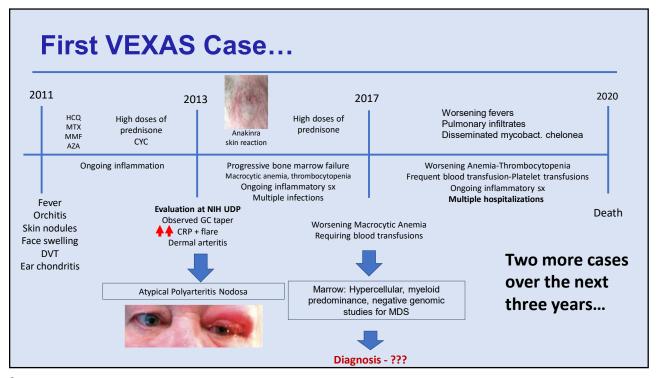
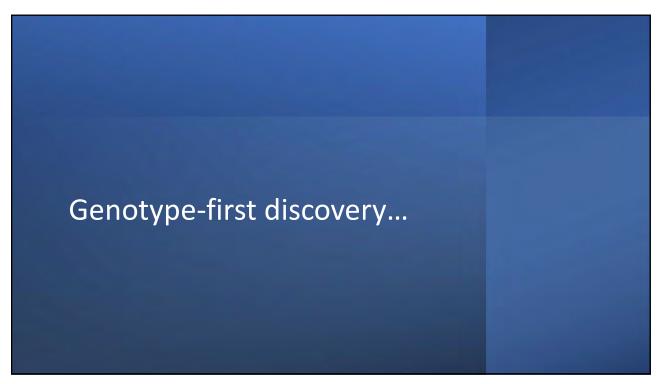
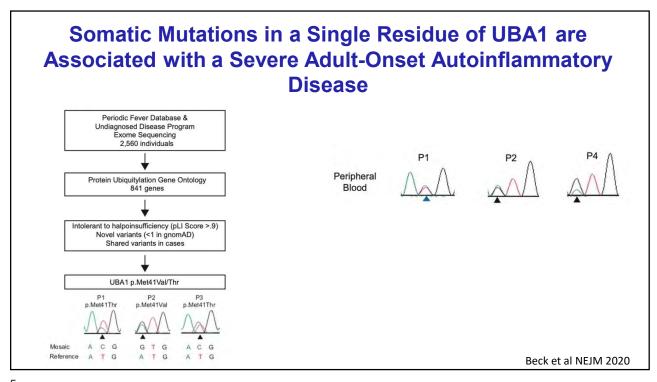


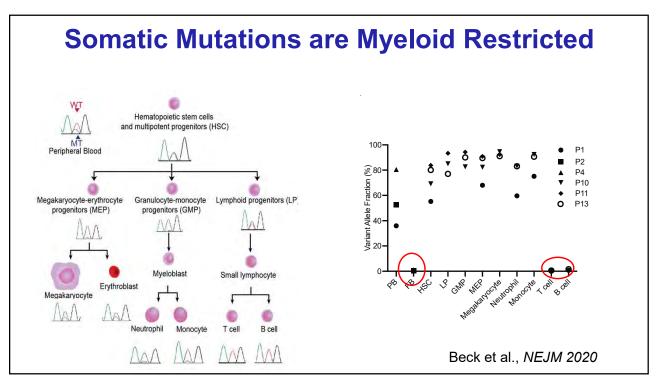
Disclosure Statement

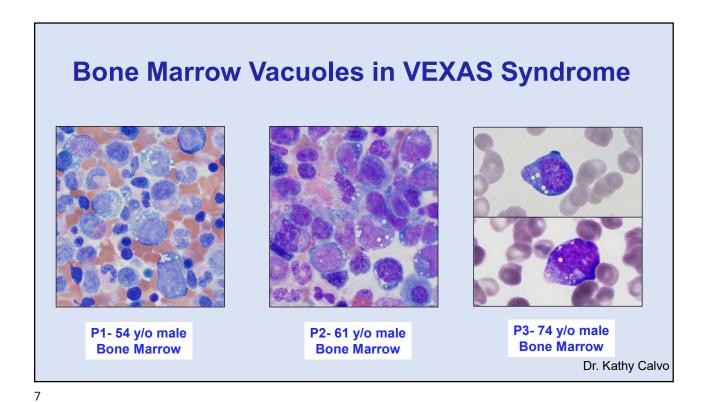
• I have nothing to disclose





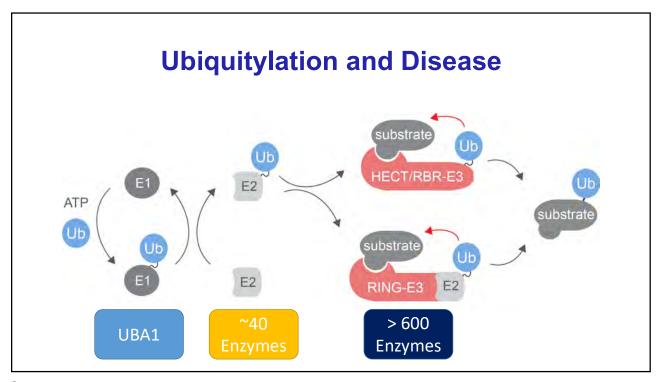


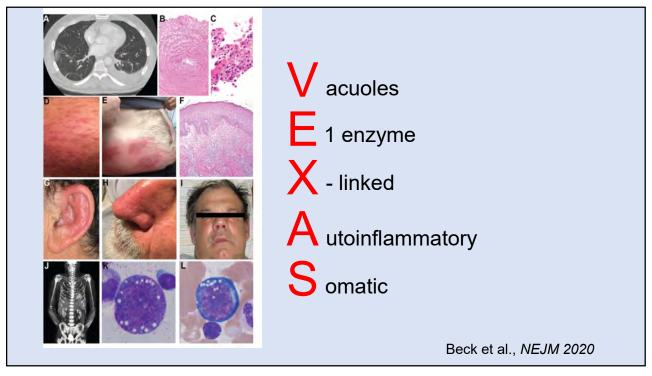


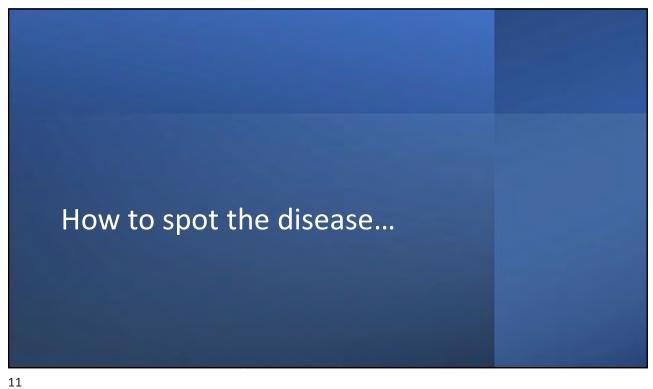


Mechanism of Inflammation

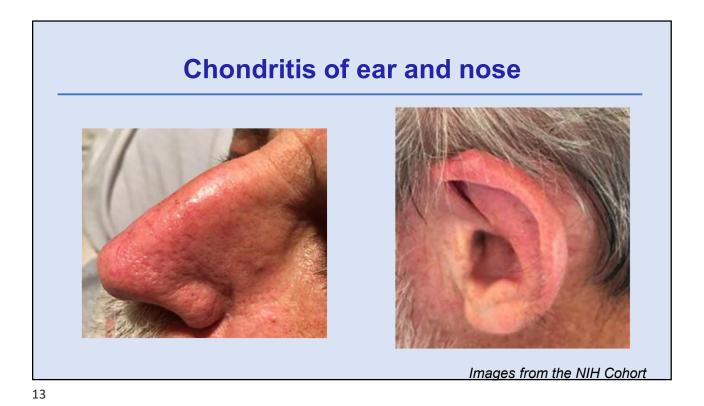
Beck et al., NEJM 2020



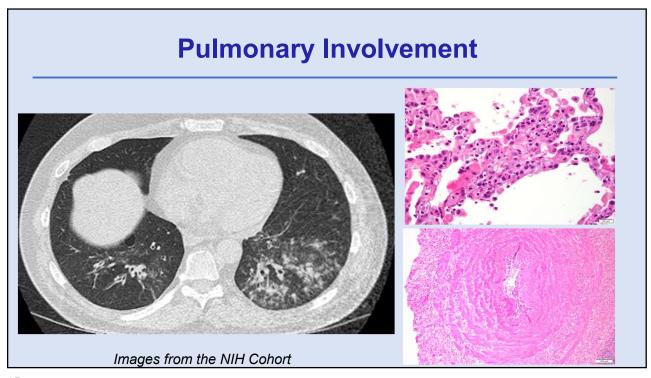


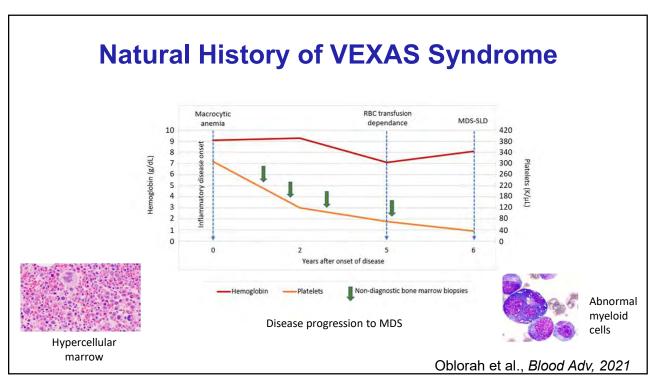


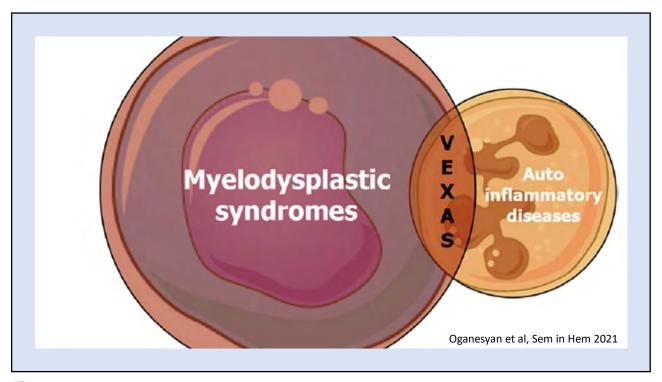
Demographics of VEXAS			
	Age at Disease onset median (range)	64 (45-80)	
	Sex n(%)		
	Male	25 (100)	
	Race n(%)		
	White	25 (100)	
	Diagnosis n(%)		
	Relapsing Polychondritis	15 (60)	
	Sweet Syndrome	8 (32)	
	Myelodysplastic Syndrome	6 (24)	
	Multiple Myeloma/MGUS	5 (20)	
	Polyarteritis Nodosa	3 (12)	Beck et al.,
n=25	Giant Cell Arteritis	1 (4)	NEJM 2020

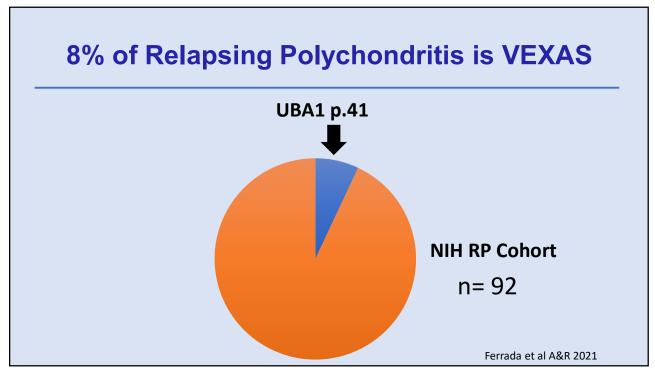


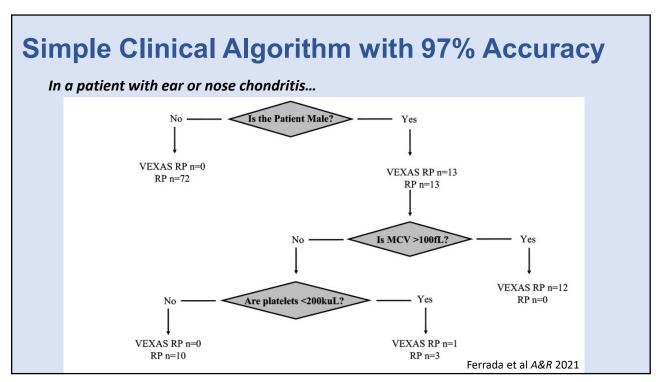




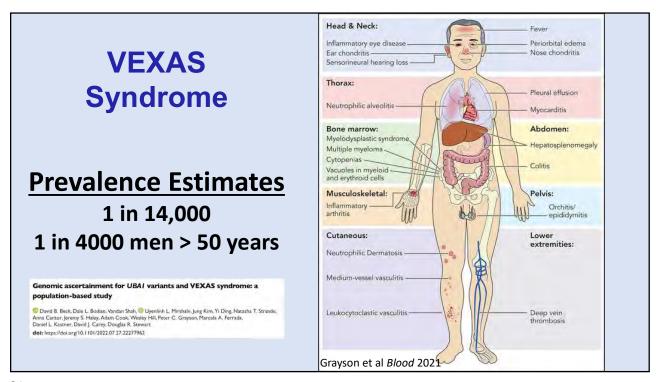








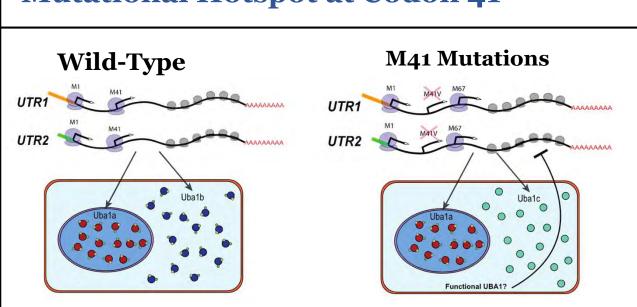
Elevated MCV in an adult patient with severe inflammation involving skin, cartilage, or lungs should trigger genetic testing for VEXAS syndrome

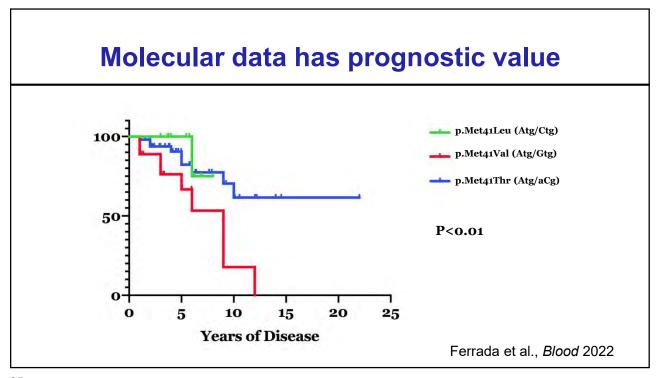






Mutational Hotspot at Codon 41







Goals of Medical Therapy

Control inflammation

- Steroids remain foundation of treatment
- Tocilizumab
- JAKinibs ruxolitinib
- IL-1 antagonists anakinra injection site reactions
- Conventional DMARDs

• Eradicate the clone

- Hypomethylating agents azacitidine
- Prevent complications
 - Prophylaxis
 - Anticoagulation

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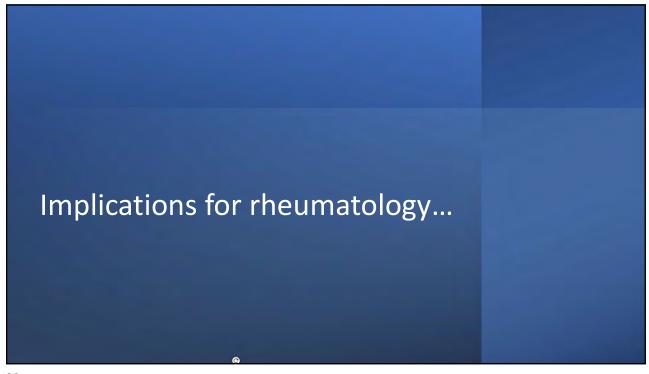
Bone Marrow Transplant – Curative?

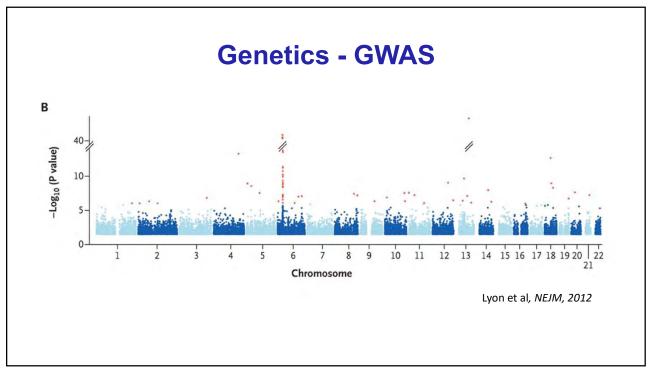


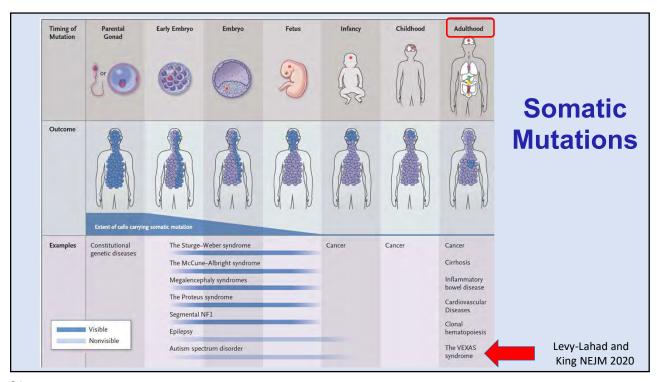
EXCEPTIONAL CASE REPORT | FEBRUARY 4, 2022

Successful allogeneic hematopoietic stem cell transplantation in patients with VEXAS syndrome: a 2-center experience

Ava Diarra, Nicolas Duployez, Elise Fournier, Claude Preudhomme, Valérie Coiteux, Leonardo Magro, Bruno Quesnel, Maël Heiblig, Pierre Sujobert, Fiorenza Barraco, Marie Balsat, Quentin Scanvion, Eric Hachulla, David Launay, Ibrahim Yakoub-Agha, Louis Terriou, on behalf of the French VEXAS study group

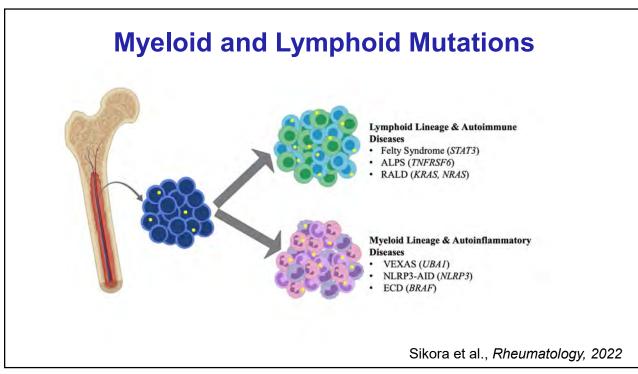






Genome is unstable

- Every cell in our body mutates at least once every week or two
 - Rate varies by tissue (lowest in blood and highest in colon)
- Intrinsic (aging) and extrinsic (environmental) factors
 - Inflammation both a driver and consequence of somatic mutations
- Somatic mutations in rheumatologic diseases
 - Causal in subsets of patients
 - Sustain disease in other subsets of patients
 - Contribute to disease-associated events



Conclusions

- VEXAS is an overlap disease with severe inflammation and bone marrow failure
 - Caused by acquired mutations in UBA1 in bone marrow stem cells
 - Elevated MCV is a key clue to spot this disease!
- VEXAS syndrome is a prototype for new disease paradigm
 - Somatic mutations in blood and solid organs may underlie adult-onset rheumatologic diseases
- · Genetics can dynamically contribute to autoimmunity
 - · Expand thinking beyond the germline!!

