# emeunews

**EDITION SEPTEMBER 2016**

## PRESS REVIEW


**Annals of the Rheumatic Diseases**

**Arthritis and Rheumatology**

**Arthritis Care & Research**

**Arthritis Research & Therapy**

**Rheumatology (Oxford)**

**The Journal of Rheumatology**

**Miscellaneous**

## Dear young rheumatologists and researchers in rheumatology,

We are happy to present you the new issue of the EMEUNEWS Press Review.

The Press Review is released three times a year and aims at providing you with an overview of most relevant articles published both in the top rheumatology journals and in the most important general medicine journals during the previous 4 months.

The selection is totally personal and therefore very limited and incomplete, but it still might give an overview of hot topics that have been discussed and investigated in the most recent literature.

In this issue you will also find details about upcoming educational events.

If this is your first contact with EMEUNET, we invite you to explore more and join us via our website (http:emeunet.eular.org). 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 and suggestions for future issues.

*Richard Conway and Alessia Alunno*
*on behalf of the EMEUNET Newsletter Subgroup*

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# DIRECTORY



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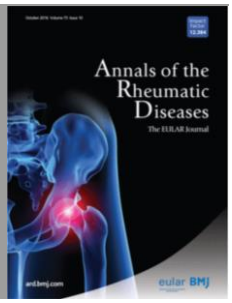
# ANNALS OF THE RHEUMATIC DISEASES

## Volume 75 Issues 5-8

Barbara Ruaro, MD




*Barbara currently works in the Research Laboratory and Academic Division of Clinical Rheumatology, Department of Internal Medicine, University of Genova, Italy. Her interests are connective tissue diseases, spondyloarthritis and ultrasonography in rheumatology.*

In their article Peterfy et al. (pp. 1501-1505) demonstrated structural benefits with subcutaneous Abatacept plus Methotrexate or Abatacept alone, which may be maintained 6 months after withdrawal of all treatments in **rheumatoid arthritis** patients who have achieved remission or low disease activity. In a Malaysian population, Too et al (pp. 997-1002) have proven that textile dust exposure is associated with an increased risk of rheumatoid arthritis. In addition, a gene-environment interaction between human leucocyte antigen DR β-1 shared epitope and textile dust exposure provides a high risk for anti-citrullinated protein antibody-positive rheumatoid arthritis. Wadström et al (pp. 1272-1278) have established that women with rheumatoid arthritis in general are at elevated risk of cervical dysplasia. Compared with biologic-naive patients, women treated with tumor necrosis factor inhibitors are at increased risk of cervical cancer. Whether this increase is causally linked with tumor necrosis factor inhibitors could not be resolved by the authors.

Edwards et al. (pp. 1065-1073) attested that treatment with Apremilast caused clinically meaningful improvements in **psoriatic arthritis** and **psoriasis** at week 16, furthermore these improvements were seen with continued treatment up to 52 weeks. They also reported that Apremilast was generally well tolerated and demonstrated an acceptable safety profile.

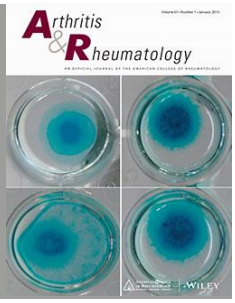
In the work of Unizony et al. (pp. 1166-1169) they observed that an ANCA type-based classification may guide immunosuppression in **ANCA-associated vasculitis**. Corbera-Bellalta et al. (pp. 1177-1186) have explored changes in infiltrating cells and biomarkers elicited by blocking Interferon-γ with a neutralising monoclonal antibody, A6, in temporal arteries from patients with **giant cell arteritis**. The results of their study suggested that Interferon-γ may play an important role in the recruitment of macrophages in giant cell arteritis by inducing production of specific chemokines and adhesion molecules. They observed that vascular wall components (for example the vascular smooth muscle cells) are mediators of these functions and may facilitate progression of inflammatory infiltrates through the vessel wall.

The aim of study of Kim et al. (pp. 1367-1371) was to investigate whether the 12-month quantitative changes in high-resolution CT measures of interstitial lung disease (ILD) are different, and to understand how they change, in patients with **scleroderma-related ILD** who receive cyclophosphamide versus placebo. In conclusion the results indicated that changes in quantitative high-resolution CT measures of interstitial lung disease provide a sensitive indication of disease progression and response to treatment.

# ARTHRITIS AND RHEUMATOLOGY

## Volume 68 Issues 5-8

Richard Conway, MD




*Richard has completed specialist training in rheumatology and general internal medicine and is currently a vasculitis fellow at University College Dublin, Ireland. His major research interests include giant cell arteritis and meta-analysis*

Drug free remission remains an elusive goal in **rheumatoid arthritis**, stopping TNF inhibitors in patients in remission results in substantially more flares, with over half of patients flaring in the first year (Moghadam et al. pp. 1810-1817). TNF inhibitors have been hypothesised to be potentially both harmful and protective in ischaemic stroke. A study from the BSR biologics registry did not show any benefit in stroke but reassuringly also did not detect any evidence of harm (Low et al. pp. 1337-1345). A pooled analysis from 9 European registries suggests that seropositivity for either RF or ACPA is strongly associated with a favourable response to abatacept (Gottenberg et al. pp. 1346-1352). Despite the best available evidence suggesting that triple therapy and biologic DMARDs have similar efficacy, the utilisation of triple therapy remains low in the US (Sparks et al. pp. 1588-1595).

In **psoriatic arthritis**, secukinumab has been shown to significantly reduce structural progression within 52 weeks, positioning IL-17 blockade in the front line of our armamentarium (van der Heijde et al. pp. 1914-1921).

The natural history of **non-radiographic axial spondyloarthritis** is a key question which needs to be answered to facilitate optimum management of this increasing cohort of patients. A new study from the Rochester Epidemiology Project shows that limited numbers of these patients appear to develop radiographic sacroiliitis (Wang et al. pp.. 1415-1421).

In **gout**, a novel agent with both anti-inflammatory and uricosuric properties, arhalofenate, has demonstrated promise in a phase IIb study (Poiley et al. pp. 2027-2034). Meanwhile an existing therapy, febuxostat, appears to be safe and efficacious in patients with moderate to severe renal impairment (Saag et al. pp. 2035-2043).

The utility of serial ANCA measurements in **ANCA-associated vasculitis** remains uncertain, a new analysis from the RAVE trial shows that an increase in PR3 level during remission is a herald of relapse in those with renal involvement, alveolar haemorrhage, or previous rituximab treatment (Fussner et al. pp. 1700-1710).

The elevated risk of lymphoma in **Sjögren's syndrome** is well recognised and is associated with monoclonal gammopathy. Tomi et al. demonstrate that monoclonal gammopathy in Sjögren's syndrome is increased compared to the general population and is associated with disease activity. In patients with monoclonal gammopathy the risk of transformation to multiple myeloma exceeded that of the well-recognised risk of lymphoma (Tomi et al. pp. 1245-1250).

# ARTHRITIS CARE & RESEARCH

## Volume 68 Issues 5-8

Mike Becker, MD, MSc


*Mike is a board certified rheumatologist and has been a clinical and research fellow in the Department of Rheumatology and Clinical Immunology at the Charité Medical Faculty in Berlin, Germany, until 2016 and recently joined the Department of Rheumatology at the University Hospital Zürich, Switzerland. He earned a MSc degree by doing immunology research at the Sir William Dunn School of Pathology, Oxford University, UK. His main interests are connective tissue diseases, especially systemic sclerosis*

Strand et al. (pp. 914–921) investigated trends and predictors of mechanical devices/aids use by **rheumatoid arthritis** (RA) patients since the introduction of biologic disease-modifying antirheumatic drugs (DMARDs). They used data from the North American CORRONA registry and compared January 2001 to December 2003 and January 2010 to December 2012. Socio-demographic characteristics were similar between the two cohorts, but disease activity was significantly lower among patients in the 2010–2012 cohort (mean+/-SD CDAI score 10.1+/-11.1 versus 17.0+/-13.8; p<0.001). Fewer patients in the 2010–2012 cohort used any mechanical devices/aids (31.1% versus 40.8%; p<0.001). In multivariable analysis, patients in the 2010–2012 cohort and those with a history of biologic agent use were less likely to use devices/aids.

Iniciarte-Mundo et al. (pp. 899-906) evaluated the usefulness of serum calprotectin in comparison to acute-phase reactants for assessing activity in RA patients with anti-TNF-alpha treatment. Calprotectin levels correlated better with all composite activity indices than CRP and ESR (all r coefficients >0.70). In RA patients in remission/low disease activity, calprotectin but not CRP or ESR distinguished between patients with no swollen joints and those with at least 1 swollen joint (1.74 ug/ml versus 3.04 ug/ml; p=0.010).

Medina-Quinones et al. (pp. 981–987) investigated remission of **systemic lupus erythematosus** (SLE) patients in one centre over a period of 32 years. Remission was defined as a period of at least 3 years with clinical inactivity (BILAG) and laboratory remission (no antibodies to double-stranded DNA and normal complement C3 levels), and being off-treatment with corticosteroids and immunosuppressants (antimalarial and nonsteroidal anti-inflammatory drugs allowed). They found that 14.5% of lupus patients achieved a complete remission for 3 years. However, flares may continue to occur beyond 10 years of remission.

In a population-based study of maternal and fetal outcomes in SLE and pre-SLE (subclinical SLE), Arkema et al. (pp. 988–994) evaluated data from 13,598 women. Sixteen percent of prevalent-SLE pregnancies were diagnosed with preeclampsia compared with 5% of those from the general population. Among the pre-SLE women, preeclampsia was found in 26% of those with SLE within 2 years postpartum and 13% in those with SLE within 2–5 years postpartum. Similarly, infant outcomes, such as preterm birth, infection, and mortality, were worse among those born to mothers with prevalent SLE and pre-SLE during pregnancy.

Lim et al. compared patients with autoimmune hepatitis (AIH) and SLE to patients with primary AIH (pp. 995–1002). Clinical data from 164 patients with primary AIH and 23 patients with SLE-AIH were collected from a tertiary referral center. The age at the time of AIH diagnosis was lower and initial levels of serum IgG were higher in SLE-AIH than in primary AIH patients. Progression was more common in primary AIH, and hepatocellular carcinoma, liver transplantation, or death occurred only in those patients. A serum IgG level more than 2-fold the upper normal limit was associated with a high risk of cirrhosis in SLE-AIH.

# ARTHRITIS RESEARCH AND THERAPY

## Volume 18 Issues May-August

Francesco Carubbi, MD PhD

*Francesco is consultant at the Department of Internal Medicine, ASL 1 Avezzano, L'Aquila, Sulmona, and research associate at the Rheumatology Unit, University of L'Aquila, Italy. His main interests are Sjögren's syndrome, B-cell targeted therapies, spondyloarthritis and musculoskeletal ultrasonography.*

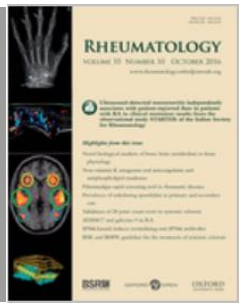
In recent years, several autoantibodies in addition to anti-citrullinated protein antibodies (ACPAs) have been described in **rheumatoid arthritis** (RA). In particular, antibodies targeting carbamylated proteins (anti-CarP) gained interest and it is still unclear how distinct they are from ACPA. Reed et al. (pp. 96) demonstrated consistent cross reactivity between ACPA and anti-CarP putting forward the hypothesis that these antibodies may represent a subset of cross-reactive ACPA in RA patients. In the field of ACPAs, Roos K et al (pp. 119) described an association between circulating secretory IgA against second-generation cyclic citrullinated peptides and smoking but these antibodies were not linked to the presence of the shared epitope. These results appear to strenghten the hypothesis that the immune response against citrullinated peptides may primarily occur in the lung. One crucial aspect in the assessment of clinical trial outcomes in RA is the discordance between patient and physician global assessment of disease activity. Smolen et al. (pp. 114) reported that in the PRESERVE open-label trial the patients with concordance were higher after 36 weeks of treatment compared to baseline and were those who achieved a better improvement. In addition, discordance was highly associated to decreased work productivity. Genovese et al. (pp. 145) investigated the efficacy and safety profile of the Janus kinase inhibitor tofacitinib administrated after blinded adalimumab or tofacitinib. Among the 233 patients studied, no differences in terms of responder patients as well as of adverse events was observed pointing out that the switch from adalimumab to tofacitinib is comparable to tofacitinib treatment "ab initio". Cardiovascular risk is another key aspect in RA and data from the 11,285 patients of the RABBIT prospective cohort study (pp. 183) revealed that C reactive protein (CRP) is significantly associated with the risk of myocardial infarction, therefore tight disease activity control, independently of the compound, should aim at not only at an overall reduction of disease activity but to a specific reduction of CRP levels.

B cell blockade with rituximab in **systemic sclerosis** (SSc) is increasingly used to interfere with skin and lung fibrosis but the underlying mechanisms are still unknown. Daoussis et al. (pp. 118) demonstrated for the first time that rituximab may act through the TGFβ-Dkk-1 axis. In the context of B-cell blockade, Schiopu et al. (pp. 131) reported the results of a phase I trial to evaluate a novel anti-CD19 antibody found to be tolerable and safe in SSc. In addition, since a certain clinical effect was observed, it is worth further investigation in this disease.

# RHEUMATOLOGY (OXFORD)

## Volume 55 Issues 5-8

Antonis Fanouriakis, MD MSc




*Antonis is a consultant rheumatologist in "Attikon" University Hospital of Athens. He has completed a Master's program in Molecular Medicine and his Thesis on neuropsychiatric SLE. His scientific interests focus on systemic autoimmune diseases, mainly pathogenesis and treatment of SLE.*

In **rheumatoid arthritis** (RA), Horton et al. identified a discordance between prevalence and predictors of DAS-defined, ACR/EULAR Boolean or ultrasound remission in RA, highlighting the complexity between symptoms and signs or findings regarding a treat-to target strategy (pp. 1177-1187). In the field of comorbidities, van Breukelen-van der Stoep et al found a markedly suboptimal management of traditional cardiovascular risk factors (dyslipidemia and hypertension) in a cohort of 327 patients. Irrespective of the risk assessment model used, 50-86% of patients did not reach the recommended treatment targets, pointing out the need for higher awareness (pp. 1210-1216).

A systematic review evaluated all available data regarding discontinuation or tapering of anti-TNF therapy in **axial spondyloarthritis** (pp. 1188-1194). Navarro-Compán et al. concluded that although tapering anti-TNF is possible in most patients (53-100% of patients were able to maintain low disease activity or remission), complete discontinuation of treatment led to disease flares in almost all patients across different studies.

A cross-sectional study from the Spanish Society of Rheumatology Lupus Registry attempted to cluster more than 3000 **systemic lupus erythematosus** (SLE) patients in different domains of organ damage and associate these different clusters with mortality (pp. 1243-1250). Damage in the musculoskeletal and cardiovascular domains was associated with increased mortality in both early and late disease. Accordingly, a retrospective cohort study in the UK utilized a national health database to assess mortality due to SLE over the years 1999-2012 (pp. 854-860). Rees et al. calculated a mortality risk ratio of 1.67 in SLE patients compared to controls, which rose to an astonishing 3.81 in the ages < 40 years, highlighting the increased mortality of SLE even in the modern era.

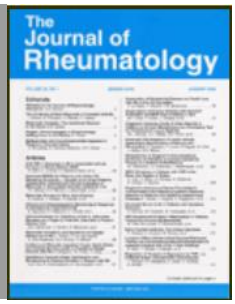
In **primary Sjogren's syndrome** (pSS), Jousse-Joulin et al performed a systematic review to assess whether salivary gland ultrasonography is a useful tool for the diagnosis of pSS (pp. 789-800). The authors found a sensitivity ranging from 45.8 to 91.6% and specificity from 73 to 98.1%, yet with wide heterogeneity among studies, in terms of definitions and use of color Doppler.

Two studies examined predictors of response or relapse following rituximab therapy in different CTDs. In a *post-hoc* analysis of the RIM trial, Aggarwal et al reported that, following therapy with RTX, levels of anti-Jo-1 antibodies decreased over time and correlated strongly with all **myositis** core-set measures of disease activity, providing a potential biomarker for monitoring disease activity (pp. 991-999). Finally, RTX is an efficacious treatment for **IgG4-related disease**. Nevertheless, through a retrospective cohort study, researchers from the Massachusetts General Hospital identified elevated baseline IgG4 and IgE, as well as peripheral blood eosinophilia, as independent predictors of relapse following B-cell depleting therapy (pp. 1000-1008).

# THE JOURNAL OF RHEUMATOLOGY

## Volume 43 Issues 5-8

Joanna Zalewska, MD PhD




*Joanna works as senior assistant at the Jan Biziel Hospital in Bydgoszcz, Poland. Her main area of research focuses on RA, Sjögren Syndrome, Hashimoto disease, effectiveness of radiation synovectomy in rheumatic diseases, SLE and vasculitis*

Kaeley et al. (pp. 1480-1489) in the MUSICA study, evaluated the clinical and ultrasonographic outcomes of reducing the dose of methotrexate (MTX) in patients treated with adalimumab (ADA) in MTX-inadequate responders with moderately to severely active **rheumatoid arthritis** (RA). The patients were randomized to high dosage (20 mg/week) or low dosage (7.5 mg/week) MTX. The differences between the 2 MTX dosage groups were small, but the authors do not recommend MTX reduction in MTX inadequate responders initiating ADA. Wiland et al. (pp. 1268-1277) assessed the effects of treatment reduction and withdrawal on patient-reported outcomes (PRO) in patients with early, moderate to severe RA who achieved DAS28 low disease activity or remission with etanercept (ETN) plus MTX therapy. In conclusion, the patients with early RA who achieved remission while receiving full-dose ETN/MTX, continuing combination therapy at a lower dose did not cause a significant worsening of PRO response, but switching to MTX alone or placebo did. Edginton et al. (pp. 846-854) assessed the synovial effects of 2 potent biologic rheumatoid arthritis therapies (infliximab (IFX) and rituximab (RTX)), focusing on their effect on the expression level of carboxypeptidase B (CPB) and its substrates. In response to IFX and RTX treatment, RA synovial expression of CPB, C5a, and OPN decrease independently of the clinical response, reflecting the complex pro and anti-inflammatory effects of this pathway.

Robson et al. (pp. 1085-1092) evaluated the risk of cerebrovascular and cardiovascular disease in patients with **giant cell arteritis** (GCA). The patients with GCA are more likely to develop cerebrovascular and cardiovascular disease than age-, sex-, and location-matched controls, but further work is needed. Kermani et al. (pp. 1078-1084) evaluated the performance of the Birmingham Vasculitis Activity Score (BVAS) in the assessment of disease activity in GCA. The BVAS has limited utility in GCA. Patients with active GCA can have a BVAS of 0. Many important ischemic symptoms attributable to active vasculitis are not included in the composite score.

Total hip arthroplasty (THA) is performed more frequently in patients with **systemic lupus erythematosus** (SLE) than in the general population. Roberts et al. (pp. 1498-1502) revealed that SLE is an independent risk factor for adverse events after THA. Patients with SLE had higher rates of falls, acute renal disease, infections, and revision surgeries. Herrinton et al. (pp. 1503-1509) compared serious infection risk for SLE in a group of 3030 patients starting glucocorticoids, antimalarials (AM), or their combination. The results of the study support that benefits of AM treatment for SLE may extend to preventing serious infections.

# MISCELLANEOUS

Alessia Alunno, MD & Antonis Fanouriakis, MD MSc

*Alessia is consultant rheumatologist and PhD candidate at the Rheumatology Unit, University of Perugia, Italy. Her research focuses on the role of T and B lymphocytes in the pathogenesis of connective tissue diseases.*

*Antonis is a consultant rheumatologist in "Attikon" University Hospital of Athens. He has completed a Master's program in Molecular Medicine and his Thesis on neuropsychiatric SLE. His scientific interests focus on systemic autoimmune diseases, mainly pathogenesis and treatment of SLE..*

In the field of **rheumatoid arthritis** (RA), the increasing number of available biologic agents and the lack of “a priori” tools to predict their efficacy, raise several concerns about cost-effectiveness. The ORBIT open-label trial attempted to compare TNF-blockade and B-cell depletion strategies focusing of cost-effectiveness (Lancet 388:239-247). This study revealed that initial treatment with rituximab is not inferior to initial TNF inhibitor but is cost saving over 12 months. Bijlsma et al compared the efficacy and safety of IL-6 blocker tocilizumab with or without methotrexate and methotrexate monotherapy in early RA. The blockade of IL-6 from the beginning resulted in a higher efficacy and with a similar safety profile. Finally, Li et al performed a meta-analysis to show that subcutaneous route of methotrexate in RA is associated with fewer gastrointestinal side effects, greater patient pain relief and higher ACR20 and ACR70 responses (Semin Arthritis Rheum 45:656-662).

Anterior uveitis associated with **spondyloarthritis** (SpA) may occasionally be refractory to treatment, even with anti-TNF agents. Calvo-Rio et al published a multicenter case series with 15 patients with multi-refractory SpA-associated anterior uveitis who responded very well to golimumab (Semin Arthritis Rheum 46:95-101). In addition, Taurog et al published an extensive review article on ankylosing spondylitis and axial spondyloarthritis (N Engl J Med 374:2563-2574).

In **systemic lupus erythematosus** (SLE), Noble et al analyze how certain autoantibodies, present in the sera of lupus patients, are able to enter the cell nucleus and cause DNA damage and propose an interesting theory linking these autoantibodies with certain malignancies that occur in lupus patients (Nat Rev Rheumatol 12:429–434). Regarding lupus therapy, in an interesting opinion paper, Ehrenstein and Wing argue that treatment with rituximab is occasionally followed by increased levels of BAFF (a B-lymphocyte survival factor) and plasmablasts and propose that B-cell depletion with rituximab should be followed by BAFF inhibition with belimumab (Nat Rev Rheumatol 12:367–372). In an interesting issue of Current Opinion in Rheumatology allocated to infection and autoimmunity, three different review articles gather all available data on the potential role of certain viruses in the development of autoimmune diseases: VZV for **giant cell arteritis** (GCA) (28:376-382), HTLV-1 for **Sjogren’s syndrome** (28:390-397) and EBV for **SLE** (28:398-404). As far as GCA is concerned, IL-6 blockade with tocilizumab has been proven to be able to induce and maintain remission in a phase 2, randomised, double-blind, placebo-controlled trial (Lancet 387:1921-1927). Furthermore, current evidence regarding optimal methods for diagnosing and treating GCA and polymyalgia rheumatica has been reviewed in a systematic literature review by Buttgereit et al (JAMA 315:2442-2458).

# MISCELLANEOUS

(Continued)

In the field of treatment, Rosenbaum et al discuss the common misunderstandings between rheumatologists and ophthalmologists regarding the entity of "**retinal vasculitis**" and review the efficacy of biologic agents in this challenging clinical manifestation (Curr Opin Rheumatol 28:228-235). In yet another difficult-to-treat group of patients, Wallace et al overview the current therapeutic choices (and quality of available data therein) in patients with **interstitial lung disease associated with connective tissue diseases**, especially systemic sclerosis, rheumatoid arthritis and inflammatory myopathies (Curr Opin Rheumatol 28: 236-245).

Regarding **systemic sclerosis** (SSc), safety and efficacy of IL-6 blockade with subcutaneous tocilizumab has been investigated in adults with this disease (faSScinate, phase 2, randomised, controlled trial) (Lancet 387:2630-2640). However, no significant improvement of skin thickness was observed, therefore additional data from phase 3 trials are needed to draw definitive conclusions about the possible use of this therapeutic approach in SSc. In addition the results from the DUAL-1 and DUAL-2 trials have been published (JAMA 315:1975-1988) and authors demonstrated that macitentan is not able to reduce new digital ulcers over 16 weeks in SSc patients with active digital ulcers. Finally an extensive review on Raynaud's phenomenon has been published by Wigley et al (N Engl J Med 375:556-565).

Two review articles in Nature Review Rheumatology described two pathogenic mechanisms and cellular processes of significant current interest, in relation with rheumatic diseases: Guma et al reviewed all current data regarding the use of metabolomics (the study of the unique chemical fingerprints that specific cellular processes leave behind) for the pathogenesis, diagnosis and monitoring of treatment in rheumatic diseases (Nat Rev Rheumatol 12:398–411). Elewaut et al. from Belgium provided an elegant overview of the ways the gut microbiota participates in local and systemic immune responses and how disruptions in the host–microorganism interaction can potentially affect the development and perpetuation of rheumatic diseases (Nat Rev Rheumatol 12:398–411).

Regarding **crystal arthropathies**, a review article about calcium pyrophosphate deposition disease has been recently released (N Engl J Med 374:2575-2584) and in the field of **osteoarthritis** (OA) da Costa et al published a network meta-analysis about effectiveness of non-steroidal anti-inflammatory drugs for the treatment of pain in knee and hip OA (Lancet 387:2093-2105)

# EDUCATIONAL EVENTS
# OCTOBER-NOVEMBER 2016

## OCTOBER 2016

**10th European Lupus Meeting**
- **When and Where: 5-8 October, Venice, Italy**
- **Website:** http://www.lupus2016.org

**3rd Musculoskeletal Sonography Course for Rheumatologists-Intermediate Level**
- **When and Where: 13 October, Bucharest, Romania**
- **Website:** http://www.eular.org/myUploadData/files/iNTERMEDIATE%20COURSE%20FOR%20EULAR%20SITE%20(1).pdf

**Musculoskeletal Ultrasound Basic Pediatric**
- **When and Where: 13-15 October, Bucharest, Romania**
- **Website:** http://eular.org/myUploadData/files/PEDIATRIC%20COURSE%20eular%20SITE%20(3).pdf

**4th World Congress on Controversies, Debates & Consensus in Bone, Muscle and Joint Diseases**
- **When and Where: 20-22 October, Barcelona, Spain**
- **Website:** http://congressmed.com/bmjd/

**17th EULAR Postgraduate Course**
- **When and Where: 23-26 October, Prague, Czech Republic**
- **Website:** http://www.eular.org/edu_course_postgraduate.cfm

**Intermediate Ultrasound Course**
- **When and Where: 24-26 October, Belek, Turkey**
- **Website:** http://www.eular.org/myUploadData/files/Antalya%20Intermediate%20Course.pdf

## NOVEMBER 2016

**American College of Rheumatology Annual Congress**
- **When and Where: 11-16 November, Washington DC, USA**
- **Website:** http://acrannualmeeting.org/

# WORLD ARTHRITIS DAY 2016

The 12th October 2016 will be the World Arthritis Day and this year's theme is 'The future in your hands'. The aim is to raise awareness of rheumatic and musculoskeletal diseases (RMDs) and to help the community and general public further understand the impact of RMDs on people's lives. The campaign asks people to share their stories about how they have taken action to live their life to the fullest with a RMD aiming to encourage people with RMDs, their carers, families and the general public to seize every opportunity to take action and make a difference to the quality of life of people with RMDs.
Read the stories that patients shared on the website www://worldarthritisday.org/our-campaign or on social media: facebook www.facebook.com/worldarthritisday or twitter @ArthritisDay #WADstory.

EMEUNET will once again this year show its engagement in this initiative with EMEUNET representatives attending and participating in the meeting that will be held in Brussels. Stay tuned on EMEUNET social media for live posting!

# EULAR CONGRESS ABSTRACT SUBMISSION OPEN

The next EULAR Annual European Congress of Rheumatology will take place between the 14th and 17th June 2017 in Madrid, Spain. Send your abstract, share your original research and take the chance to join the largest rheumatology congress in the amazing city of London! Every year EULAR awards a number of travel bursaries to the first/presenting author of an abstract accepted for oral or poster presentation at the annual EULAR congress.

**The on-line abstract submission and bursary application opens on 1 October 2016**

To submit your abstract visit: http://www.congress.eular.org/abstract_submission.cfm
To apply for a bursary visit: http://www.congress.eular.org/travel_bursaries.cfm

# EWRR ABSTRACT SUBMISSION OPEN

The next European Workshop for Rheumatology Research will take place between the 2nd and 4th March 2017 in Athens, Greece. EULAR awards 42 travel bursaries to the first/presenting author of an abstract accepted for oral or poster presentation at the meeting.

**The on-line abstract submission and bursary application opens on 1 October 2016**

To submit your abstract and apply for a bursary visit: http://ewrr.org/abstract.html

# Living and working in South Tyrol, Italy!

The South Tyrolean Health Trust is planning to re-organize **care provision in rheumatology**. A new department of rheumatology will be founded intended to serve the whole population of this county.

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- Specialists in rheumatology or internal medicine with a special interest in rheumatology
- Fluent in either German or Italian language
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- Willingness to learn the second official language (German/Italian)

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- Support for the individual professional and personal career
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Südtiroler Sanitätsbetrieb · Azienda Sanitaria dell'Alto Adige
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