EULAR 2017 Madrid

Oral Presentations and Posters
Abstract Award Winners
Mentor-Mentee Meetings
EULAR Ambassador Programme
Country Liaison Meeting
Impressions from EULAR 2017
EMEUNET Observerships
Dear young rheumatologists and researchers in rheumatology,

We are excited to present you with a new issue of EMEUNews describing the highlights of this year’s EULAR annual meeting.

The EULAR 2017 Congress was a fantastic scientific event and in this issue we provide a selection of oral presentations and posters that have been presented in the various clinical and research areas of rheumatology. The selection is totally personal and therefore very limited and incomplete, but still provides an overview of hot topics that have been discussed in each field. Starting this year we are also including selections from health professionals in rheumatology and PARE members.

In addition we include an overview of all the events organized by EMEUNET at the EULAR congress, including describing the activities and programs of our subgroups.

This year the EMEUNET booth was integrated in the EULAR village and it ensured the gathering of a high number of delegates. As in previous years, a networking event to further promote interaction between EMEUNET members was organized and it was a great success.

EMEUNET is now active in social media networks such as Facebook and Twitter, while maintaining the traditional website and the important physical (and personal) presence at major rheumatology scientific events.

If this is your first contact with EMEUNET, we invite you to explore more and join us. If you are already part of our community, we kindly remind you that sharing is caring. Spread the word about our activities and work, and help us reach more young rheumatologists and researchers.

We hope that you enjoy reading this Newsletter and would be happy to receive any comments or contributions for future issues.

We wish you enjoyable and relaxing summer holidays.

Antonis Fanouriakis, Richard Conway on behalf of the Newsletter Subgroup

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New evidence for genetic susceptibility to rheumatic diseases was presented at EULAR. Smith et al (OP0291) contributed to the identification of several loci related to juvenile idiopathic arthritis (JIA) susceptibility in the largest such study conducted to date. Using Illumina platforms, their GWAS approach identified more than 20 new loci related to JIA susceptibility. Based on their observations, further studies should investigate the intergenic region between TNFSF15 and TNFSF8. Teitsma et al (OP0293) performed an exhaustive analysis of the genomic signature related to the attainment of sustained drug-free remission in patients with rheumatoid arthritis (RA) receiving tocilizumab treatment. By means of RNA sequencing from CD4 T-cells using weighted gene co-expression network analysis, TEX22 and DCLK2 were identified as differentially expressed in responders. Novel insights into the coordinated expression of type I interferon-related genes, the so-called interferon signature(s), were presented by Yusof et al (OP0095) in relation to the risk of developing connective tissue diseases (systemic lupus erythematosus (SLE) and primary Sjögrens syndrome (pSS)) in the at risk population, as well as by Mendoza et al (OP0096) regarding their connection with lung vascular involvement in systemic sclerosis (SSc). The study by Purvis et al (OP0296) adds to the understanding of the links between genetic susceptibility and the development of autoimmunity. In a series of experiments in vitro and in mouse models, the authors found that PTPN22 polymorphism is related to enhanced T-cell activation by dendritic cells, with Dectin-1 playing a pivotal role. These findings delineate a mechanistic explanation for PTPN22-mediated increased risk of autoimmunity. Finally, cutting edge advances in animal models of rheumatic diseases were also presented at EULAR. The development of arthralgia during aromatase inhibitor therapy led the group of Young et al (THU0062) to establish an animal model of aromatase inhibitor-induced arthralgia to shed some light on the interaction between arthralgia, inflammation and oestrogens. However, the development of arthralgia in this scenario was found to be oestrogen-independent. On the other hand, the use of murine models of arthritis may not be adequate to analyse the complex association between ACPA and the shared epitope (SE) observed in humans. Therefore, Bitoun et al (FRI0081) developed a macaque model of rheumatoid arthritis. Following different strategies of immunization with different citrullinated peptides, the authors found an association between the H6 haplotype (macaque orthologue for human SE) and prolonged joint swelling. However, polyarthritis involvement was not registered in the animal model. Finally, by using the mouse collagen-induced animal model of arthritis, Kim et al (OP0089) addressed the study of the combined inhibition of TNF-alpha and MMP9 in RA. Combined therapy led to better scores in different clinical outcomes, although the difference compared to single agents alone was slight in some cases, hence proving this field worthy of further research.
In RA, Cavalli et al (OP0092) presented data showing that IL-37, a recently discovered cytokine with anti-inflammatory properties, is able to enhance exercise tolerance in healthy mice. Le Goff et al (OP0093) showed that IL-38, another member of the IL-1 family, can reduce arthritis severity in animal models, possibly by inhibiting macrophage activation. Balzaretti et al (OP0172) and Klarenbeek et al (OP0173) analyzed synovial T cell clones and circulating B cell receptor (BCR) clones in individuals “at risk” of developing RA (ACPA+ without arthritis or arthralgia). T cell clones were shown to be already present in the synovia of individuals at risk of arthritis, confirming that the breach of tolerance is a long-lasting process already ongoing in synovia. Additionally, specific BCR clones were identified in patients who progressed to arthritis, suggesting a promising tool to predict disease development in “at risk” individuals. Next, Corsiero et al (OP0175), who had previously identified neutrophil extracellular trap (NETs) histones to be a target of ACPA, presented a new ACPA target in a fibroblast autoantigen, calreticulin. Scherer et al (OP0177), performed RNAseq on ACPA+ B cells, and identified numerous N-glycosylation sites in the variable region, not present in germline cells, speculating that glycosylation sites acquired during B cell maturation by somatic hypermutation might confer ACPA+ B cells a survival advantage. Elmesmari et al (OP0208) presented very interesting data, identifying a population of regulatory macrophages expressing TAM receptors in the synovia of RA patients in remission. Regarding systemic autoimmune diseases, Pontarini et al (OP0300) showed that T follicular regulatory cells are excluded from the ectopic germinal centres found in the salivary glands of patients with pSS, suggesting that autoimmunity (and lymphoma development) might be connected to the inability of these cells to exert their local regulatory function. Kraaij et al (OP0302) presented preliminary results from the SynBioSe study, assessing the combination of rituximab and belimumab in SLE patients. The treatment induced a significant reduction in anti-dsDNA levels and in the immune complex-dependent formation of NETs, which are emerging as important factors in SLE pathogenesis. Finally, Van Den Hoogen et al (OP0306) performed RNAseq and microRNA profiling on plasmacytoid dendritic cells (pDC) isolated from SLE and APS, showing downregulation of several microRNAs in association with an interferon signature, compared to healthy controls.
One of the highlights of this EULAR Congress was the debate on prediction models for the development of rheumatic diseases. The prediction of rheumatoid arthritis (RA) development can be considered the “holy grail” of risk factor research. The onset of seropositive RA is preceded by the presence of specific autoantibodies in the absence of synovial inflammation. Only a subset of these at-risk individuals will develop clinical disease. Van Der Woude (SP0146) reported that autoantibodies are a potent prognostic factor when it comes to the risk of developing RA and play a key role in current pathophysiological hypotheses. In subjects at-risk for future RA, Deane et al (FRI0053) found a strong correlation between sputum neutrophil extracellular trap (NET) complexes and multiple sputum ACPAs that was independent of smoking exposure. These data suggest that in the lung, NET formation may be associated with the production of multiple ACPA reactivities locally. Additional studies are needed to determine if NET-associated cit-proteins are an initial trigger or a self-perpetuating stimulus of sputum ACPA generation as well as the contributions of other local mechanisms of citrullination. Deane (SP0147) focused on the prevention of the onset of RA and prevention trials in RA. The role of biomarkers in developing robust prediction models of future RA, and methods to identify individuals before they develop RA were discussed. This field is currently shifting towards performing trials in very early disease phases as there is growing evidence that very early treatment initiation allows better disease modification and that treatment of arthralgia may even prevent the development of RA. Hugues et al (OP0011) conducted a meta-analysis. The main outcomes that were analysed for the meta-analysis were RA occurrence at 52 weeks and beyond and the absence of radiographic progression at week 52. They demonstrated that early therapeutic intervention significantly reduces the risk of RA onset in pre-RA patients. It would be interesting to assess the benefit/risk balance and the feasibility of these interventions in clinical practice. However, over recent years it has become clear that the autoantibody profile of seropositive RA is very diverse, and it seems unlikely that a single autoantibody will be informative for identifying groups at risk of poor treatment response.
Tumor-necrosis-factor inhibitors (TNFi) have become widely used biologic disease-modifying antirheumatic drugs (bDMARDs) in the treatment of RA. Although several TNFi are available, data on comparative effectiveness are still insufficient. Turesson et al (OP0016) presented their results using data of patients starting TNFi treatment in the Swedish biologics register. The adjusted risk for treatment retention after one year was significantly lower for patients treated with infliximab or certolizumab compared to etanercept (representing the largest group of patients). No differences could be found between etanercept, adalimumab, and golimumab. Data for the use of TNFi during pregnancy and breastfeeding is of particular interest. Clowse et al (FRI0179) in a pharmacokinetic study in 17 women showed certolizumab to be low to minimally transferred from plasma to breast milk, in a concentration of <1% of the expected plasma concentration of a therapeutic dose. Mariette et al (OP0017) evaluated placental transfer of certolizumab. After the last injection 35 days before delivery in 13 of 14 infants, no quantifiable levels of certolizumab could be measured at birth, indicating negligible placental transfer. With regard as to whether to use a second TNFi after the failure of a first, Bogas et al (FRI0186) showed that patients who develop anti-drug antibodies to the first TNFi showed a better response to the second TNFi, similar to patients who switched to a non-TNFi. Data on parsimonious use of DMARDs in RA patients with sustained remission is still conflicting. Barral et al (OP0018) reported that baseline health assessment questionnaire (HAQ) and C-reactive protein (CRP) were independent predictors of successful tapering of TNFi treatment. Additionally, they presented a score to predict tapering success, including ACPA, Boolean remission, CRP, SDAI, and HAQ. Stamm et al (FRI0207) showed that induction therapy with TNFi + methotrexate (MTX) compared to MTX alone in very early inflammatory arthritis leads to higher sustained remission rates after one year of therapy in a randomized controlled trial. Following treatment withdrawal at the end of year 1, 75% of patients treated with TNFi+MTX remained in remission during the second year compared to only 20% of MTX monotherapy patients. The target of treating RA is not only to achieve remission, but also to stop structural joint damage. Smolen et al (FRI0187) reported a clinical trial, including patients randomized to either the infliximab biosimilar SB2 or to reference infliximab. Patients in remission had no radiographic progression and those in low or moderate disease activity showed minimal radiographic progression after one year of treatment.
RA III
Other biologics and new drugs beyond biologics
Katja Lakota

The EULAR 2017 poster session on “Rheumatoid arthritis-other biologic treatment” contained 86 posters, with 13 of these comparing the effectiveness of various biologics, while the majority of others analyzed anti-IL6 therapy (16 posters with tocilizumab, 7 with sirukumab, 9 with sarilumab) with general consensus on good response, efficacy, safety, tolerability and drug retention rate. Similar results were shown for other registered biologics - 8 posters analyzed the use of anti-CD20 (rituximab) and 15 of anti-CTLA-4 (abatacept) in RA therapy. In the poster session “Rheumatoid arthritis-non biologic treatment”, 12 posters presented efficacy, safety, and tolerability of the approved JAK inhibitor tofacitinib and experience with novel, selective JAK inhibitors in clinical trials was presented - in 4 posters with filgotinib, 3 posters with ABT-494 and 2 posters with baricitinib. Additionally, 3 posters presented effectiveness of iguratimod, an oral inhibitor of NFkB, approved in Japan and China. Low dose IL-2 treatment in RA was analyzed by Jia et al (SAT0213) using only IL-2, while Li et al (THU0176) used combination with rapamycin and Sheng-Xiao et al (SAT0181) with tocilizumab. They reported an increase in Treg number and restoration of Treg/Th17 balance, however only the last report showed improvement in the number of tender joints, swollen joints, and DAS28-ESR after IL-2 treatment. Results from a clinical study of vobarilizumab (anti-IL-6R nanobody, single domain heavy chain only antibody, targeting IL-6R and serum albumin) were presented by Dörner et al (OP0098). Patients achieved ACR50 and ACR70 in 61% and 45% respectively at week 24, as compared to 39% and 16% respectively in the placebo group and sustained remission was achieved at weeks 12-24 in 1/3 of patients. Galeazzi et al (OP0099) presented phase I and ongoing phase II data on dekavil, a fully human fusion immunocytokine, composed of the antibody fragment F8, specific to extradomain A of fibronectin (EDA-FN), fused to anti-inflammatory cytokine IL10 (F8IL10). Data suggest that the drug is safe, tolerable and 57% patients responded after 8 cycles of treatment. Other novel approaches included denosumab – an antibody inhibiting RANKL, which inhibits progression of joint destruction (erosion score and mTSS) as reported by Takeuchi et al (SAT0186), and chemokine fractalkine antibody E6011, whose safety and efficacy warrants further study in placebo controlled trials, as reported by Tanaka et al (SAT0187). Burmester et al (FRI0216) presented safety data on mavrilimumab, an antibody inhibiting GM-CSF by binding to its receptor. Concern for possible pulmonary toxicity through inhibition of alveolar macrophages with mavrilimumab was not confirmed and its acceptable safety justifies the initiation of phase III studies.
Jan Leipe
MD, board-certified rheumatologist, has completed specialist training in rheumatology and general internal medicine and is currently an attending physician at University of Munich, Germany. His major research interests include early rheumatoid arthritis and the role of T cells in the pathogenesis of autoimmune arthritis.

PSORIATIC ARTHRITIS

Jan Leipe

Data on new therapies for psoriatic arthritis (PsA) represented an important highlight at EULAR this year. Mease et al (OP0216) presented data on the efficacy of tofacitinib (5 mg and 10 mg twice daily) compared to placebo and to adalimumab in patients with active PsA (peripheral arthritis + active plaque psoriasis) who were inadequate responders to conventional synthetic disease-modifying anti-rheumatic drugs (csDMARD-IR). ACR20 responses in the tofacitinib groups demonstrated good efficacy on arthritis in the range of adalimumab and significantly higher compared to placebo (tofacitinib 5 mg 50.5%, 10 mg 60.6%, adalimumab 52%, placebo 33.3%). Of interest, the tofacitinib groups also reached PASI 75 responses similar to adalimumab. Since TNFi are often 1st line treatment for PsA, new efficacious therapies are also needed for the situation after TNFi failure. In this regard Nash et al (OP0201) presented data on ixekizumab in PsA patients after TNFi failure. Good efficacy was demonstrated by the ACR20 responses of ixekizumab 80 mg every 2 weeks or every 4 weeks compared to placebo (53.3% vs. 48% vs. 19.5%). Whereas a higher proportion of patients treated with ixekizumab every 4 weeks reached complete resolution of dactylitis compared to placebo, improvement of enthesitis was not significantly different compared to placebo. Enthesitis is regarded as one of the most difficult to treat manifestations of PsA. An open-label randomized controlled trial comparing ustekinumab and TNFi treatment showed interesting results that were presented by Araujo et al (OP0217). PsA patients with active enthesitis received either standard doses of ustekinumab or TNFi. The proportion of patients with resolution of enthesitis – as demonstrated by a SPARCC score of 0 – was substantially higher in the ustekinumab arm (70.8%) compared to the TNFi arm (38.4%). The data of this study suggest that PsA patients with predominant enthesitis might particularly benefit from IL-23/IL-17 pathway inhibitors. Finally, new study results on abatacept in active PsA after DMARD-IR (60% TNF-IR) were shown by Mease et al (OP0223). Although efficacy with regard to arthritis was good, the effect on psoriasis was low to moderate as demonstrated by PASI 50 and PASI 75 responses of 30.1% and 19.9% respectively.
Marloes van Onna

MD, PhD, is a staff rheumatologist at the Maastricht University Medical Center, Maastricht, The Netherlands. She completed her dissertation on the early identification and referral of patients suspected of having axial spondyloarthritis. Her research focuses on spondyloarthritis, rheumatoid arthritis, and outcomes research. She is a member of the EMEUNET Education Subgroup.

This year, much attention was paid to the detection of bone marrow edema (BME) and structural damage on MRI of the sacroiliac joints (MRI-SIJ), and their correlation with clinical outcomes in patients with axial spondyloarthritis (axSpA). Varkas et al (FRI0440) studied the effect of intensive physical training over 6 weeks on the presence of BME on MRI-SIJ in 22 healthy controls. They found that 1/5 of asymptomatic controls displayed BME lesions, that would meet the ASAS definition of a positive MRI-SIJ, increasing to more than 1/3 at follow-up. The detection of structural damage on MRI is still a challenge. Maksymowycz et al (OP0121) assessed the detection of structural damage on MRI-SIJ, by using CT as the gold standard. Ankylosis on MRI had 56.3% sensitivity and 100% specificity when compared to ankylosis on CT. Lesions observed on CT corresponding to backfill lesions on MRI were ankylosis, erosions, and sclerosis, in 66.7%, 66.7%, and 80% of backfill lesions, respectively. This finding supports the hypothesis that backfill is an intermediary stage between erosions and ankylosis. Dougados et al (OP0116) assessed in the DESIR cohort how many patients switch from non-radiographic to radiographic axSpA after 5-years follow-up. At baseline, 62/416 patients (14.9%) were considered to have radiographic axSpA. Of these 416 patients, 24 (5.8%) changed from modified New York (mNY) negative to mNY positive after 5 years. In the multivariable analysis, presence of BME on MRI-SIJ, younger age, and longer symptom duration were all predictive of radiographic progression during follow-up. Akar et al (OP0120) performed a meta-analysis and showed that smoking is also associated with increased spinal radiographic progression in patients with ankylosing spondylitis (AS). The introduction of the Treat-to-target (T2T) concept in SpA was also highlighted during several presentations. Dougados (SP0055) indicated that, before implementing a T2T strategy for axSpA in daily practice, the (1) choice of outcome measure, (2) determination of the threshold of the outcome measure to reach and (3) time to reach the target, should all be discussed and considered. Molnar et al (OP0189) investigated the impact of TNFi use on spinal radiographic progression in AS in the Swiss Clinical Quality Management Cohort. In 420 patients, they found that prior use of TNFi reduced the odds of radiographic progression in the following 2 years by 49% (OR 0.51, 95%CI 0.28-0.92). These results emphasize the importance of T2T strategy for axSpA.
Radin et al (FRI0716) assessed the clinical utility of the adjusted Global Antiphospholipid Syndrome Score (aGAPSS) for the risk stratification of acute myocardial infarction in a cohort of young APS patients with thrombotic events. Eighty-three consecutive APS patients (≤ 50 years) were included. The authors were able to show that the aGAPSS can aid in risk stratifying APS for the likelihood of developing coronary thrombotic events. Lazzaroni et al (OP0046) presented data from their multicentre cohort consisting of 69 pregnancies in 61 patients and suggested that acquired risk factors, antiphospholipid (aPL) profile (triple positivity), lupus-like and non-criteria aPL manifestations may represent risk factors for pregnancy complications and determine failure of conventional treatment. In a phase IIB trial, Merrill et al (SAT0219) showed that atacicept has evidence of clinical efficacy in SLE patients with high disease activity (defined as SLEDAI-2K ≥10 at screening). Merrill et al showed that atacicept 150 mg achieved significant clinical responses and had an acceptable safety profile. In another safety study, Werth et al (SAT0255) presented data from their randomised controlled trial of CC-220, a CUL4CRBN E3 ubiquitin ligase modulator, including 42 SLE patients. CC-220 was generally well tolerated in this SLE population over 12 weeks of treatment. Treatment with CC-220 resulted in a trend toward greater improvement in multiple measures of SLE disease activity compared with placebo. Divard et al (OP0319) aimed to determine whether serum high sensitivity cardiac Troponin T (hs-cTnT) helps to identify SLE patients at risk for cardiovascular disease (CVD). In their cohort of 63 consecutive SLE patients who were asymptomatic for CVD compared to 18 controls, the group showed that detectable hs-cTnT concentration was independently associated with subclinical atherosclerosis in asymptomatic SLE patients at apparent low risk for CVD. Fasano et al (OP0233) conducted a study in two Italian SLE cohorts and found that the use of antimalarials for more than 5 years is associated with a reduced risk of a first thrombosis in SLE patients and that combining hydroxychloroquine and aspirin seems to synergistically reduce the cardiovascular risk further.
OTHER CONNECTIVE TISSUE DISEASES

Including systemic sclerosis, myositis, vasculitis

John D Pauling

The HOT and WIN sessions included informative overviews of the current investigation and management of systemic sclerosis (Denton, SP0107) and vasculitis (Luqmani, SP0053). The research community continues to look at better ways of classifying myositis-spectrum disorders, which has important implications for future clinical trial design. Pinal-Fernandez et al (OP0038) presented a large retrospective review of myositis patients attending Johns Hopkins and suggest autoantibody status might be a better predictor of strength and creatine kinase elevations than traditional clinical subgroupings. Simonsen et al (OP0033) presented novel work using FDG-PET CT imaging as a novel approach to assess the extent and severity of active early myositis. The role of epigenetics in autoimmune systemic rheumatic diseases continues to attract attention and Pachera et al (OP0086) presented nice preclinical work examining the role of a candidate long non-coding RNA (H19X) in driving myofibroblast differentiation and activation in systemic sclerosis, potentially leading to future epigenetic therapeutic approaches to halt aberrant tissue remodelling in scleroderma. Dobrota et al (FRI0365) presented work examining extracellular matrix neo-epitopes as potential (and much needed) prognostic biomarkers in systemic sclerosis. Johnson et al (OP0122) presented work that suggests the risk of venous thromboembolic (VTE) disease is not increased in systemic sclerosis compared to the general population, but that certain risk factors did increase the VTE risk, such as pulmonary arterial hypertension, peripheral vascular disease, anticardiolipin, and anti-Scl70 antibodies. Pulmonary embolism should be considered within the differential diagnosis of these systemic sclerosis patients reporting worsening dyspnoea. In another clinical development, Wechsler et al (OP0130) reported the effectiveness of mepolizumab (which directly reduces circulating eosinophils) at inducing and maintaining remission in eosinophilic granulomatosis with polyangiitis (formerly Churg-Strauss syndrome) expanding treatment options for this rare but potentially life-threatening disease. Meanwhile, Stone et al (OP0131) demonstrated a higher duration of relapse-free remission in GCA patients treated with tocilizumab and steroids.
Joanna Zalewska

MD, PhD is a rheumatologist at Jan Biziel Hospital in Bydgoszcz, Poland. Her main area of research focuses on rheumatoid arthritis, Sjögren’s syndrome, Hashimoto’s disease, effectiveness of radiation synovectomy in rheumatic diseases, SLE and vasculitis.

Mandl et al (OP0288) tested the reliability of a semiquantitative scoring system for the assessment of cartilage by musculoskeletal ultrasound (US) in a web-based exercise as well as a patient-based reliability study of patients with RA. They demonstrated that the three-grade semiquantitative scoring system (Grade 0, normal cartilage; Grade 1, minimal change; Grade 2, severe change) is a reliable tool for evaluating cartilage and supports the use of a new semiquantitative US scoring system for evaluating cartilage change in RA. Ponte et al (THU0302) compared histologic findings with US results from patients with suspected giant cell arteritis (GCA) included in the TABUL study (a multinational study to assess the relative performance of US and biopsy for diagnosing GCA). They found that, in patients with suspected GCA, ultrasound is more likely to be positive when histological inflammation is predominantly present in the intima-media. No significant correlation was found between histologic findings and negative US results. Filippou et al (SAT0631) assessed the inter/intra-observer reliability of US for detecting CPPD at the triangular fibrocartilage complex (TFCC) of the wrists, fibrocartilage of the AC joint, hip labrum (HL), hyaline cartilage (HC) of the metacarpal (MC) and femoral head. They noted that TFCC of the wrist is the most reliable site for CPPD. They confirmed that the OMERACT definitions for CPPD can be applied reliably in the knee site (meniscus and HC), TFCC and AC, the most commonly involved sites in CPPD. The next step of the OMERACT sub-taskforce will be to test these findings in a longitudinal observational study. Miguel et al (SAT0609), in a study of 40 GCA patients, presented that the increase of the atherosclerotic intima-media thickness can mimic the halo sign in temporal arteries and thus give false positive results in the diagnosis of GCA. Jousse-Joulin et al (FRI0256) obtained ultrasonographic consensus definitions on normal and abnormal findings in salivary glands of patients with Sjögren’s syndrome. Through a Delphi exercise process, the team developed a consensus definition of normal and abnormal US findings.
Doherty et al (OP0268) presented a randomized controlled trial (RCT) comparing a nurse-led approach to standard general practitioner (GP) care in 517 gout patients. Results were remarkable, with 95% of patients in the nurse group reaching serum urate target (<360 μmol/L) at 2 years, compared to 29% in the GP group. Allopurinol use and dose were also significantly higher and gout attack frequency significantly lower in the nurse group. This study provides evidence that nurse-led care of people with gout can result in excellent adherence to urate lowering therapy and favourable long-term outcomes. In a meta-analysis of published RCTs, Bredemeier et al (OP0269) found that xanthine oxidase inhibitors (XOIs) may reduce the incidence of cardiovascular events, possibly due to a better control of hypertension, albeit doses of allopurinol >300 mg/day are possibly associated with a higher risk of serious adverse events. Similarly, in a large nested case-control study, Kuo and Chen (THU0403) found that XOIs are also associated with a reduced risk for urolithiasis, a frequent problem in gout patients. In a large prospective study in the US, Rai et al (THU0405) explored the effect of a cardioprotective diet (Dietary Approaches to Stop Hypertension, DASH diet) on the incidence of gout; over a 26-year follow-up, the group found that the DASH dietary pattern is associated with a >30% lower risk of incident gout, compared to a typical Western diet. Using the Nationwide Inpatient Sample of the USA, Singh et al (THU0409) examined all inpatient hospitalizations in gout patients from 1993-2014 and found a dramatic >400% increase in all-cause hospitalizations during this 22-year period, a hundred-fold increase compared to the general US population. In a small retrospective report in 22 gout patients, Chotard et al (THU0424) used dual energy computed tomography (DECT) to detect monosodium urate crystals in the spine of these patients, a site considered to be rarely involved in gout. Interestingly, the authors found that such crystal deposition was present in 60% of their cohort, providing the rationale for further studies. Combier et al (OP0191) compared the utility of ultrasound and conventional radiography to detect calcium pyrophosphate deposition (CPPD) in the wrist of patients with this condition. Ultrasound was found to be significantly more sensitive for the detection of calcium pyrophosphate (CPP) crystals in joints with documented CPPD (93% vs. 53% for radiography), and could thus be considered a valuable tool for the diagnosis of CPPD.
OSTEOARTHRITIS AND OSTEOPOROSIS

Barbara Ruaro

Ruzickova et al (OP0053) demonstrated that patients with erosive hand osteoarthritis are at risk for the development of general bone loss and cardiovascular diseases. In their work Makhzoum and colleagues (OP0049) demonstrated that in patients treated with glucocorticoids, bisphosphonate therapy mitigates adverse changes in bone mineral density and lowers fracture risk. Picerno et al (THU0465) observed that patients with CPPD and osteoarthritis present some distinct features, mainly involving the characteristics of their synovial fluid, compared to patients with osteoarthritis alone. However, surprisingly the concentration of inorganic ions in the two populations was similar. The aim of the study by Ursani et al (FRI0532) was to evaluate the association between dual energy X-ray absorptiometry (DXA) in women with breast cancer treated with aromatase inhibitors enrolled in Medicare and subsequent fracture risk. They demonstrated that women receiving a DXA scan had a lower fracture risk than those who had not been scanned. Izumi et al (FRI0552) carried out a prospective cohort study to evaluate for a correlation between erosions and bone mineral density in patients with rheumatoid arthritis treated with denosumab and biologic disease modifying antirheumatic drugs. In conclusion, the change in erosive joint damage of the hands and feet had a statistically significant correlation with the change in femoral bone mineral density in patients with rheumatoid arthritis treated with denosumab and biologic disease modifying antirheumatic drugs. Bone mineral density reduction was ameliorated along with a reduction of erosions by denosumab combined with biologic disease modifying antirheumatic drugs. In their study Sahuguet et al (OP0054) assessed the prevalence of vertebral fractures in a cohort of early inflammatory back pain sufferers, suggestive of early axial spondyloarthritides and their incidence over a 5 year period. This study reported a low prevalence and incidence of vertebral fractures of 4.5% and 1.6% respectively. These observations confirm the hypothesis that the real prevalence and incidence of vertebral fractures in spondyloarthritides is probably much lower than that reported in previous studies. These discrepancies might be explained by the variability in the methods of vertebral fracture assessment, as vertebral deformities might be inappropriately considered fractures. Polyakova et al (FRI0554) proposed a new biomarker for the diagnosis of osteoporosis in rheumatoid arthritis patients. Their results showed that adiponectin levels depend on the presence of osteoporosis in rheumatoid arthritis patients. They concluded that adiponectin determination is a useful laboratory marker for the diagnosis of osteoporosis.
Tocilizumab is currently approved for the treatment of systemic-onset juvenile idiopathic arthritis (soJIA) in patients older than 2 years, but this disease may also occur in younger patients and there are no data in this population. Mallalieu et al (OP0197) presented the results of the first trial in patients <2 years old. They included 11 soJIA patients with a mean age of 16 months who were treated with tocilizumab 12 mg/kg intravenously every 2 weeks and found that at week 12 the exposure to this drug was in the range of patients ≥2 years old and the efficacy and safety profile was also similar, but that serious hypersensitivity reactions and suspected macrophage activation syndrome (MAS) were higher in patients <2 years old. Kashchenko et al (OP0316) analysed the duration of clinical remission and time to disease flare after discontinuation of biologic therapies in 83 patients with JIA (33 soJIA, 50 oligo/polyarthritis), 65.1% girls, with a mean (SD) age of 11±3.69 years; all soJIA patients were treated with tocilizumab and the other JIA types received etanercept or adalimumab. They found that withdrawal of biologic therapies after clinical remission longer than 1.5 years was not associated with disease flare in up to 70% of JIA patients and that the mean duration of clinical remission was 6 months. Mourão et al (OP0315) studied the reasons for discontinuation of the first biologic drug in 319 patients with JIA included in the Portuguese registry REUMAP.T, 62% girls, with mean age at onset of 7.7±4.8 years and at the beginning of biological therapy of 15.8±9.4 years. The main reason for discontinuation was inefficacy (49.6%), followed by remission (14.2%), or adverse events (10.6%). These findings highlight the need for several alternative biological treatments in patients with JIA. Multidisciplinary transition care units are very important for JIA patients when they pass from childhood to adulthood. Pontikaki et al (OP0195) presented the long term outcome in 240 JIA patients referred to the transition care consultation (transition age was considered 16 years old) of an Italian tertiary centre between 1999 and 2016. 69.2% were females, the most frequent JIA type was oligoarthritis (42.1%), with mean age of 27 years and mean disease duration of 20 years, 22.1% were lost in the follow-up and 5 deaths occurred (2.1%). During the follow-up, 48.7% had low disease activity, 29.2% moderate disease activity, 5.8% high disease activity, 10% were in remission on medication, and 6.3% off medication. Biologic therapies were used in 70.4% of patients still on medication. All the patients received multidisciplinary care, even during remission, with the collaboration of other specialists such as ophthalmologists, orthopaedic surgeons, dermatologists, and psychologists.
Yesim Ozguler

MD, is a third year rheumatology fellow at the department of internal medicine, division of rheumatology of the Istanbul University, Cerrahpasa Medical Faculty in Turkey. She worked as fellow in the taskforce for the new EULAR recommendations for the management of Behçet’s disease. She has also been working as OMERACT fellow in Behçet’s disease special interest group since 2014. Her main interests are Behçet’s syndrome and vasculitis.

De Benedetti et al (OP0063) presented the results of a 40-week, randomised controlled trial testing the efficacy and safety of canakinumab in familial Mediterranean fever (FMF), hyper-IgD syndrome/mevalonate kinase deficiency (HIDS/MKD), and TNF receptor-associated periodic syndrome (TRAPS). The primary objective was to test whether canakinumab 150 mg every 4 weeks was superior to placebo in resolving a flare by day 15, with no new flares over 16 weeks. This study included 4 phases: a screening phase of up to 12 weeks, a randomized treatment phase of 16 weeks, a randomized withdrawal phase of 24 weeks, and an open-label treatment phase of 72 weeks. The proportion of responders at week 16 was statistically higher in the canakinumab group compared to placebo (FMF: 19/31 vs. 2/32; OR: 23.8, 95% CI: 4.4-227.5, HIDS/MKD: 13/37 vs. 2/35; OR: 8.9, 95% CI:1.7-86.4 TRAPS:10/22 vs. 2/24; OR: 9.2, 95% CI:1.5-94.6). The proportion of patients with no new flare at week 40 did not differ between the canakinumab and placebo arms. No new safety signals for canakinumab were determined over the 40 week treatment. Ugurlu et al (THU0542) presented a single-centre experience regarding treatment of FMF-related AA amyloidosis with anti-IL1 agents. 12 patients received canakinumab (mean duration: 11.8 ± 9.9 months) and 17 patients received anakinra (mean duration: 13.9 ± 11.3 months). Proteinuria was significantly decreased in 13 patients with baseline serum creatinine (SCr) below 1.5 mg/dl. SCr remained stable in those patients. There were also 11 patients with baseline SCr higher than 1.5 mg/dl. Proteinuria was also decreased in these patients, whereas mean SCr increased from 2.5 to 3.0 mg/dl. 2 patients were on haemodialysis and 2 patients underwent renal transplantation during follow-up. Gabay et al (FRI0582) presented an open-label, phase-2 clinical trial on the safety and efficacy of tadekinig alpha (IL-18 binding protein) in adult onset Still’s disease (AoSD). This preliminary study showed that tadekinig alpha has an acceptable safety profile and efficacy in patients with refractory AoSD. Lomborg et al (FRI0583) reported a nationwide Danish study in patients with IgG4-related disease (IgG4-RD) who were previously diagnosed with idiopathic retroperitoneal fibrosis (IRPF). A total of 44% (19/43) of IRPF patients were diagnosed with IgG4-RD, 16% with definite and 28% with possible IgG4-RD. Serum IgG4 level was not significantly different between IgG4-RD and other types of RPF. Histopathologic features of IgG4-RD were significantly more commonly detected in IRPF patients who had an IgG4: total IgG ratio ≥40%.
Several presentations at this EULAR congress have raised the profile of health professionals in rheumatology. Bergsten et al (SAT0725-HPR) demonstrated that a nurse-led tight control clinic for patients (n=70) with rheumatoid arthritis (RA) with moderate/high disease activity may be as effective as usual care. Previous randomized controlled trials (RCTs) have studied only patients with low disease activity (LDA). Thurah et al (THU0657) conducted another RCT with RA patients in remission or LDA (n=294), comparing a patient-reported outcome based tele-health follow-up strategy for tight control performed by rheumatologists or by rheumatology nurses or conventional outpatient follow-up by physicians. The three groups presented similar disease activity control and satisfaction. Björk (SP0041) has shown that despite the better disease activity control achieved in recent years, patients still perceive high disease impact, namely on pain and function. Fatigue, another important unmet need, was addressed by Hewlett et al (OP0139-HPR) who presented that cognitive behaviour therapy delivered by duets of a nurse and occupational therapist (OT) can significantly reduce arthritis fatigue. The intervention in this RCT (n=308) consisted of usual care plus 6 weekly 2-hour group sessions and a consolidation session (week 14), helping patients make links between thoughts, feelings, and behaviours, with daily diaries of energy expenditure and weekly goal-setting. Prevention is another key area for HPR. Goulenok et al (OP0065) revealed that a nurse-led vaccination program dramatically improved pneumococcal vaccination coverage (from 17.1% to 77.6%) among 126 consecutive adult patients with chronic inflammatory rheumatic disease (IRD) admitted to a day hospital unit in France. De Rooij et al (SP0090) demonstrated that tailored exercise therapy for patients with knee OA and severe comorbidities (e.g. cardiac disease, type 2 diabetes mellitus, chronic obstructive pulmonary disease, obesity) can be effective and safe. The results of this RCT (n=126) may help to prevent both therapists and patients reducing exercise intensity to a level unlikely to be effective because of fear of aggravating symptoms. Lange et al (OP0258-HPR) presented another person-centred RCT (n=74) with very positive results of an intensive physical exercise program for elderly persons (mean (SD) age = 70 (+/-2.5) years) with RA. The intervention consisted of a 20-week individualised program, 3 times a week, with guidance by a physiotherapist. The control group followed a home exercise program twice a week. Finally, Prior et al (SP0043) conducted a feasibility RCT (n=55) investigating short-term (9 months) effects of OT-led vocational rehabilitation in people with inflammatory arthritis, which resulted in the reduction of presenteeism, and improvement of symptoms and health status.
To establish if the health and social care needs of individuals with rheumatic and musculoskeletal diseases (RMDs) are met, Bosworth et al (OP0211-PARE) conducted a cross-sectional study in which 387 participants completed an online survey. The results suggest that 89% of the participants lack fundamental information about qualifying for and accessing formal resources and services provided by their local council. In addition, Garrido-Cumbra et al (PARE0007) assessed the opinions of patients with axial spondyloarthritis (axSpA) using qualitative information. In their study 680 patients diagnosed with axSpA were interviewed, which resulted in the following five main hopes of patients: stopping the disease, dream of a cure, elimination of pain, improving their quality of life, and to live without limitations. In the study of Stones et al (OP0210) an Internet Health Communication Application (IHCA) for young people (16-25 years) with JIA was developed and evaluated. In total 23 young people with JIA completed the questionnaires. The quantitative results corresponded with the qualitative findings, indicating that the IHCA was well-received by young people with JIA. Condition-specific understanding was enhanced after completing the IHCA, as was participants’ confidence in their self-efficacy and disease self-management capabilities. Another online educational program was developed by O’Leary et al (OP0198-PARE). The aim of this program was to provide information, guidance and support to employees, employers, and health care professionals on working with RMDs. To help individuals in the decision of starting a family, the Canadian Arthritis Patient Alliance (CAPA) developed an educational resource on pregnancy and parenting for patients with inflammatory arthritis (Proulx et al OP0072-PARE). It is expected that use of this resource will enable shared decision-making, improve communication with health care professionals, and reduce overall stress for people living with arthritis. Another interesting topic is patient participation in research. There is both a need for patient involvement in research and a desire from patients themselves to do so. Cresswell et al (OP0327-PARE) developed a UK-wide research advisory group for young people with RMDs, using both face-to-face meetings and online involvement approaches. Expansion of the online network and involvement activities will allow young people across the UK to have a valuable input into research, regardless of their location. In addition, Clausen et al (OP0163) created a training course for German-speaking patients. The training course was rated either “very good” or “good” by 77% and 23% of the participants respectively. The two-day interactive training course enabled patients to make valuable contributions in research projects.
EULAR ABSTRACT AWARD WINNERS

Congratulations to this year’s EULAR Abstract Award winners for their outstanding contribution in the field of rheumatology. Winners received their award during the Opening Ceremony.

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THE MENTOR-MENTEE MEETINGS AT EULAR 2017

The 8th of the mentor-mentee meetings was held at the EULAR Congress in Madrid with 3 mentors (Josef Smolen, Iain McInnes and William G. Dixon) and 20 mentees. The meeting gave mentees the opportunity to discuss possible career options, their research, and their involvement in EULAR with leaders in the field. The meeting was a great success and positive feedback has been recorded in video by mentees as well as mentors. Stay tuned with EMEUNET to see these videos which will be released soon on EMEUNET’s YouTube channel EMEUNET TUBE.

EMEUNET Peer Mentoring Subgroup
THE EULAR-EMEUNET AMBASSADOR PROGRAMME

The EULAR/EMEUNET Ambassador programme ran for its third year in 2017, having been established by the EMEUNET education subgroup in 2015. The aim of the programme is to support first time attendees to the EULAR conference, integrate them into the EMEUNET community, establish potentially useful collaborations in their area/s of interests, as well as hopefully form new professional links for the future. The first 30 people who expressed their interest were selected to participate, and were matched with EULAR ambassadors with similar interests (members of the EMEUNET working group). Our EULAR ambassadors this year were from a range of different countries and backgrounds: Elena Nikipherou (chair elect of EMEUNET), Alessia Alunno, Meghna Jani, Diederik De Cock, Polina Putrik and Marie Kostine. We had lots of positive feedback from those who had the opportunity to participate in the programme this year. Also thank you to our enthusiastic EULAR ambassadors who did a wonderful job!

EMEUNET Education Subgroup

PARTICIPANT FEEDBACK

“This is a fantastic programme for first time attendees. Attending EULAR for the first time, especially if on your own, can be a daunting experience but this programme overcomes that by introducing you to a group of people all in a similar situation! It is also a great opportunity to network with other ambassadors/ participants who have similar interests. For me, this was one of the best aspects of the conference- thank you!”

“It was a great way to meet new people (ambassadors and mentees) and learn about EMEUNET. All the ambassadors were lovely and welcoming. It made EULAR less overwhelming. “

“It is great to meet some people who do research in a similar field who can introduce you to others in the same field.”

“A practically useful programme in order to get useful tips from experienced congress-goers’ for how to get the best out of EULAR.”

“Would 100% recommend this programme! I thoroughly enjoyed this experience and greatly benefited from it. I think I would have felt lost and isolated without this group especially as a first time attendee attending EULAR on your own!”
THE 4TH COUNTRY LIAISON MEETING AT EULAR 2017

Once again, the team of EMEUNET Country Liaisons and members of the Country Liaison subgroup gathered together during the EULAR annual congress. The activity figures of the Country Liaisons and the Country Liaison subgroup were presented by the current subgroup leader, Javier Rodríguez-Carrio including new Country Liaisons, activities organized for young rheumatologists and researchers in different countries, recruitment figures, and some novelties in the advertising materials. A special emphasis was made on two aspects, which were then discussed by all the attendees: communication approaches and contact with the national societies. Our Country Liaisons Tue Wenzel Kragstrup (Denmark), Adam P. Croft (UK), and Ana Maria Gherghe (Romania) shared their experience, with a special focus on their approaches to promote EMEUNET membership in their countries as well as their contact with the national associations of young rheumatologists and their participation in events as EMEUNET ambassadors. We also had the opportunity to interact with the current EMEUNET Chair, Elena Nikiphorou. It was a pleasure to see the great enthusiasm and the willingness to contribute to the dissemination of EMEUNET activities by our Country Liaisons. EMEUNET is continuously growing in terms of both membership and visibility, so the contribution of our Country Liaison network is becoming more and more fundamental. We look forward to keep working together in the promotion of EMEUNET. Once again, I would like to take the opportunity to thank our Country Liaisons, and the subgroup members, for their dedication and efforts!

Javier Rodríguez-Carrio
On behalf of the EMEUNET Country Liaison Subgroup
ACR-EULAR EXCHANGE PROGRAMME

The ACR-EULAR exchange programme took place prior to the start of the congress and was coordinated by Prof Désirée van der Heijde. On the first day, Dr Alejandro Balsa and his team guided the exchangees on an institutional visit at the Hospital La Paz in Madrid and held interesting lectures about the current research activity of the group. Half of the exchangees held a presentation on their research activity followed by a stimulating discussion. On the second day, Prof van der Heijde, Prof Robert Landewe and the EMEUNET Steering Committee (Sofia Ramiro, Elena Nikiphorou, and Anna Molto) held lectures on EMEUNET, EULAR, and different perspectives in the field of mentoring. The second half of exchangees delivered their presentations. Some feedback from participants is presented below. Please visit https://www.eular.org/edu_acr_exchange_programme.cfm for more information on the programme.

“It was a privilege to be selected to represent ACR for the prestigious 2017 ACR/EULAR exchange program. This exchange program offered a unique opportunity to interact with trainees and leading researchers from prestigious academic institutions in Europe and expanded my perspective on rheumatology research there. The highlight of the program, for me, was our visit to Hospital La Paz and the warm reception extended to us by Dr Balsa and his team. It was wonderful to get an insight in rheumatology practice in Spain and the incredible research done there. In addition, I would like to thank everyone in the EMEUNET group who were so helpful and generous with their time. It is inspirational to see an organization made up of young rheumatologists, dedicated to representing their needs and aspirations, something we could try to work towards at the ACR."

“I had a wonderful experience participating in the ACR/EULAR exchange program. It was very enlightening to visit an institution in another country and to hear about the clinical and research programs going on there. It was also incredibly valuable to meet both the other American and European young investigators, who I am certain I will remain in contact with and continue to network with in the future.”

“I was very impressed with the motivation and skills of EMEUNET leaders. It was inspiring to see a group of young rheumatologists from different countries work so well together to advance science and facilitate partnership. I would be excited to collaborate with EMEUNET members if the future.”

“The opportunity to meet and interact with a diverse group of young investigators from both the US and Europe was certainly helpful. I have no doubt that many future collaborations will be forthcoming from new friends I met at the EULAR exchange.”
The Young Rheumatologist sessions covered a wide range of topics and therefore attracted not only fellows but also trained rheumatologists. At EULAR 2017 these sessions covered the performance of systematic literature reviews, pregnancy in rheumatoid arthritis, and interactive discussions on osteoarthritis, rheumatoid arthritis, spondyloarthritis, and vasculitis based on the HOT and WIN sessions. Worldwide experts in the field, residents, trainees, and patients provided their valuable contribution in making these sessions stimulating and interactive. The Young Rheumatologist sessions were also highlighted in the EULAR Congress News by EMEUNET Chair Sofia Ramiro.

EMEUNET tailors EULAR experience for young rheumatologists

Young rheumatologists and researchers will find plenty of relevant content at EULAR, thanks to a dedicated presentation track. Other tailored opportunities include networking events, mentorship for first-time attendees to help them make the most of their EULAR experience, and a unique opportunity for small group discussion and networking with key opinion leaders in rheumatology in the so-called mentor-mentee meetings.

The Young Rheumatologists track provides three sessions with a special focus on researchers and clinicians who are early in their careers, Dr. Sofia Ramiro explained in an interview. Dr. Ramiro chairs the steering committee of the Emerging Eular Network (EMEUNET), a network of young clinicians and researchers in the field of rheumatology in Europe.

One session will focus on the importance of the systematic literature review, highlighting the movement of knowledge from science to clinical practice. “The idea is that there will be a presentation on how to start a systematic literature review,” said Dr. Ramiro of Leiden (the Netherlands) University Medical Centre. Attendees will learn about the methodology, followed by a presentation by a EULAR expert “telling us how the link is made in science and clinical practice – how we go from the systematic literature review to the formulation of recommendations,” Dr. Ramiro said. The session will conclude with discussion of the practicalities of implementing guidelines in clinical practice, connecting the dots from bench to bedside. “This could be a very useful lecture for every young rheumatologist,” Dr. Ramiro said, since it will show “how to look for the literature and look for the evidence to answer the questions we have about our patients in daily clinical practice.”

Another session will zero in on osteoarthritis, vasculitis, spondyloarthritis, and rheumatoid arthritis, with a shorter lecture format and more time left for a question-and-answer session and discussion. With a group of younger rheumatologists in attendance, “the sessions are somewhat more informal,” promoting a comfortable and interactive environment for discussion and learning, Dr. Ramiro said.

The third session in the Young Rheumatologists track will consist of case discussions focused on how to counsel and take care of women who have rheumatoid arthritis and would like to become pregnant. Two patient cases will be presented and discussed by leaders in the field. “Again, the idea is to make these presentations as real-world as possible,” Dr. Ramiro said.

The EMEUNET booth will be in the EULAR Village, and, for the first time, the booth will be incorporated in the EULAR booth, as a “pillar” under the bigger EULAR umbrella. Dr. Ramiro said to be sure to stay tuned for a surprise associated with EULAR’s 70th anniversary. On Thursday evening, EMEUNET will host a networking event. Watch the EMEUNET website and social media for details about time and venue.

During the event, mentor-mentee meetings organized by EMEUNET link five to six young attendees with mentors, according to area of interest. Signup is available online, allowing small group discussion with leaders in academic rheumatology. This year, meetings will be led by Prof. Iain McInnes (Glasgow, Scotland), Prof. Josef Smolen (Vienna), and Prof. William Dixon (Manchester, England). Mentorship topics can include the incorporation of research into a clinical career, general career advice, and insight into international collaboration, Dr. Ramiro said.

“These are usually very well-attended meetings and very popular,” she said. “People who have participated in them always give us very good feedback and are very enthusiastic about how easily accessible these very famous key opinion leaders are and what good advice they give to them.”

Finally, the Ambassador program helps first-time attendees get the most out of EULAR. “I think that we all know that the first time we attend such a huge conference the experience can be daunting,” Dr. Ramiro said. Now in its third year, the Ambassador program pairs an EMEUNET member with up to six first timers. The Ambassador helps the newcomers decide which sessions to attend and remains available through mobile phone, social media, and the meeting app throughout the meeting.

All of EMEUNET’s activities during EULAR support the organisation’s aim of “widening collaboration and fostering collaboration among young researchers and clinicians,” Dr. Ramiro said. “The ultimate aim is to improve and promote education in the area of our diseases and to foster research collaborations,” she said of the 1,300-member strong organisation.
EULAR 2017 has been a special conference because of the EULAR 70th anniversary. This year, the EMEUNET booth was located inside the EULAR village and was an excellent point of contact for EMEUNET members during the conference. EULAR kindly provided a meeting room, which turned out to be a very useful tool for EMEUNET activities in Madrid (e.g. mentor-mentee meetings, peer review mentoring, ambassador programme, etc).

At the booth, EMEUNET working group members guaranteed a constant presence, and were active in disseminating information about EMEUNET, distributing the certificates of the EMEUNET Twitter course (#EMEU10DoT), and welcoming young rheumatologists interested in joining EMEUNET, or in our activities. For the first time, new members could directly register at the booth on our website using a tablet kindly provided by EULAR. We had many new registrations during EULAR, and we are happy to welcome all our new members!

Finally, the photo booth for the EULAR 70th anniversary attracted many visitors EMEUNET, and we join them in wishing EULAR an excellent 70th anniversary! Can you recognize yourself?

EMEUNET Visibility Subgroup
EMEUNET networking events represent a major highlight at the EULAR and ACR conferences. This year more than 50 EMEUNET members defied the heat wave by getting together in the city centre to FLAMENCO! This was a truly unforgettable experience, some of us were brave enough to actually dance some basic flamenco steps, and the flamenco teacher Amelia Vega together with some of her pupils gave us a wonderful show accompanied by a live guitar and singer. We are very grateful to our Country Liaison for Spain, Chamaida Plasencia, for organizing this beautiful event. What a way to explore local culture in the good company of EMEUNET!

After some dancing, we went to look for some fresh air (conditioning) in a small typical Madrileño bar, where we enjoyed some tapas and the company of EMEUNET members.

If you want to know more about our meet-ups, have a look at the fantastic interactive map on our website.

And don’t forget to save the date for our next networking opportunity: the ACR in San Diego in November 2017. At the last ACR in San Diego (2013), EMEUNET members went surfing; keep an eye on your inbox for news about our event this year!

If you want to send us feedback or suggestions for future events, please feel free to contact us at visibility.emeunet@gmail.com

EMEUNET Visibility Subgroup
The aim of The EULAR Standing Committee on Education and Training (ESCET) is to formulate and promote educational and training opportunities in rheumatology in Europe. The ESCET meeting took place on the 15th of June and as the leader of the EMEUNET education subgroup I was invited to give a presentation about our work as EMEUNET over the last 12 months and the ongoing/future initiatives we are planning as the education subgroup. Paul Studenic was also present as a representative of EMEUNET. The meeting started with Prof Gerd Burmester, EULAR president presenting his vision for the educational objectives of EULAR and the work that has gone into developing the EULAR School of Rheumatology (SoR) since 2015. 2017 marks the inauguration of SoR coinciding with EULARs 70th anniversary, with the launch of the EULAR app at the EULAR congress. SoR is the new ‘one roof structure’ for EULAR educational offerings and initiatives giving the international rheumatology community access to cutting-edge continued professional development. The EULAR School of Rheumatology consists of 7 classrooms for HPRs, PARE, Rheumatologists, Researchers, Fellows, Undergraduates, and Teachers, each with specific educational offers, taken from already existing offers and with additional new ones to supplement and enhance these in the future. This was followed by the chair of ESCET, Prof Annamaria Iagnocco, describing ESCET activities over the last 12 months, including an overview of the e-learning modules, live-courses/meetings, and EULAR endorsed courses amongst other initiatives. The chair elect of ESCET (2017-18), Prof Nemanja Damjanov described the success of the EULAR postgraduate course. There are also bursaries on offer for young rheumatologists, who should be particularly encouraged to attend. Prof Chris Edwards, a member of the EULAR SoR faculty engaged in the EULAR-EMEUNET Twitter Journal Club, talked about the advantages of having such a forum for scientific exchange. The first of these journal clubs took place on the 24th of May - lessons will be learnt from every session and will be applied to future journal clubs planned later in the year. Finally, I presented on the current EMEUNET organization, the objectives and work developed by each of our subgroups. Special focus was given to the educational involvement of EMEUNET, with a number of potential initiatives that we are planning to collaborate with the EULAR SoR and ESCET on. I was very much encouraged by the enthusiasm of senior members of ESCET, SoR and the EULAR president to engage with EMEUNET members to develop future educational initiatives that will be useful for our members. The presence of EMEUNET members at this meeting, presenting EMEUNET’s goals, current, and future projects was incredibly useful in continuing and consolidating our ongoing collaboration with the EULAR SoR and ESCET.

To sign up free to the EULAR School of Rheumatology please click [here](#)
ESCCA EULAR STANDING COMMITTEE ON CLINICAL AFFAIRS

ESCCA manages projects within EULAR of primary clinical concern with the aim to promote actions/projects permitting to improve the knowledge/recognition of musculoskeletal disorders. This comprises the coordination of current guideline and recommendation initiatives, but also EULAR study groups, and collaborative projects with the ACR. The ESCCA business meeting took place again in the morning of the first day of the EULAR congress, and was led by Prof. Ronald van Vollenhoven, current but outgoing chair of ESCCA. Several committee members from different European countries attended the meeting (including an EMEUNET member, Nelly Ziade). Prof. van Vollenhoven gave a slide presentation and started with an overview of 18 completed projects, e.g. the 2016 update of the EULAR recommendations on early arthritis (B. Combe). Later, ongoing projects e.g. the development of criteria for hand OA (M. Kloppenburg) were presented. It was described how task forces are built and that two EMEUNET representatives are mandatory for each task force, which is a huge achievement of our network. Also critical points were discussed namely that members of another task force published papers apart from official EULAR task force projects nevertheless mentioning that they are members of a EULAR task force even without communicating this to ESCCA/EULAR. In the following discussion ESCCA Committee members discussed this problem and it was concluded that everybody be aware to avoid such publications in the future. The ESCCA chair together with the EULAR executive committee decided that in each task force a methodologist trained in the EULAR standards needs to be present to make sure that in the process all standards are adhered to.

There was the suggestion that a next generation e.g. from EMEUNET could be trained to become a EULAR-approved methodologist similar to our existing reviewer training, which yielded a positive feedback. Given that implementation of EULAR guidelines is sometimes difficult in the respective European countries it was discussed how to improve this. As for instance many countries refer to EULAR guidelines and don’t develop individual guidelines (e.g. Belgium). The EMEUNET representative suggested to translate the guidelines in the respective languages to facilitate implementation, which also might help for the interaction with payers. There were some concerns about the workload for such a project, however EMEUNET could assist to translate EULAR recommendations. The next part focused on newly-proposed task force projects of which some were approved and some not. Of note, one proposed project was headed by two EMEUNET members. Finally, the ongoing EULAR study groups were reported. Prof. Müller-Ladner was introduced as the new chair of ESCCA and assured to continue the successful work and to help further improving ESCCA activities. It was a great experience with insights into the processes regarding task forces.

Jan Leiße
MD, has completed specialist training in rheumatology and general internal medicine and is currently an attending physician at University of Munich, Germany. His major research interests include early RA and the role of T cells in the pathogenesis of autoimmune arthritis.
ESCR is EULAR’s Standing Committee that oversees the activities of different study groups (SG) that focus on translational and laboratory research. The current chair is Prof. Xavier Mariette and it was announced that the new Chair-Elect is Prof. Timothy Radstake. ESCR had its business meeting at the EULAR congress in Madrid, on June 15th, from 5 to 7pm. The meeting started with the presentation of the participants, including the representatives of each of the 8 SGs, some of which had already met at the European Workshop for Rheumatology Research, last March, namely the SG on Osteoarthritis (SGOA, Prof. Peter van der Kraan), the Synovitis SG (ESSG, Prof. João Eurico Fonseca and Prof. Bernard Lauwaerts), the Gene and Cell Therapy SG (Prof. Christian Jorgensen) and the European Consensus Finding Study Group on Autoantibodies (ECFSG, Prof Johan Rönnelid). Prof. Mariette reminded us about the ESCR Scientific Session, taking place the following day, modified to homogenize the content into just one topic (From pre-RA to established RA) while maintaining the high scientific quality. It was a success, with a full house and exciting presentations. Prof. Mariette reinforced the difference between a SG and a taskforce, the latter being created by a convenor to answer a specific question that is proposed to EULAR. Prof. Pier Luigi Meroni reported the progress on a taskforce to develop EULAR recommendations for the use and interpretation of laboratory and diagnostic tests for the management of systemic autoimmune rheumatic diseases. Prof. Johan Rönnelid presented an update on the history and status of the ECFSG activities, namely the experience with autoantibody assays and its complementary role to the taskforce. Prof. Thomas Häupl proposed a new taskforce, the Transcriptome Reference Database for Rheumatology Research, with the aim to extract gene expression information from microarray transcriptomic data for rheumatology research. A short update of each SG’s activities and progress followed, Prof. van der Kraan for the SGOA, Prof. Jorgensen for the Gene and Cell Therapy SG, Prof. Francesca Barone for the EULAR Sjögren’s syndrome experimental and translational investigative alliance (eSSential), Prof. Ariane Herrick for the microcirculation SG (on behalf of Prof. Vanessa Smith), Prof. Diane van der Woude, co-chair of the SG for Risk Factors for RA and Prof. João Eurico Fonseca for the ESSG. Overall, my experience as EMEUNET observer was very positive and motivated me to become further involved in EULAR investigative activities in the future.
EDUCATIONAL EVENTS

AUGUST 2017

International Conference on Pharmacoepidemiology
- When and Where: 26 – 30 Aug 2017, Montreal, Canada
- Website: https://www.pharmacoepi.org

13th International Conference on Osteogenesis Imperfecta
- When and Where: 27 – 30 Aug 2017, Oslo, Norway
- Website: http://www.oioslo2017.org/

5th World Congress on Controversies, Debates & Consensus in Bone, Muscle & Joint Diseases (BMJD)
- When and Where: 31 Aug – 3 Sep 2017, Gold Coast, Australia
- Website: http://bmjd-congress.org

SEPTEMBER 2017

36th Annual Meeting of the European Bone and Joint Infection Society
- When and Where: 7 – 9 Sep 2017, Nantes, France
- Website: http://ebjis2017.org/

2017 meeting of European Society for Immunodeficiencies: Autoimmunity & Inflammation in PID; Beyond The Paradox
- When and Where: 11 – 14 Sep 2017, Edinburgh, United Kingdom
- Website: http://esid2017.kenes.com/

PReS 2017
- When and Where: 14 – 17 Sep 2017, Athens, Greece
- Website: http://www.pres.eu/

Irish Society for Rheumatology Autumn Meeting 2017
- When and Where: 21 – 22 Sep 2017, Galway, Ireland
- Website: http://www.isr.ie/events/78/isr-autumn-meeting-2017

23rd Congress of the Polish Society of Rheumatology
- When and Where: 21 – 23 Sep 2017, Szczecin, Poland
- Website: http://www.termedia.pl/Konferencje?Intro&e=612&p=4156
THE EULAR ON-LINE COURSES

All EULAR courses, as electronic ways of continuous medical education in rheumatology, are managed by a scientific course committee responsible for the structure and content of the courses and for ensuring regular quality control and advancement. Teams of expert authors are regularly reviewing and updating the courses to keep up with the newest developments in the field.

REGISTRATION IS NOW OPEN

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
<th>Registration and More Information</th>
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<tbody>
<tr>
<td>12th EULAR On-line Course on Rheumatic Diseases</td>
<td>2 years</td>
<td><a href="https://www.eular.org/edu_online_course_cfm">https://www.eular.org/edu_online_course_cfm</a></td>
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<tr>
<td>9th EULAR On-line Course on Connective Tissue Diseases (CTD)</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_ctd.cfm">https://www.eular.org/edu_online_course_ctd.cfm</a></td>
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<tr>
<td>7th EULAR On-line Course on Systemic Sclerosis (SSc)</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_ssc.cfm">https://www.eular.org/edu_online_course_ssc.cfm</a></td>
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<tr>
<td>6th EULAR On-line Introductory Ultrasound Course</td>
<td>7 months</td>
<td><a href="https://www.eular.org/edu_online_course_msus.cfm">https://www.eular.org/edu_online_course_msus.cfm</a></td>
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<tr>
<td>4th EULAR / PReS On-line Course in Paediatric Rheumatology</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_paediatric.cfm">https://www.eular.org/edu_online_course_paediatric.cfm</a></td>
</tr>
<tr>
<td>3rd EULAR On-line Course for Health Professionals</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_hpr.cfm">https://www.eular.org/edu_online_course_hpr.cfm</a></td>
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The EULAR On-line Courses on Rheumatic Diseases, CTDs, SSc and US are also available as APP

PARTICIPANT FEEDBACK:

“Ultrasonography is essential for the training of Rheumatologists and represents a key aspect of patient’s evaluation. The EULAR On-line Introductory Ultrasound Course offers theoretical basic skills on musculoskeletal ultrasound in rheumatic diseases as well as in healthy subjects. The high quality of contents as well as the experience of the Faculty are the two main reasons to join this course. Moreover, the website is straightforward and very easy to use. Upon passing the final examination, EULAR releases a certificate. This course is very useful for Rheumatologists who would like to acquire a basic theoretical knowledge on musculoskeletal ultrasound.”

“I attended the EULAR On-line Introductory Ultrasound Course. It is a well structured basic course on ultrasonography that is divided in different modules according to the different anatomical sites. Each module includes specific exercises and the final test. I found this course very interesting and it provided me with a complete overview of ultrasonography in rheumatology. I would recommend this course as to me it was overall more useful and formative compared to some different on-site courses I previously attended.”
Understanding the immunologic background of autoimmune-mediated rheumatic diseases is a fundamental prerequisite for both clinicians to make wise decisions in complex medical settings and researchers to develop effective and tolerable targeted therapies. The ambition of this course is to bring both parties together for working on challenges in immunology and accelerating the translation of basic findings into clinical practice.

The main goal of the course is to increase the knowledge and skills of young researchers in immunology and stimulate critical thinking in the design of experimental studies. This course is designed as the perfect complement to the EULAR online course on rheumatic diseases and the EULAR postgraduate course, by consolidating your knowledge in immunology in a more interactive way. However, previous participation of these courses is not mandatory.

Furthermore, this course brings together clinicians and scientists, thereby facilitating interaction, discussion, and collaboration in translating basic immunology findings into clinical practice. People participating in this course can enter an immunology and translational rheumatology network to facilitate communication between European groups working in the field of immunology and translational research dedicated to rheumatic diseases.

This is a selective course, with competitive admission, for young rheumatologists and rheumatology researchers with a confirmed interest in immunology. The course is a compact, one and a half day event on immunology and translational research with a special emphasis on hot immunology topics and on the design, interpretation and analysis of basic or translational research projects. The course is designed to facilitate problem- and case-oriented learning to enhance the interactions among participants and between participants and the faculty.

Next EULAR Immunology Course will take place on
6-7 April 2018 in Lisbon, Portugal
REGISTRATION OPENING SOON, TRAVEL BURSARIES ALSO AVAILABLE

For information and to register visit:
http://www.eular.org/eular_course_on_immunology.cfm
With its postgraduate course, EULAR seeks to update the professional knowledge of young rheumatologists from around the world, whilst giving the participants the opportunity to meet and exchange ideas and experiences. Target participants are fellows/residents in rheumatology, clinician scientists in rheumatology, and newly certified rheumatologists, as well as more experienced rheumatologists who need to remain up-to-date in rheumatology and immunology. The EULAR postgraduate course is a unique 3 day refresher, "crash course", in clinical and experimental rheumatology taught by a selected faculty of European experts in a very interactive and cordial environment. Participants have the opportunity to meet experts in an informal setting, and to network with trainees and rheumatologists from all over the world. The course includes a number of interactive workshop sessions and participants can choose which to attend.

Next EULAR Postgraduate Course will take place on

22-25 October 2017 in Belgrade, Serbia

REGISTRATION IS NOW OPEN

EULAR will grant 20 bursaries for this course, covering participation as well as hotel cost and all meals – everyone under the age of 40 is welcome to apply.

For more information and to register: http://www.eular.org/edu_course_postgraduate.cfm
From at least 2,000 years the Mediterranean area with the connected Black and Red Sea populations has been the “CRIB” of the culture, science and good life. What means good life? Good life mean an acceptable style of life, even modest but healthy, and of course, it includes good food and good climate! Today, we recognize that, among the multiple risk factors involved in the development of several diseases, environmental and nutritional components play an important role. The rheumatic diseases are among the most common diseases in the general population and the effects of wrong diets and non healthy environment/style of life, are recognized as important promoters for their development. Correct diet represents also part of a correct management of the Rheumatic & Musculoskeletal Diseases. Already from the beginning, the Mediterranean Congress of Rheumatology has presented the experiences regarding the characteristics of the Rheumatic Diseases in such area, and comparing their epidemiology among the European countries. This 2018 edition of the Congress will focus about the effects of the diet and the climate on the most frequent Rheumatic and Musculoskeletal Diseases, including their early diagnosis and advanced therapies. The Congress topics will be discussed in sequential sessions and will include appropriate presentations on nutritional and environmental factors that will integrate the clinical and drug treatment lectures. Of course, participants will have the occasion to taste personally in spring time, the therapeutical effects of the Mediterranean diet and climate “available” for all participants during the Congress that will be held in the Old Harbour of Genoa. For more information go to http://www.mediterranearrheuma.com/

Maurizio Cutolo
Congress Chairman

On behalf of the Board of the Mediterranean Congress of Rheumatology and of the Italian Society of Rheumatology
The official EMEUNET calendar is now up and running on our website
http://emeunet.eular.org/calendar.cfm

In 2016 EMEUNET launched a new initiative to have a shared calendar of events and deadlines. We decided to use Google, as it offers the advantage of allowing synchronization with computers and mobile devices.

The calendar is fully customizable and members can decide to get notifications by email or on the mobile.

To follow this calendar and transfer it into your calendar manager in any device (laptop, tablet, phone), please see the instructions [here](#).

If you are an apple user, we have been informed that in some cases, possibly after a system update), the synchronization is lost. If this happens, you will need to set again the synchronization at this address [https://www.google.com/calendar/iphoneselect](https://www.google.com/calendar/iphoneselect) Here you can find detailed instructions on how to synchronize apple devices with the google calendar.

The EMEUNET calendar has been up and running for a year, with the aim to ensure that our members would never loose a deadline or a conference! We hope you have found it useful. If you have any comment or suggestion please let us know by sending an email to [emeunet@eular.ch](mailto:emeunet@eular.ch)
JOIN EULAR TASK FORCES AND COMMITTEES

Young investigators of EMEUNET are an integral part of all task forces and committees working on new EULAR recommendations. This is a wonderful chance for EMEUNET to increase its visibility and for you to accelerate your academic career.

The last call came in May from the EULAR Task Force on prevention and management of osteoporotic fractures

Take a look at emails from EMEUNET and find the opportunity most suitable for you!

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 heard and share your ideas with us!

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!!!