2025 Latin America Summit on Chronic Inflammatory Conditions

The Pursuit of Remission and Optimal Care in Inflammatory Conditions: A Conceptual Framework for Advocacy

Rio de Janeiro, Brazil ▪ September 2025

Global Remission Coalition

Introduction

On September 29, 2025, patient advocacy leaders and health care professionals from across the Latin America region convened in Rio de Janeiro, Brazil. The meeting, organized by the Global Alliance for Patient Access and the Global Remission Coalition, 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.

Speaker Spotlight

To open the meeting and inform the day's discussion, three clinicians shared their perspectives on remission and optimal care for people with chronic inflammatory conditions.

Dr. Rodrigo Garcia (Argentina) spoke to the tremendous challenge that diagnostic delays present to achieving remission but also expressed hope for preventing the progression of rheumatological diseases if they can be identified in the very early, or even pre-symptomatic, stages using innovative diagnostic tools and approaches.

Dr. Martha Machado (Brazil) shared some of the specific treatment delays faced by IBD patients in Brazil, noting that treatment delays can lead to malnutrition and hospitalizations. She spoke to the importance of defining and socializing the concept of "comprehensive remission" amongst clinicians, patients, payers and regulators, noting that an evaluation of biomarkers indicating mucosal healing, in tandem with symptoms and patient-reported quality-of-life outcomes, is needed to determine remission status.

Dr. Rossana Llergo (Mexico) provided patient stories about the quality-of-life impact of conditions such as atopic dermatitis and psoriasis, particularly amongst pediatric populations. She described the goal of "minimum disease activity" as a remission marker in dermatology, and the need to understand dermatology as integrative, wherein comorbidities such as diabetes and depression are taken seriously and considered as part of a holistic care plan.

Defining Remission

Throughout the day, participants engaged in lively discussions on the meaning of remission, both as an umbrella-term of relevance across all chronic inflammatory conditions and as a clinical term inclusive of symptomatic nuances in different disease areas.

"Remission means that pain is no longer a barrier to your quality of life."

– Rheumatology patient group leader

For example, IBD patients and clinicians spoke about remission in terms of biomarkers such as mucosal healing, while dermatology representatives spoke about minimum disease activity. Across all disease areas, participants noted that remission is a holistic state, encompassing patient-reported well-being and quality-of-life factors, in addition to clinical indicators. Participants agreed that the term "remission" needs to be socialized amongst clinicians, patients, regulators and payers, particularly within the IBD and dermatology communities that may be less familiar with remission as a treatment goal.

It was also noted that "supported" remission is critical – remission requires ongoing maintenance and commitment, both in terms of adherence to treatment and lifestyle modifications such as a healthy diet. Patients are more likely to be successful in maintaining their remission status if they have a supportive care team.

"For me, as a psoriasis patient, remission is being all right, for me to feel all right and for my skin to be all right."

– Rheumatology patient group leader

Addressing Diagnosis and Treatment Delays

Delays to diagnosis and subsequent delays to appropriate treatment are reportedly common across all disease areas and all geographies in the region.

Participants pointed to specialist workforce shortages, particularly in rural areas, as a structural barrier that reduces consultation quality and leaves patients waiting months for specialist access, and thus for access to optimal treatment. In IBD, a Brazilian clinician reported a colonoscopy wait-list of 17,000 patients in one district alone. Despite these current challenges in diagnostic delays, participants expressed hope that future diagnostic innovations and the use of AI technology may free up specialist time and even allow for the pre-symptomatic diagnosis of certain rheumatological conditions.

Post-diagnosis, patients expressed frustration over a lack of guaranteed access to optimal and timely treatment. Treatment "cycling," wherein a different medication of the same class is prescribed upon the failure of an initial first-line treatment, can cause delays in a patient achieving the optimal treatment that a switch to next-line therapy may represent. Participants further noted that payers and regulators need to be briefed on the benefits of remission for health systems, societies and patients so that effective and optimal treatments are adequately covered by national insurance schemes.

"From a medical perspective, it is essential to address the delay to diagnosis. It is far more difficult to achieve remission without timely diagnosis."

– Rheumatologist

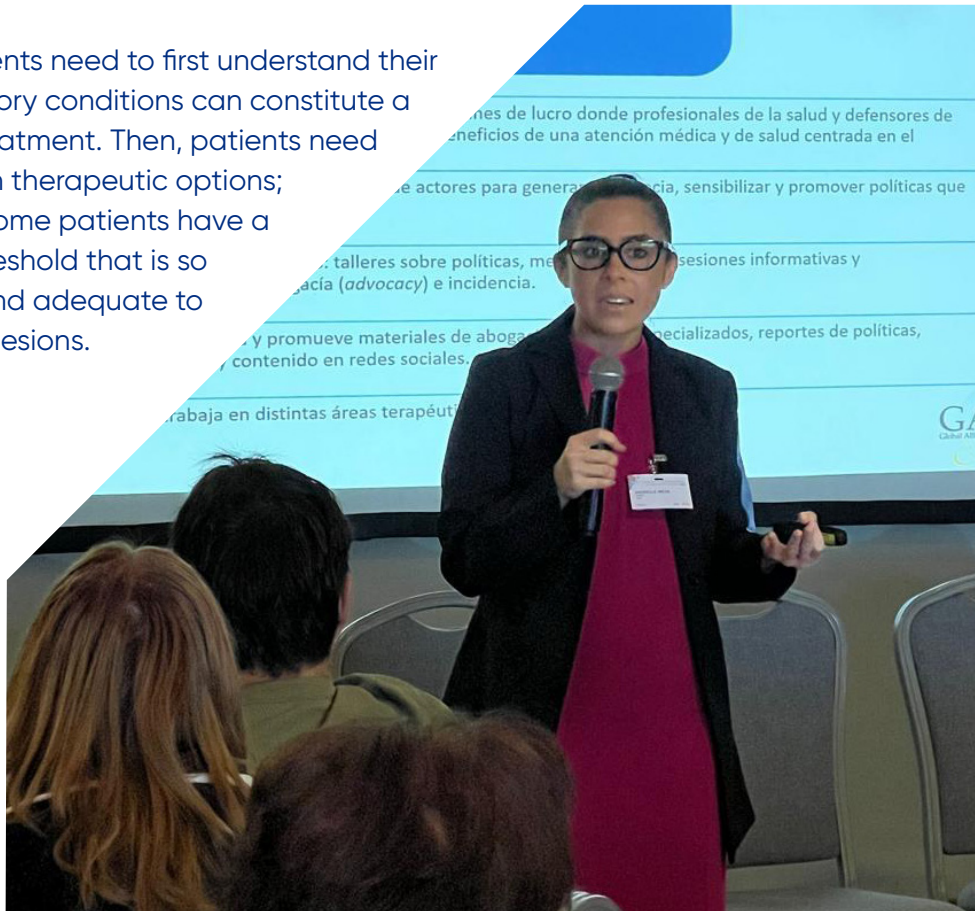
Establishing Optimal Treatment Targets

Patients and health care providers stand to benefit from further education on using shared decision-making models to set optimal treatment targets. Patients are most likely to benefit when they are empowered with information on their condition and can feel like partners in setting their treatment goals. One patient group leader referred to effective shared decision-making as a doctor "accompanying a patient on their journey."

"Some patients don't know that what's happening with their skin has a name, and that it can be managed. This is something that we need to communicate, and that's something we need to be constantly working on."

– Dermatologist

Participants pointed out that patients need to first understand their disease and its severity; inflammatory conditions can constitute a medical emergency warranting treatment. Then, patients need be empowered with information on therapeutic options; one dermatologist reported that some patients have a "disease acceptance and pain threshold that is so high that they think it's tolerable and adequate to have 50% of their body covered in lesions.



Finally, participants discussed terminology within different disease areas, saying that the language of remission and treatment targets ought to be tailored by disease, but also adapted to each patient's level of understanding. For example, dermatology patients noted that many patients might not be familiar with the term "minimal disease activity" and may need an explanation of what the term means as related to their symptoms and experience.

Patient advocacy group leaders noted that short consultation times make effective shared decision-making and optimal target setting difficult: 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. Across conditions, short consultation times were consistently highlighted as a barrier to effective communication, undermining adherence and long-term outcomes.

"Shared decision-making allows patients to feel seen by doctors. An empowered patient helps treatment go towards remission."

– IBD patient group leader

Promoting Comprehensive Care

Participants noted a need across the region to advocate for "comprehensive access" with the goal of remission.

Comprehensive access can be understood as access to "the right medicine offered at the right time," alongside access to a functional, multidisciplinary care team. Consideration for chronic inflammatory conditions ought to be embedded across the care continuum. For example, IBD patients noted that strong primary care with clinicians equipped to make appropriate and timely referrals to secondary care is essential, as that is where patients first present within the health system.

"Don't lose the perspective of patients – we are all experts and we should work from that knowledge."

– Rheumatology patient

And, for remission to be sustainable, it needs to be supported. Patients with chronic inflammatory conditions need support from health care providers across practice areas such as nutrition, physical therapy, cardiology and endocrinology, in addition to appropriate touchpoints with the specialists most relevant to their disease (i.e., dermatologists, gastroenterologists and/or rheumatologists).

Conclusions and Recommendations for Action

Build relationships between patient and physician groups to undertake collaborative advocacy activities to advance the concept of remission for people living with chronic inflammatory conditions. Participants noted that policymakers, in particular, are more likely to take notice of the burden of chronic inflammatory conditions and the need for action when approached by clinicians alongside patients.

Bring together "task forces" for each disease area to draft jointly developed consensus statements defining the nuances of what constitutes remission and optimal care, building on the approach used in the IBD consensus statement launched earlier this year. Participants mentioned that this work could serve as a remission blueprint or roadmap across different diseases, laying out the prerequisites required for reaching remission (i.e., early diagnosis, shared decision-making, early access to medication, holistic treatment and view of the disease and ongoing multidisciplinary management).

Establish a stronger, segmented evidence base cataloguing the economic gains associated with achieving remission and avoiding disease recurrence (i.e., by avoiding hospitalizations and further health system utilization). Data ought to be segmented by both region (or country, when possible) and disease to ensure maximum impact with policymakers. Participants noted that the Global Remission Coalition's existing **Evidence Glossary** represents a good first step towards building a comprehensive database for advocates.

Work with clinicians and policymakers to ensure that best practice multidisciplinary clinical guidelines, endorsed by relevant scientific communities, are formalized at the country-level to minimize resistance to the uptake of new, optimal treatments for disease management.

Provide continuing medical education curricula for frontline medical professionals and specialists on: 1) appropriate referrals for patients with chronic inflammatory conditions, 2) using remission as a tangible treatment target and 3) providing multidisciplinary, person-centred care for chronic inflammatory conditions across the care continuum.

Invest in a high-visibility campaign to boost awareness of the term "remission." This could involve designating a "World Remission Day" and coordinating a global social media campaign with all relevant patient and medical groups.

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