients and your practice

Questions? Call 1-833-AURINIA (1-833-287-4642) 8AM to 8PM ET, fax to 1-833-213-1001, or email support@AuriniaAlliance.com

eGFR=estimated glomerular filtration rate; MMF=mycophenolate mofetil; standard of care=MMF + steroids; UPCR=urine protein/creatinine ratio.

Indications

LUPKYNIS is indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis (LN). *Limitations of Use:* Safety and efficacy of LUPKYNIS have not been established in combination with cyclophosphamide. Use of LUPKYNIS is not recommended in this situation.

Important Safety Information

BOXED WARNINGS: MALIGNANCIES AND SERIOUS INFECTIONS
Increased risk for developing malignancies and serious infections with LUPKYNIS or other immunosuppressants that may lead to hospitalization or death.

Please see additional [Important Safety Information](#) and [Prescribing Information](#) including [Boxed Warning](#) and [Medication Guide](#) for LUPKYNIS.

 **Lupkynis**[™]
(voclosporin) capsules
7.9 mg

Benlysta
(belimumab)



Intravenous Use 120 mg/vial

Subcutaneous Use 200 mg/mL



The image depicted contains models and is being used for illustrative purposes only.
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Thank you for your participation!