



2025 Asia-Pacific Advocacy Summit on Chronic Inflammatory Conditions

**The Pursuit of Optimal Care and Remission
Through Shared Decision Making**

Fukuoka, Japan ■ September 2025



**Global
Remission
Coalition**



Introduction

On September 2, 2025, patient advocacy leaders and health care professionals from across the Asia-Pacific region convened in Fukuoka, Japan, adjacent to the APLAR Congress. The meeting, organized by the Global Remission Coalition (GRC), explored how remission can be better defined, sustained and supported across dermatology, inflammatory bowel disease and rheumatology. Participants highlighted both cross-cutting challenges and disease-specific insights, underscoring the need for shared approaches that recognize remission as a long-term state requiring coordinated care, patient engagement and policy support.

Defining Remission

Remission must be understood more broadly than the disappearance of symptoms.

True or “deep” remission encompasses physical, psychological and social well-being and requires long-term commitment. Participants emphasized that the word “remission” carries emotional and aspirational weight: it is tangible, hopeful and easy to understand. Framing care in these terms motivates patients to adhere to treatment, raises expectations for higher standards of service and compels health systems to define success, track outcomes and demonstrate accountability.

Importantly, remission may mean different things to different communities. For some, it is defined clinically, while for others it is understood through lived experience, quality of life, or cultural perspectives on health. Recognizing this diversity, there is a need for a broad and inclusive definition of remission that speaks to multiple communities and ensures shared relevance across patients with a range of inflammatory diseases, providers and systems.

The IBD community illustrated this ambition by shifting from a “treat-to-target” to a “treat-to-remission” approach, highlighting remission as not just stability but genuine improvement. The resonance of the word itself helps motivate adherence and elevate expectations, much like its use in oncology. In a milestone moment, the Summit also gave the IBD community the opportunity to formally launch its [IBD Regional Consensus Statement](#), supported by leading IBD organizations and experts across the Asia-Pacific region, highlighting the urgent need to address barriers such as delayed diagnosis and limited access to innovation.



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Supporting Continuity of Care

Remission is sustained through coordinated systems of care.

Too often, weak links between specialists and community providers leave long-term monitoring inconsistent and undermine patient outcomes. General practitioners play a central role in relapse prevention, yet they are often excluded from remission strategies. Patients returning to primary care after treatment frequently lack clear guidance, limiting GPs' ability to intervene early. Structured handovers, follow-up protocols and stronger links between specialists, GPs and patient advocacy groups would reinforce continuity and strengthen local care systems.

Participants also pointed to workforce shortages, particularly in rheumatology, as a structural barrier that reduces consultation quality and leaves patients waiting months for specialist access. In IBD, systemic delays in access to specialists or biologics were cited as examples of how gaps in continuity destabilize patients and may ultimately increase long-term costs.



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Addressing the Invisible Burden

Even in remission, patients continue to experience depression, anxiety, fatigue and sleep disruption.

These comorbidities—often overlooked in treatment planning—have a significant impact on quality of life and productivity. Documenting and communicating this “invisible burden” is vital to securing recognition from payers and policymakers and to ensuring that treatment goals move beyond narrow clinical definitions.

Dermatology PAGs provided a clear example: with severely time-constrained consultations, clinicians often lack the space to discuss remission or lifestyle management, leaving issues such as stress, adherence, or trigger identification unaddressed. At the same time, digital platforms often distort patient understanding of therapies, showing how easily invisible burdens are compounded when information is limited or misleading. Across conditions, short consultation times were consistently highlighted as a barrier to effective communication, undermining adherence and long-term outcomes.



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helps underscore the economic case for expanding access.

Building Knowledge and Capacity

Sustaining remission depends on equipping both health care professionals and patients.

Providers need refresher training on surveillance, side-effect monitoring and lifestyle coaching, while patients require clear education on what remission means and how to recognize early warning signs. At the system level, policymakers and payers need data that demonstrates the economic value of maintaining remission compared with the higher costs of relapse and recurrent flares.

Dermatology examples reinforced this point: the high cost of biologics and JAK inhibitors drives treatment discontinuation, despite their long-term benefits. Reframing remission as an investment helps underscore the economic case for expanding access, both for patients and for health care systems. Stakeholders also noted that rigid regulatory frameworks and generic-first policies can delay access to innovative therapies, with disadvantaged and rural populations often bearing the greatest burden.

In rheumatology, too, the need for patient education and physician upskilling remains strong—particularly around shared decision-making and managing long-term medication plans. Future advocacy efforts should support cross-specialty learning and elevate remission literacy beyond the clinical setting.

In Focus:

Shared Decision-Making

Across diseases and regions, participants emphasized that remission cannot be defined or pursued by clinicians alone.

Shared decision-making ensures that treatment goals reflect patients' values, experiences and daily realities.

Patient advocacy groups showcased tools that empower people to participate actively in care. Dragon Claw's MyNumbers platform allows patients to track results and discuss them with providers, while the China Crohn's & Colitis Foundation promotes patient education, peer communities and psychological support that equip patients to make informed choices. The South Korean Severe Atopic Dermatitis Association showcased a tool developed to help patients achieve their treatment goal based on SDM.

Clinicians reinforced the value of this approach from the podium. They noted that involving patients in conversations about therapy selection, side-effect management and relapse prevention not only improves adherence but also strengthens trust. Embedding shared decision-making into clinical practice aligns remission goals with what matters most to patients—restoring quality of life, independence and long-term well-being.

Beyond the clinic, participants emphasized that patient advocacy groups must also be equipped to engage directly with policymakers, influence regulatory decisions and push for equitable access to remission.



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Recommendations for Action



Sustaining remission depends on continuity of care. This requires action from both specialists and general practitioners. Structured handover toolkits, paired with clear follow-up protocols, would allow GPs to intervene early when relapse risks emerge. Multidisciplinary approaches that include nutrition and mental health support should be scaled more widely so that patients are supported by coordinated teams, not isolated providers.



For clinical teams and hospital managers, scaling up multidisciplinary approaches is essential. Nutrition support, mental health services and coordinated care pathways should become standard so that patients receive guidance from integrated teams rather than isolated providers.



Researchers, payers and policymakers also have a role in addressing the invisible burden of comorbidities. Systematic documentation of cardiovascular events, anxiety and depression would provide the evidence base needed to justify recognition, reimbursement and investment in comprehensive remission strategies.



Participants also pointed to the need for greater capacity across the system. Health professionals should receive refresher training in remission surveillance, side-effect monitoring and lifestyle coaching, while patients benefit from remission literacy workshops co-designed with advocacy groups. Policymakers and payers require robust economic models and visual tools that show how investing in remission—rather than treating recurrent flares—delivers long-term savings and productivity gains.



Finally, communication emerged as both a challenge and an opportunity. For patients and the wider public, online misinformation about advanced therapies could distort patient understanding. However, the term “remission” itself can inspire hope and encourage adherence if used effectively. Health care providers should embed shared decision-making into routine practice, supported by patient-friendly tools, which would help ensure that treatment choices reflect what matters most to patients while raising standards of accountability across health systems.



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