

2nd Scientific Congress of APSID (Asia Pacific Society for Immunodeficiencies)
May 7-8 2018, Chongqing China



I was pleased to attend the 2nd Scientific Congress of APSID in Chongqing China. The Congress was opened by Professor Xiaodong Zhao, Prof and Vice President of the Childrens Hospital affiliated to Chongqing Medical University and Prof Yu Lung Lau, founding President of APSID and Chair Prof Pediatrics and Adolescent Medicine, University of Hong Kong.

The speakers represented many countries and included Prof Yu Lung Lau, Prof Andrew Cant (European Society for Immunodeficiencies - ESID - President,UK), Prof Surjit Singh (India), Prof Kohsuke Imai (Japan), Prof Hans Ochs (USA) and Profs Melanie Wong and Matthew Cook (Australia).

There were many interesting case presentations, poster presentations and lectures that included topics such as primary immunodeficiencies (PIs), autoimmune disease, Hematopoietic Stem Cell Transplantation (HSCT), gene therapy, exome sequencing, research, Severe Combined Immune Deficiency newborn screening (SCID NBS), vaccinations, infections and respiratory disease.

Prof Andrew Cant stated that since 1990 the PI field has expanded exponentially, with improved new molecular technologies and improved and more successful treatments including subcutaneous immunoglobulin (Scig), HSCT, Gene therapy, biologics and specific inhibitors. He stressed the importance of registries for detailed studies, intervention studies and high impact publications, which can be used to go to governments for awareness and funding. E.g. the ESID registry now contains over 20,000 patients. He also encouraged nations to follow the ESID mission: *"together we can change the lives of those with PID"*.

Prof Kohsuke Imai discussed Japan's clinical database (PIDJ) and referral registry pathway, which has enabled more patients from rural areas to be diagnosed and treated.

As the host nation, China has made great progress in the diagnosis and treatment of PIs, transplanted, research, and training of 300 pediatricians in immunology. There are 1.4 billion people in China. In 2015, infant mortality (under 5 yrs of age) was 8.1%, the most common causes being low birth weight, pneumonia and congenital heart disease. The question Chinese immunologists are asking is: what percentage would PIs contribute to this figure? With clinical care becoming more active in China, they are hoping to lower the mortality rate to under 5% by 2030.

The diversity of diagnosis, care and treatment in Asian nations was apparent – with better resourced regions genome sequencing and newborn screening and less resourced regions unable to do basic immunology testing. The nations of China, India, Vietnam and Thailand were identified as fast-growing, emerging nations. Panel sessions discussed ways that advanced practice nations (such as Japan, Hong Kong and Singapore) could assist emerging nations (such as Taiwan, Cambodia, Indonesia, Philippines) to grow, emphasising the continuance of nations to co-share knowledge and ideas.

The challenges for Asia included:

- Building up PI centres
- Advancing in science, diagnosis, care and treatment
- Equality for all patients

The way forward suggested by the APSID panel was:

- Continue to train and educate beyond Schools and Congresses
- Document PI caseloads with Registries
- Promote the standard of Ig therapy and HSCT
- Promote access to tests and treatments
- Collaborate in research
- Engage Haematologists, respiratory physicians and other specialists involved with PI patients

Prof Hans Ochs also stated the importance of :

- Obtaining funding
- The need to share data across borders
- Having mentors
- Using patient organisations to support causes

The conference was very informative and positive.

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