Dear Reader,

We are happy to present the first issue of this Newsletter that sets the start of a new educational initiative from EULAR and the Emerging EULAR Network (EMEUNET). This Newsletter includes an overview of most relevant articles published both in top rheumatology journals and in most important general medicine journals during the previous 2 months. For all articles, you will find an hyperlink that will redirect you to the journal page to read the article in full.

One of these articles has been selected by a group of Senior Rheumatologists to be discussed in a few weeks in an on-line Twitter Journal Club.

The JC aims at bringing together rheumatologists, clinical researchers, basic scientists and anyone else who might be interested in the specific subject to be discussed, to participate in an online, lively discussion. These 'meetings' will take place on Twitter at pre-specified times and dates, the first one planned on 24th May 2017 at 8PM GMT (9PM CET). ‘Save the date’ reminders will be sent in advance. Where possible, key authors involved in selected articles will be invited to participate. The selected article will be freely accessible for a limited period of time in the journal website. Details of the article selected and of the JC are included in page 3 of this issue.

We hope that you will enjoy reading this newsletter and look forward to 'seeing' you soon at our first Twitter JC meeting!

Alessia Alunno, Elena Nikiphorou, Paul Studenic, Richard Conway, Vasco C. Romão and Mary Canavan
on behalf of the EMEUNET Newsletter
and Social Media Subgroups

DIRECTORY

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Rheumatoid arthritis (RA) is known to be associated with an increased risk of lymphoma compared with the general population. Concerns have been raised about aggravation of this risk under tumour necrosis factor inhibitors (TNFi), partly due to their immunosuppressive effect, although in contrast, due to their anti-inflammatory effect TNFi may also be protective for this risk. The Authors of this publication used the data of the prospective British Society for Rheumatology Biologics Register for Rheumatoid Arthritis (BSRBR-RA). Using Cox-regression, they found that out of almost 12000 patients with TNFi treatment, the risk of lymphoma (88 (95% CI 70 to 109) per 100000 person-years) was not different to almost 3400 patients not treated with TNFi (154 (95% CI 104 to 220), adjusts HR 1.00 (95% CI 0.56 to 1.80). There were also no risk differences between the different TNFi. In conclusion, no evidence for an increased risk of lymphoma was found in this cohort of RA patients treated with TNFi.
EMEUNET PAPER OF THE MONTH

Ann Rheum Dis 2017;76:476-485 (free full text here)

Being the first EULAR recommendations on this topic, they set a turning point in the care of patients with systemic lupus erythematosus (SLE) and/or antiphospholipid syndrome (APS). SLE and APS are chronic diseases often occurring in young females during adolescence or early adulthood hence the need to ensure appropriate counseling and management regarding several topics covering the entire life span is compelling. The recommendations encompass all the needs for women’s health in patients with SLE or APS, from the counseling of patients that desire to give birth to a child, to the prevention of pregnancy-related risks factors for the mother and the baby, assisted reproduction techniques, menopause, female cancer prevention and human papilloma virus vaccination.

Want to know more about these recommendations? Hear it from the voice of Dr Laura Andreoli, first Author of the paper. Dr Andreoli has been interviewed for the EMEUNET-Annals of the Rheumatic Diseases podcast initiative.

You can find the interview here.
The safety of biologic therapies in rheumatoid arthritis (RA) has been under intense investigation. Mercer et al reported on the risk of lymphoma in 11931 patients treated with tumor necrosis factor (TNF) inhibitors compared to 3367 biologic naïve patients based on data from the British Society for Rheumatology biologics register for RA (BSRBR-RA) (pp 497-503). At medium-term follow-up the risk of lymphoma was comparable in the two patient cohorts. As far as invasive melanoma is concerned, a collaborative project of 11 European biologic registers evaluating 130315 RA patients ruled out an increased risk of melanoma following exposure to biologic therapy (TNF inhibitors, rituximab, abatacept and tocilizumab) compared to biologic-naïve patients (pp 386-391).

Burmester et al evaluated adverse events occurring in 15132 RA patients exposed to adalimumab in clinical trials and confirmed a good safety profile of this drug in terms of infections, vaccinations and pregnancy outcomes (pp 414-417). These findings are also strengthened by the observation that better management of RA and its comorbidities led to an improvement of the overall survival in RA compared to the general population over the past 10 years (pp 408-413).

Concerning the use of conventional synthetic disease modifying anti-rheumatic drugs (csDMARDs) and their combination with corticosteroids as first line treatment in early RA, Verschueren et al reported the results of the CareRA trial comparing remission induction regimens in a treat-to-target approach (pp 511-520). The COBRA Slim approach, employing methotrexate and prednisone tapering from 30 mg proved to be the most cost-effective and safe treatment independently of poor prognostic factors (e.g. erosions, rheumatoid factor and/or anti-citrullinated peptide antibodies and higher disease activity). In fact, in the subgroup of RA patients displaying these risk factors, csDMARD combination therapy did not provide additional benefit compared to monotherapy. Baker et al investigated the agreement between magnetic resonance imaging (MRI) scores and patient reported outcomes in a cohort of biologic-naïve RA patients (pp 486-490). Interestingly, the OMERACT RA
MRI scoring system (RAMRIS) for synovitis, osteitis and bone erosion correlated well with reported pain and patient global assessment as well as with functional impairment measured using the health assessment questionnaire at any time point of follow up over 52 weeks. In ankylosing spondylitis, Sieper et al demonstrated blockade of the IL-17 axis with secukinumab 150mg being effective both in anti-TNF naïve patients and in patients with an inadequate response to anti-TNF drugs (pp 571-592). Pulmonary arterial hypertension (PAH) occurring as a complication of connective tissue disease often has a worse treatment response compared to idiopathic PAH. Humbert et al showed the guanylate cyclase stimulator riociguat to be effective in PAH-CTD although to a lesser extent compared to that seen in idiopathic PAH. However, the survival rate after 2 years was comparable between PAH-CTD and idiopathic PAH. In line with the existing literature, the response in patients with PAH associated with systemic sclerosis was less pronounced (pp 422-426). It is worth mentioning that these two journal issues also include a number of recommendations on different topics. The EULAR recommendations for women’s health and the management of family planning, assisted reproduction, pregnancy and menopause in patients with systemic lupus erythematosus (SLE) and/or antiphospholipid syndrome (APS) (pp 476–485) are the first recommendations on this topic. The aim of the recommendations is to ensure appropriate counseling and management during the entire life span of female patients with SLE and/or APS. In addition, consensus findings from an international task force on definitions of remission in SLE (DORIS) have been published (pp 554-561). The 2005 EULAR recommendations for the management of fibromyalgia, mainly based on experts’ opinion due to the paucity of evidence-based data at the time, have been updated based on the current availability of a consistent literature (pp 318-328). Finally, consensus-based recommendations for the management of juvenile dermatomyositis have been developed and released by the Single Hub and Access point for pediatric Rheumatology in Europe (SHARE) initiative (pp 329-340).
Evidence keeps emerging on the efficacy of novel biologics and small molecules in rheumatoid arthritis (RA). Fleischmann et al (pp 277-290) demonstrated the efficacy of sarilumab (anti-IL-6R) in combination with synthetic DMARDs in improving signs, symptoms and function in inadequate responders to TNF inhibitors. Likewise, Fleischmann et al (pp 506-517) reported greater ACR20 and HAQ-DI reduction at week 24 in RA patients with no/minimal previous DMARDs treated with baricitinib (oral JAK1/2 inhibitor) alone or in combination with methotrexate compared to methotrexate monotherapy. Importantly, patients on combination therapy had significantly slower radiographic progression compared to those on methotrexate alone. Further light has been shed on the increased cardiovascular risk in RA with the study by Ferraz-Amaro et al (pp 529-541), in which coronary artery calcification of 561 patients was not associated with most of the risk SNPs (81/91) known for the general population, suggesting that different pathways may be involved. In a mechanistic study, Santiago et al (pp, 320-334) provided evidence for a potential role of granzyme A in osteoclastogenesis and consequent RA-associated joint destruction. In psoriatic arthritis (PsA) Eder el al (pp 622-629) identified a preclinical phase in psoriasis patients, characterized by non-specific musculoskeletal symptoms (joint pain, fatigue, stiffness) that predicts future progression to PsA. The pursuit of efficacious directed therapies for systemic lupus erythematosus (SLE) continues. In two contrasting studies of patients with moderate-to-severe SLE treated with standard therapy, anifrolumab (interferon-α receptor antagonist) lead to sustained improvement at 24 and 52 weeks compared to placebo (Furie et al, pp 376-386), while epratuzumab (anti-CD22, B cell signalling modulator) failed to show any significant benefit versus standard of care alone (Clowse et al, pp 362-375). As for conventional immunosuppressants, Feldman et al (pp 387-397) analysed a large number of SLE patients starting mycophenolate mofetil, azathioprine or cyclophosphamid and found no difference in the rate of serious infections or death at 6 months. With regard to the search for genetic markers in osteoarthritis (OA) Yau et al (pp 343-351) reported a novel locus associated with knee OA (LSP1P3) and confirmed two other previously identified loci (GDF5, FTO) in a large genome-wide association study on 3,898 patients. Finally, Calvo-Ríó et al (pp 668-675) reported the largest series to date of patients with severe juvenile idiopathic arthritis-associated uveitis refractory to TNF-inhibitors treated with tocilizumab (n=25), with significant improvement observed in all ocular parameters and complete remission at 1 year in 76% of cases.
Triple DMARD therapy in **rheumatoid arthritis** (RA) patients remains controversial. Sauer et al investigated adherence to therapy over one year in the US veterans cohort, showing that patients receiving TNF inhibitor + methotrexate were significantly more likely to persist on the treatment regime compared to RA patients receiving triple DMARD combination (pp 313-322). The patient global assessment (PGA) of RA disease activity remains the most prominent patient reported outcome measure. Ward et al used path analyses in RA patients to identify that in addition to pain, morning stiffness, health distress fatigue, and DAS28 contribute to the PGA. However, in high disease activity states only pain, morning stiffness, and functional disability were associated with the PGA (pp 323-329). Kavanaugh et al reported the 2-year efficacy and safety results of the FUTURE 1 study of **psoriatic arthritis** patients receiving secukinumab. About 3/4 of patients reached the two year endpoint and sustained efficacy assessed in multiple domains of disease activity was shown. In around 85% of patients treated with secukinumab no radiographic progression occurred (pp 347-355). Wysham et al investigated associations of in-hospital mortality in **ankylosing spondylitis** (AS); patients with a cervical spine fracture had an increased mortality (OR 1.61 (95%CI 1.13-2.22)) (pp 271-277). **Low back pain** (LBP) is a common form of musculoskeletal pain. Coenen et al identified four clusters of LBP development during the transition period from adolescence to adulthood using latent class analyses in 1249 participants. 53% had consistently low prevalence of LBP, in 22% there was an increase, 15% showed a decrease, and 10% a stable high prevalence of LBP (pp 403-412). White et al published an interesting study on the association of walking speed and worsening of depressive symptoms in patients at risk of **osteoarthritis** (OA). People walking slower than 1.2m/second showed a 2.1 times higher odds to be allocated to worse depressive symptoms (pp 209-215). Lu et al detected an association between total fat intake and loss of joint space width (JSW) in knee OA patients over a 2 year follow-up period; a higher ratio of polyunsaturated fatty acids to saturated fatty acids intake was associated with reduced loss of JSW (pp 368-375). In a longitudinal study, Pinal-Fernandez et al demonstrated that **immune-mediated necrotizing myopathy** patients with antibody positivity against signal recognition particle were weaker and showed ongoing disease activity even if improvement of strength could be achieved compared to HMG-CoA reductase antibody positive patients (pp 263-270).
Sulli et al (19:61) studied the role of high-frequency ultrasound in detecting subclinical skin involvement in patients with limited cutaneous systemic sclerosis (lcSSc). The authors were able to detect a significantly higher dermal thickness in most skin areas of lcSSc patients compared to age and sex-matched healthy controls, even in apparently normal cutaneous regions. Importantly, this also included proximal areas (upper arm, chest, abdomen), possibly impacting the SSc subset classification of these patients. Shi et al (19:52) reported an increase in levels of antibodies against the immunomodulatory programmed cell death protein 1 (PD-1) in patients with new-onset systemic lupus erythematosus (SLE), which were associated with major clinical features, and positively correlated with disease activity and inflammatory markers. When co-cultured with dendritic cells, these autoantibodies facilitated T cell proliferation, suggesting a possible role in SLE pathogenesis. Olsson et al (19:50) conducted a nested case-control study to assess the association of smoking status with future diagnosis of primary Sjögren’s syndrome (pSS); compared to never smoking, current smoking was associated with a lower risk of developing pSS (OR 0.3, 95%CI 0.1-0.6) and, oppositely, former smoking significantly increased the risk (OR 4.0, 95%CI 1.8-8.8). In an elegant study, Hillen et al (19:40) demonstrated that structural cartilage damage enhanced migration of pathogenic synovial fibroblasts (SF) into the damaged joints. As these SF are known to be associated with cumulative joint involvement in rheumatoid arthritis (RA), it is possible that prevention of early cartilage damage may hamper RA progression. Pandya et al (19:20) studied the blood chemokine profile of early untreated RA patients and found CXCL10 to be strongly correlated with several disease activity parameters, suggesting its possible role as a disease activity biomarker in early RA. van den Brandt et al (19:64) prospectively followed pregnant RA and axial spondyloarthritis (axSpA) patients and reported TNF-inhibitor discontinuation and active disease in early pregnancy as predictors of disease flare later in pregnancy. Reintroduction of TNF-inhibitors or glucocorticoids controlled disease activity in RA patients but was insufficient for axSpA patients, who continued to show active disease. Ajeganova et al (19:44) reported a significant association of the FCGR3A 158V/F SNP in the Fcγ receptor gene with the occurrence of late-onset neutropenia (LON) following rituximab treatment. The FCGR3A V allele was associated with LON, which in turn was related with longer flare-free survival, suggesting that these may be possible markers of rituximab efficacy.
Interstitial lung disease (ILD) is common in rheumatoid arthritis (RA) and contributes significantly to disease-related mortality. Zamora-Legoff et al (pp 344-350) reported on the patterns and mortality of ILD in RA. They reported a 5-year survival rate of less than 60% in RA patients with ILD. Interestingly, in contrast to previous work in this area, no significant differences in mortality rates were seen based on ILD subtype. Age, RA disease duration, and a low initial DLCO were predictive of mortality. Quach et al (pp 378-383) reported differential adverse event risks for etanercept monotherapy compared to triple synthetic DMARD therapy in the RACAT trial. Patients receiving etanercept therapy were more likely to develop infectious adverse events (IRR 1.56) but less likely to experience gastrointestinal adverse events (IRR 0.62) than those on triple therapy. Gastro-esophageal reflux disease (GERD) has a significant detrimental impact on quality of life for many systemic sclerosis patients. Foocharoen et al (pp 214-222) reported that both domperidone and alginic acid are efficacious as add-on therapies in proton pump inhibitor refractory GERD. However 17% of patients remained refractory to combination therapy, indicating the need for novel treatment approaches. Jasiek et al (pp 362-370) performed a retrospective multicentre trial to evaluate renal disease in primary Sjogren’s syndrome. Renal involvement was almost entirely due to tubulointerstitial nephritis, with 75% of these patients having additional plasma cell infiltrates. The presence of anti-Ro and anti-La antibodies was associated with a worse renal prognosis; however the overall prognosis was good with significant improvements seen in glomerular filtration rates. No definite benefits of additional immunosuppressive agents over and above steroid monotherapy were identified. In an analysis of the RIM trial, Aggarwal et al (pp 247-254) report on the efficacy of rituximab to treat refractory skin disease in both adult and juvenile dermatomyositis. Rituximab treatment resulted in significant improvements in previously refractory skin disease in both age groups. Primary angiitis of the CNS (PACNS) remains a disease of which we have limited knowledge. The French Vasculitis Study Group addressed some of this knowledge gap by reporting on differential outcomes based on the size of the involved vessels (pp 439-444). Those with isolated small-vessel PACNS were more likely to present with seizures, cognitive impairment, and dyskinesia, but less likely to experience focal deficits. Isolated small-vessel PACNS patients experienced more relapses but had similar functional outcomes and mortality compared to those with large/medium-vessel involvement.
A study by Shidara et al (pp 147-153) again underscored the importance of striving to maintain remission in rheumatoid arthritis (RA). The continual fulfilment of any of a number of different remission criteria was strongly predictive of the prevention of functional disability. An intriguing study by Crowson et al (pp 170-173) identified a pessimistic explanatory style as novel risk factor for both the development of seropositive RA and for mortality in RA. While pessimism has previously been associated with a number of other adverse health outcomes the mechanisms behind its effect in RA remain to be fully elucidated. Eder et al (pp 286-291) reported that the prevalence of diabetes mellitus (DM) is increased in patients with psoriatic arthritis (PsA). PsA disease severity was a significant predictor of the development of incident DM. The natural history of early arthritis remains incompletely defined. Brinkmann et al (pp 154-161) evaluated the natural history of early undifferentiated arthritis over a 2 year follow-up period, finding that only 10% of patients fulfilled RA classification criteria, and that in 70% of patients the symptoms resolved without the need for DMARDs. de Boysson et al (pp 297-303) reported on a retrospective multicentre cohort of 40 patients with stroke related to giant cell arteritis (GCA). The strokes were predominantly affecting the posterior circulation in location with the vertebrobasilar territory involved in 73%, an inversion of the location ratio seen in non-GCA stroke. GCA patients with stroke had more ophthalmic ischaemic symptoms, less anaemia, and lower inflammatory markers than those without stroke. Miceli et al (pp 241-247) demonstrated that baseline ultrasonographic findings did not predict glucocorticoid responsiveness or relapse rates in polymyalgia rheumatica (PMR). Gout is a disease associated with multiple co-morbidities and a significantly increased risk of mortality. Vincent et al (pp 368-373) evaluated predictors of mortality in this cohort and demonstrated that the presence of tophi was associated with both cardiovascular and non-cardiovascular mortality with large hazard ratios of 3.13 and 3.48 respectively. While current gout treatments are highly effective when utilised properly, there remains a group of patients who have persistent hyperuricaemia with currently available agents. Arhalofenate is a promising new agent with both uricosuric and anti-flare efficacy; a new study by Steinberg et al (pp 374-379) demonstrated the additive serum uric acid lowering effects of febuxostat and arhalofenate, the combination also appeared to be well tolerated.
Jani et al investigated lupus and vasculitis-like events in an observational registry of rheumatoid arthritis (RA) patients comparing those receiving TNFi and csDMARDs. Generally crude incidence rates were very low in both cohorts. After baseline adjustments no difference in risk between the two groups could be detected (e000314). Takahashi et al measured erythrocyte methotrexate-polyglutamate (MTX-PG) concentrations in RA patients starting MTX. They determined a threshold of >83nmol/liter MTX-PG at week 12 for a DAS28 improvement of ≥1.2 at week 24. Elevation of AST or ALT >100IU/L was associated with MTX-PG levels >131nmol/litre. MTX-PG concentration was influenced by albumin and body mass index (e000363). Treatment of RA patients after inadequate response to TNFi with sarilumab in combination with csDMARDs resulted in significant improvements in pain, fatigue, function, participation, and health status compared with placebo and csDMARDs at week 12 and 24, as reported by Strand et al (e000416). Beneficial effects on PROs were also reported by Emery et al in a phase III trial of baricitinib in patients with an inadequate response to csDMARDs (e000410). In a population based case control study Zeng et al reported that prolonged repetitive physical work was associated with an increased risk of RA; the Odds Ratios ranged from 1.2 (95%CI 1.0-1.4) with one type of physical work to 3.6 (95%CI 2.8-4.8) in those with 6 different physical work load exposures (e000324). Huynh et al showed that discontinuation of anti-TNF treatment in psoriatic arthritis patients in a state of low disease activity (LDA) leads to loss of LDA after a median time of 29 months. Patients not in remission and current smokers had a higher hazard ratio for disease relapse (e000395). Sepriano et al reported the results of a systematic literature review (SLR) informing the update of the ASAS/EULAR recommendations for the management of axial spondyloarthritis (ax-SpA) with biological and targeted synthetic DMARDs, highlighting the efficacy and safety of anti-TNF and the efficacy of secukinumab (e000396). Regel reported the results of the complementary SLR of the non-pharmacological and non-biological treatment of ax-SpA. Regular exercise resulted in improvements in pain and spinal mobility. Continuous NSAID use compared to on-demand use did not influence the change in the modified Stoke Ankylosing Spondylitis Spinal Score over two years in patients with normal CRP levels, but no clear conclusions could be drawn in patients with an elevated CRP (e000397).
Over the last two months several reports on novel therapeutic strategies in rheumatoid arthritis (RA) have been published. The phase 3, double-blind, placebo-controlled SIRROUND-T trial evaluated the efficacy and safety of the anti-IL6 antibody sirukumab in patients with RA refractory to TNF inhibitors (Lancet 2017;389:1206-17). Sirukumab 50mg every 4 weeks or 100mg every 2 weeks were both significantly superior to placebo in achieving an ACR20 response at week 14 and ACR20, ACR50 and ACR70 responses at week 24. The incidence of adverse events was comparable in the placebo and sirukumab groups. A phase 3, double-blind trial evaluated baricitinib, a reversible inhibitor of the Janus kinases JAK1 and JAK2, compared to adalimumab and placebo (N Engl J Med 2017;376:652-62). Baricitinib was superior to both adalimumab and placebo in achieving an ACR20 response at week 12 (primary endpoint) and this difference was still evident at week 52. The incidence of adverse events was comparable between patients treated with adalimumab and baricitinib. Ectopic lymphoid neogenesis is a key pathogenic mechanism in several autoimmune diseases, including RA. Bombardieri et al reviewed this topic and also highlighted potential therapeutic targeting (Nat Rev Rheumatol 2017;13(3):141-154).

Ravelli et al reported the results from a multicentre, prospective, randomised, open-label trial comparing intra-articular (IA) corticosteroids versus IA corticosteroids plus methotrexate in 207 patients with oligoarticular juvenile idiopathic arthritis (Lancet 2017;389:909-16). The proportion of joints injected was similar in the two study groups and the addition of methotrexate did not reduce the prevalence of new onset arthritis in previously unaffected joints. However, multivariable logistic regression favoured combination therapy leading the authors to speculate that concomitant administration of methotrexate might prolong and, to a lesser extent, increase the effectiveness of IA corticosteroid therapy.
Catrina et al discussed the possible mechanisms linking systemic autoimmunity to a joint specific disease. In particular the authors focused on the effects of ACPAs on osteoclasts and therefore their involvement in the development of bone erosions (Nat Rev Rheumatol 2017;13(2):79-86). Ritchlin et al recently published a comprehensive narrative review on psoriatic arthritis discussing both clinical and radiological aspects of the disease (N Engl J Med 2017;376(10):957-970). An interesting review series to discuss the new literature over the past year was recently published and focused on specific subtopics of regenerative medicine, systemic lupus erythematosus, systemic sclerosis, microbiome, myositis, and osteoarthritis (Nat Rev Rheumatol 2017;13(2):67-78).

An interesting cohort study evaluated the risk of serious infections in 4961 pregnant women treated with immunosuppressive drugs for RA, ankylosing spondylitis, psoriatic arthritis, systemic lupus erythematosus and inflammatory bowel diseases (BMJ 2017;356:j895). Seventy-one women (0.2%) experienced a serious infection but this was not associated with the type of treatment (csDMARDs, bDMARDs or corticosteroids). However, a higher dose of corticosteroid was an independent risk factor for the development of serious infections. Hill et al performed a systematic review and meta-analysis concerning the risk of mortality in giant cell arteritis (GCA) (Semin Arthritis Rheum 2017;46(4):513-519) and concluded that although mortality was not increased in GCA patients at a population level it was increased in the hospital setting.
44th Annual European Calcified Tissue Society Congress
 o When and Where: 13 – 16 May 2017, Salzburg, Austria
 o Website: http://ects2017.org/

8th EULAR Scientifically Endorsed Course on SLE
 o When and Where: 21 – 26 May 2017, Pisa, Italy
 o Website: http://ecm.clinexprheumatol.org/en/corso.asp?IDC=57

ICOOMD 2017: 19th International Conference on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases
 o When and Where: 25 – 26 May 2017, London, United Kingdom
 o Website: https://www.waset.org/conference/2017/05/london/ICOOMD/call-for-papers

18th EFORT Congress
 o When and Where: 31 May – 2 Jun 2017, Vienna, Austria
 o Website: http://efort2017.org/index.php
THE EULAR ULTRASOUND COURSES

The aim of this annual multi-level course is to cover the whole spectrum of conditions in which musculoskeletal Ultrasound (MSUS) could be used in rheumatology practice and research.

The advanced course (for up to 50 participants with considerable experience in MSUS) focuses on difficult issues within MSUS and emerging research fields in MSUS (contrast enhanced, 3D, quantification of inflammation). This includes time for discussion with expert rheumatologists and radiologists in MSUS.

The intermediate course (for up to 50 participants with some experience in MSUS) aims at consolidating standardised MSUS scanning methods according to EULAR guidelines, as well as describing and identifying musculoskeletal lesions/abnormalities by US and knowing the role of MSUS in different musculoskeletal pathologies (inflammatory, degenerative and/or traumatic). The standardised approach in the study of the various anatomic regions as well as the future development of US technique and its role as a research tool is discussed.

**NEW:** The EULAR-PReS paediatric musculoskeletal ultrasound course, is a combination of lectures and workshops on the principal applications of musculoskeletal ultrasound in children, ultrasound scanning of paediatric joints and basic ultrasound abnormalities in children with rheumatic diseases. The course is recommended to rheumatologists or paediatricians with a special interest in paediatric musculoskeletal ultrasound.

The 24th EULAR Ultrasound Courses will take place on 11-13 June 2017,

The PReS US course will take place on 12-14 June 2017

All courses in Madrid, Spain

Applications are now open! EULAR grants 20 bursaries to young rheumatologists attending the intermediate, advanced level courses or the paediatrics US course to cover part of the attendance fee

For additional information and to apply: [http://www.eular.org/edu_course_ultrasound.cfm](http://www.eular.org/edu_course_ultrasound.cfm)
THE EULAR-EMEUNET AMBASSADOR PROGRAMME
FOR FIRST TIME ATTENDEES TO EULAR CONGRESS

Attending the largest European Rheumatology congress for the first time can be a daunting experience. The annual EULAR meeting welcomes around 14,000 clinicians and scientists, discussing clinical management and new scientific findings in an overwhelming number of sessions which run in parallel, starting early in the morning and ending late at night. There has been a long tradition that senior attendees share the skills on how to survive the annual EULAR meeting, on how to get a taste of everything and not miss the important facts, and have a great time. But how can you find your way through countless opportunities within four days?

We invite 30 fellows who are first or second-time attendees to the conference to be part of our EULAR/EMEUNET ambassador programme and receive congress mentorship from EULAR veterans on how to make the most of your time.

The details are as follows:
- Applicants will be selected on a first-come, first-served basis
- Participants will be allocated to small groups, each with a EULAR ambassador from EMEUNET. Your ambassador will get in contact with you prior to the meeting
- You will be invited to the welcome meeting on the first day of the congress, so that you can meet other fellow first time attendees and your ambassadors too in an informal setting
- Participants will learn how to master the clinical and scientific EULAR programme
- Participants will be offered the chance to participate in the EMEUNET social activities
- The mentoring process will be very informal
- The programme is free for EMEUNET members and non-members

Interested to take part in the EULAR-EMEUNET Ambassador Programme?
Pay attention to our social media and do not miss the opportunity to apply!!
Second Summer School in Advanced Musculoskeletal Epidemiology

University of Manchester
July 3rd – 7th 2017

Confirmed speakers include

- Professor David Felson, Boston University
- Professor Richard Emsley, University of Manchester
- Professor Jeffrey Curtis, University of Alabama at Birmingham
- Professor Will Dixon, University of Manchester
- Professor Daniel Preto-Alhambra, University of Oxford
- Professor Kimme Hyrich, University of Manchester

For more information and to register visit: http://www.confercare.manchester.ac.uk/events/ame2017
SHARE YOUR IDEAS!

Over the years EMEUNET has developed several projects covering different topics and areas of interest. However, we appreciate any suggestions and welcome new ideas to expand on what we currently offer to EMEUNET members.

Make your voice be heard and share with us your ideas!

It is easy, just write down some lines to summarize your proposal and send it either via email at emeunet@eular.ch or through our website (http://emeunet.eular.org/contact_us.cfm). Don’t forget to provide your contacts so we can come back to you for additional details!

We look forward to hearing from you!!!

More information about EMEUNET can be found in http://emeunet.eular.org

You can also reach us through the following email emeunet@eular.ch

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