EULAR HIGHLIGHTS

GROUP PHOTO OF EMEUNET WORKING GROUP MEMBERS AT THIS YEAR’S EULAR CONGRESS IN LONDON

EULAR 2016 LONDON
- Oral presentations and posters
- Abstract Award winners
- Mentor-mentee meetings
- EULAR Ambassador programme
- 3rd Country Liaison Meeting
- Impressions from EULAR 2016
- EMEUNET observership

EULAR POSTGRADUATE COURSE

EULAR CAPILLAROSCOPY COURSE

OTHER EDUCATIONAL EVENTS
Dear young rheumatologists and researchers in rheumatology,

We are happy to present you a new issue of EMEUNEWS about the Highlights of this year’s EULAR annual meeting.

The EULAR 2016 Congress was a great 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 our discipline. 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 in each field.

In addition we included impressions of all the events organized by EMEUNET including the EMEUNET business meeting to discuss the activities and programs of our subgroups.

As last year, in addition to the traditional EMEUNET booth, a networking event to further promote interaction between EMEUNET members was also organized and it was a great success.

EMEUNET is now active in social media hubs 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 relaxing and pleasant summer holidays.

Richard Conway, Francesco Carubbi and Alessia Alunno on behalf of the Newsletter Subgroup

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

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

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Brynedal B (OP0234) investigated HLA alleles in 6400 patients with rheumatoid arthritis (RA) and different antibodies against citrullinated peptides (ACPAs) compared to 12000 controls. These RA patients were selected from Sweden (EIRA), United Kingdom (WTCC) and United States (NARAC) cohorts. Authors observed that the majority of patients co-express different reactivities and that AA at positions 11/13 of HLA-DRB1 display the strongest susceptibility to 18 specific ACPAs. HLA genes have also been linked to interstitial lung disease (ILD) in patients with systemic sclerosis (SSc) by Kwon HM. (SAT0014). The analysis of 170 SSc patients revealed that HLA-B*52:01, C*12:02, DRB1*15:02, DPB1*09:01 and DPB1*13:01 alleles were more frequent in those with ILD compared to normal subjects and in patients with anti-topoisomerase antibodies compared to those without these autoantibodies. The identification of a genetic signature associated with SSc-ILD may further help clinician to promptly identify patients at higher risk of developing such manifestation and allow early diagnosis and treatment. Oliver J. (OP0236) reported the results of a whole transcriptome analysis performed on 44 patients from the Biologics in RA Genetics and Genomic Study Syndacate (BRAGGSS) cohort. Patients were divided according to the EULAR response to adalimumab and Authors identified an immune signature of good response at 3 months of treatment including MHC II component. These results may help the early identification of non-responder patients and therefore the tailoring of therapeutic strategies. A genome-wide pathway analysis by Julìa A (OP0233) genotyped 598,258 SNPs in a discovery cohort of patients with systemic lupus erythematosus (SLE) of southern European ancestry and validated the results in an independent cohort of 425 SLE patients. Authors identified a significant association of the VEGF genetic pathway and the presence of oral ulcers. These results increased the knowledge on the association between genotypes and different clinical phenotypes in SLE. Several data obtained from animal models have been presented providing interesting novelties in the field. As far as rat collagen induced arthritis (CIA) is concerned, Di Paolo J. (FRI0049) reported the clinical efficacy of GS-9876 a novel SYK inhibitor, while Wang CR. (FRI0053) demonstrated that the interference with p53 protein in synovial fibroblasts thereby inducing their apoptosis, may represent an intriguing therapeutic approach in RA. Finally, Shi B. (THU0280) demonstrated that IL-12 blockade in experimental Sjögren’s syndrome is able to induce clinical and biological improvement of the disease. In particular, increased salivary flow, reduced salivary gland swelling as well as a decrease of glandular inflammation and a rebalance of T effector and T regulatory cells could be observed.
Tripp NH. (FRI0026) investigated the relationship of cytokines and fatigue in patients with primary Sjögren’s syndrome (pSS). An analysis of 24 cytokines in samples from 161 pSS patients compared to 28 healthy non-fatigued controls showed that the patients had higher levels of 14 cytokines. However, in the pSS group the researchers found that the levels of four pro-inflammatory cytokines (IP-10, IFN-γ, LT-α and TNF-α) decreased with increased levels of fatigue. Bradford C. (THU0010) studied the immune profile of rheumatoid arthritis (RA) patients with active disease that had normal or high C-reactive protein (CRP) i.e. nCRP vs hCRP group. Pro-inflammatory cytokines were increased in both patient groups. There was an increase in joint erosions in the nCRP group compared to the hCRP group. However, the nCRP group had a less inflammatory phenotype with an increase in T regulatory cells compared to the hCRP group. The results suggest a different immunological mechanisms in the two patient groups. Kerkman PF. (OP0026) presented results indicating that cells from the synovial fluid can function as an inflammatory niche for plasma cells producing antibodies against citrullinated proteins (ACPAs) in RA patients. The results indicate that ACPA producing plasma cells can reside in the joints instead of migrating to lymphoid organs. Neutrophil Extracellular Trap (NET) components are found in joints of RA patients and there is an enhanced NETosis of neutrophils. Chirivi RG. (OP0148) used a novel NET inhibiting therapeutic ACPAs (tACPAs) to prevent swelling and joint damage in RA mouse models. The tACPAs recognise citrullinated domains of histones 2A and 4. Galy A. (THU0001) characterised tertiary lymphoid organs (TLOs) in aortic tissue samples from patients (n=7) with Takayasu’s arteritis (TA). The TLOs were rich of high endothelial venules suggesting recruitment of naïve cells from periphery. There was also an accumulation of memory B cells, germinal center B cells and CD4+ follicular helper T cells in the adventitia of the diseased aorta. The researchers concluded that B cells play a key role in TA. Barrett C. (THU0006) investigated the effect of belimumab in primary membranous nephropathy (MN) patients (n=14) at week 0, 8, 16 and 28. An analysis of lymphocyte phenotypes found no significant change in T regulatory cells and activated T cells. The naïve B cells and the proportion of activated memory B cells were decreased and these changes correlated with changes in anti-PLA2R autoantibody levels which in turn correlate to proteinuria.
RAI
Epidemiology, clinics and non biologics

Marlies van der Goes

Methotrexate is included as part of the initial treatment of rheumatoid arthritis in treatment guidelines worldwide, and a special session was devoted to optimizing this therapy. The frequent use was shown by Flipo RM. (OP0141) and Michaud K. (OP0142). The value of optimizing methotrexate therapy from the oral to the subcutaneous route was demonstrated by Schiff M. (SP0096). Levels of an assay measuring methotrexate-polyglutamates in erythrocytes (where methotrexate is retained long after it has been eliminated from plasma) correlated with clinical response in multiple cohorts, and could be used for therapeutic drug monitoring according to De Jonge R. (SP0097). Remission (preferably drug-free) is the ultimate treatment goal in rheumatoid arthritis. Curtis JR. (OP0259) showed that patients in sustained remission had a lower risk of serious infections compared to those in sustained low disease activity. It was presented by Bartlett SJ. (OP0173) that modifiable lifestyle factors such as excess weight and smoking impact the likelihood of achieving sustained remission.

For example: a non-smoking female with a healthy body mass index would have a 27% probability of achieving sustained remission within 3 years, compared to a 10% probability for an obese female smoker. Results for male patients were better, but showed the same influence of smoking and being overweight (41% vs 15%). Akdemir G. (OP0176) showed that after 5 years of remission-steered treatment in early rheumatoid arthritis and undifferentiated arthritis almost half of the patients were in DAS-remission. Only 22% of patients were in drug-free remission. Patients with undifferentiated arthritis and/or patients tested negative for autoantibodies were more likely to achieve drug-free remission. Finally, there was a glimpse on how to delay the onset of rheumatoid arthritis, shown by Gerlag D. (OP0182). Eighty-two patients testing positive for both rheumatoid factor and anti-citrullinated protein antibodies suffering from arthralgia (without clinical arthritis), who had additionally an elevated level of CRP (≥3 mg/L) and/or subclinical synovitis on ultrasound or MRI of the hands, were selected. They received a single iv infusion of 1000 mg rituximab or placebo. During the median follow up period of 27 months, 40% of patients in the placebo group developed arthritis after a median period of 11.5 months, compared to 34% in the rituximab group after a median period of 16.5 months.
RA II

Biological therapies: anti-TNF

Meghna Jani

Tapering of TNFi and even discontinuation continued to emerge as a recurring concept in patients with low disease activity (LDA) or remission. Lamers-Karnebeek F. (OP0181) presented data from the Dutch POET (Potential Optimisation of Expediency of TNFi) study, investigating if in patients with RA who have achieved LDA on TNFi and conventional synthetic DMARDs (csDMARDs), TNFi can be stopped. Ultrasound (US) detected active arthritis at baseline was associated with earlier and higher flare rates compared with those with negative US in such patients. Another study presented by El Miedany Y. (OP0258) evaluated 157 RA patients in clinical remission following stratification into 4 arms, which included reducing or stopping biologic/csDMARDs. Relapse rates were significantly higher in patients whose total US score at discontinuation was high (assessed by gray-scale and Doppler) than low scores. However ≥40% relapsed in all arms overall after tapering or stopping csDMARDs and/or biologics by 12 months. Several abstracts addressed the assessment of risk of new-onset Herpes zoster in patients with rheumatic diseases with TNFi/biologic therapies. Amongst them, the RHUMDATA Canadian study (Harouni B., FRI0120) reported that whilst methotrexate did not increase herpes zoster rates, biologics doubled the risk. Age was a significant risk factor for herpes zoster in RA patients, whilst steroids increased the risk 6-7 fold in AS/PsA patients. Curtis et al presented results from the CORRONA database (OP0259) that assessed the influence of disease activity (using CDAI) on the risk of serious infections (SI). They found that being in remission had no additional risk of SI, LDA was associated with a modest increase (two fold) and moderate/high disease activity had the highest risk (two and a half fold increase in SI). Comparative risk of malignancy in abatacept (ABA)-treated patients compared to other biologics including TNFis was presented using Medicare data (SAT0150 Suissa S.). The hazard ratio of ABA compared to other biologics (following propensity score adjustment) was 1.10 (0.98, 1.23) suggesting no significant difference during an average follow up period of 1.4 years. Anti-drug antibodies to originator infliximab (Remicade) cross-reacted with infliximab biosimilar CT-PT13, according to a study presented by Nagore D. (OP0015) suggesting that patients who are known to develop such antibodies against Remicade, should not be switched to infliximab biosimilar. In an open-label extension study following a phase III trial of biosimilar etanercept (SB4), 119 patients were switched from generic etanercept to SB4 and 126 continued with SB4 (THU0150). At 100 weeks, efficacy, adverse events and immunogenicity were comparable. A phase III study comparing SB5 (adalimumab biosimilar) with generic adalimumab in moderate to severe RA patients was presented amongst others (THU0138). Outcomes including ACR20/50/70, DAS28, CDAI, HAQ-DI and EULAR response were found to be comparable between the two drugs in the limited follow up time of 24 weeks. Observational data on switching from a generic biologic to a biosimilar, including the NOR-SWITCH study, will be presented at ACR 2016.
Once again, EULAR has brought novel interesting results in the area of non-TNFi biologics and non-biologics for RA. Genovese M. (OP0223) presented the results of a 12-week phase 2b study on the safety and efficacy of ABT-494, a novel selective JAK1 inhibitor, for methotrexate (MTX)-inadequate responders (IR) RA patients on stable MTX. ACR20 response rates were significantly higher with ABT-494 at 6 mg BID (68%), 12 mg BID (80%), and 24 mg OD (76%) vs. placebo (46%). Several other efficacy secondary outcomes also favoured ABT-494. Adverse events incidence was numerically higher with ABT-494, with a trend of dose dependence, but the incidence of infections was similar across groups. Two dose ranging phase 2b studies of another selective JAK1 inhibitor, filgotinib, in MTX-IR patients in combination with MTX (OP0224) or in monotherapy (THU0173) were presented. In both studies, patients on filgotinib had significant and dose dependent higher ACR20/50/70, DAS28(CRP) and CDAI responses versus placebo at week 12, which were maintained or improved through 24 weeks. The safety profile was overall acceptable. Harrold LR. (OP0178) presented interesting data from the Corrona RA registry in a study assessing the role of ACPA/RF status as predictor of response to abatacept. For the 566 patients starting abatacept, double positivity for ACPA/RF was associated with a significantly greater response compared with double negative status on all outcomes (delta CDAI, low disease activity and remission). Furthermore, single positive patients also had a greater likelihood of remission when compared to seronegative abatacept users. Mahto A. (OP0263) presented the results of an interesting study evaluating whether a synovial B-cell gene signature can enhance prediction of responsiveness to rituximab. In 20 TNFi-IR patients submitted to synovial biopsies before starting treatment, a B-cell gene signature was associated with response to rituximab at 16 weeks, with an AUC of 0.87 that could be further increased to 0.95 with the inclusion of 3 other genes. High expression of Th17-related genes was instead correlated with non-response to B-cell depletion. In a large phase 3 study with 1670 DMARD-IR patients (SAT0145), sirukumab, an anti-IL-6 monoclonal antibody, was shown to be effective in two doses (50mg q4w and 100mg q2w), meeting both co-primary endpoints (ACR20 at week 16 54.8%/53.5% vs. 26.4% and mean change of the modified van der Heijde/Sharp radiographic score at week 52 [0.5/0.46 vs. 3.69]) and all secondary outcomes. The safety profile of sirukumab was consistent with that known for other anti-IL-6 treatments.
Several posters and oral communications enriched our knowledge on psoriatic arthritis (PsA) at this year’s EULAR. From basic and translational research to clinical research, several original studies shed new insights in diagnosis, treatment strategies and prognostic makers. In a cross-sectional study Chandran V. (THU0421) identified 4 biomarkers (COMP, resistin, MCP1 and NGF) that might be useful for differentiating between patients with osteoarthritis and PsA. Sokolik R. (FRI0474) focused on IL-23 and its receptor polymorphisms and found an association between the IL-23R rs7530511 polymorphism and the serum levels of IL-23. In both studies PsA patients had to fulfill the CASPAR classification criteria. As for biochemical markers, sub-clinical inflammation on magnetic resonance imaging (MRI) may also aid in identifying patients with PsA. Faustini F. (THU0372) have shown that about half of patients with psoriasis have inflammatory lesions on MRI and that the combined presence of arthralgia and sub-clinical synovitis on MRI significantly increases the risk of PsA. Likewise, Eder L. (THU0444) has shown that the presence of subclinical enthesitis on ultrasound is associated with risk factors for PsA among patients with psoriasis. These two elegant cross-sectional studies warrant a longitudinal assessment of these preliminary findings. Mease PJ. (OP0109) reported the positive effects of ixekizumab (IL-17A inhibitor) in the SPIRIT-P1 trial among bDMARD-naïve patients over 52 weeks of treatment. Glatt S. (OP0108) presented results from a proof of concept trial on bimekizumab (IL-17A and IL-17F inhibitor), showing good preliminary results in various treatment doses. The 2-year open-label extension of the FUTURE-1 study was presented by Kavanaugh A. (FRI0448) and revealed secukinumab (IL-17 inhibitor) sustained clinical improvement and overall acceptable safety among study completers (79%). The same author reported the pooled positive effect (PALACE 1-3) of apremilast (phosphodiesterase 4 inhibitor) on fatigue over 104 weeks of treatment (THU0432). Aletaha D. (FRI0568) used data from IMPACT II and GO-REVEAL trials to demonstrate the construct validity of the disease activity states defined by the Disease Activity index for Psoriatic Arthritis (DAPSA). On the other hand, Hermann J. (THU0399) has shown, in a cross-sectional study, a high correlation between DAPSA and the Ankylosing Spondylitis Disease Activity Score (ASDAS). Finally, El Miedany Y. and colleagues (OP0091) proposed a PsA-comorbiditiy index to estimate the risk of death in PsA patients and highlighted the importance of considering comorbidities in the management of PsA in daily practice.
João Madruga Dias

MD, is a Rheumatology Consultant at Centro Hospitalar Médio Tejo (Portugal) with a special interest in inflammatory rheumatic diseases in pregnancy, musculoskeletal ultrasound and arthroscopy. He trained arthroscopy in Saint Vincent’s University Hospital, University College of Dublin. He is a member of the board of the Rheumatology College of the Portuguese Medical Association and the Portuguese representative at UEMS (European Union of Medical Specialists).

Baraliakos X. (OP0086) performed a prospective study using biopsy material obtained during spinal surgery which determined that the underlying cell types of fatty lesions and bone marrow edema, as detected by magnetic resonance imaging (MRI) in long standing ankylosing spondylitis (AS) patients, were fatty and inflammatory cells. The main difference between AS and non-AS patients was the proportion of biopsies containing fat cells, suggesting that fat cells are responsible for the MRI signal in ankylosing spondylitis. Poddubnyy D. (OP0080) proposed to investigate the gender-specific role of adipokines as predictors of radiographic spinal progression in patients with AS. Serum levels of different adipokines were measured and a significant association with radiographic spinal progression was found for leptin only. Their results corroborate that higher serum level of leptin might be responsible for less structural damage in the spine in female patients with AS. Lindström U. (OP0082), based on 2643 cases with AS and 11064 matched controls, found that childhood appendicitis reduced the odds for a later diagnosis of AS by 40% and hospitalization with a respiratory tract infection increased the odds by 20%. Hospitalization for urogenital or gastrointestinal tract infections did not predict an AS diagnosis. Roberts AR. (OP0231) found that the rs11209032 SNP downstream of IL23R forms part of an enhancer, allelic variation of which may influence Th1-cell numbers. Differential transcription factor binding could explain the genetic association of AS with polymorphisms in the IL23R-il2RB2 intergenic region. Sepriano A. (OP0112) conducted a study to evaluate if co-medication with conventional synthetic disease modifying antirheumatic drugs (csDMARDs) influences TNFi-retention in patients with spondyloarthritis (SpA). Inefficacy was the most common reason for TNFi discontinuation, followed by adverse events. In the multivariable analysis co-medication with csDMARDs had no effect on TNFi-retention, neither in the baseline model nor during follow-up adjusting for time-varying covariates. The effect of csDMARDs remained not statistically significant after propensity score adjustment. Baraliakos X. (FRI0396) performed a study to determine the most reliable imaging method for detection of structural changes in the sacroiliac joints of patients with AS. Erosions and ankylosis are more common than sclerosis in the sacroiliac joints of AS patients but the agreement between methods was rather limited. Compared to computed tomography (CT), less erosions were detected by MRI and conventional radiographs when only erosions agreed on were counted. CT and MRI were more reliable than conventional radiographs for the detection of ankylosis. Park JW. (SAT0372) investigated the impact of dose reduction of TNF-i on radiographic progression in AS over 4 years. Their results showed that the rate of progression was significantly higher in patients with longer disease duration, elderly patients, smokers, or patients with a hip involvement at baseline. In the subgroup of patients who have syndesmophytes at baseline, radiographic progression, including new syndesmophytes, occurred significantly faster in the tapering group.
The systemic lupus erythematosus (SLE) therapy world shows a dynamic development. Results from a Phase Ib MUSE study with the anti-IFN alpha receptor monoclonal antibody Anifrolumab showed a reduction of disease activity across all clinical endpoints (Furie R., OP0291), especially in the musculoskeletal and mucocutaneous organ domains compared to placebo (Merrill JT., THU0295). A sub-analysis of the BLISS-SC trial (BEL112341; NCT01484496) reported by Doria A. (LB0001) showed that the subgroup of patients with positive anti-dsDNA antibodies and low C3/C4 at baseline treated with subcutaneous Belimumab 200mg s.c. plus standard of care therapy showed a higher SLE Responder Index 4 response and fewer severe flares compared to placebo. While new drugs are under development, corticosteroids remain a pillar of SLE therapy. One in three SLE patients have taken steroids for their entire disease duration, as reported by Little J. (OP0043) from a large international cohort of 1686 patients with longitudinal follow-up data. Successful withdrawal in 20% of patients was reported in a large Italian cohort by Tani C. (THU0287), suggesting it is an achievable goal. The search for predictors continues. In SLE patients, positivity for the Anti-Beta-2 Glycoprotein 1 IgA Antibodies was an independent risk factor for a 3-fold enhanced risk for thrombotic events (OR 3.95%, CI 1.5-6.5, p 0.003), suggesting their additional consideration in clinical practice (Aung T., THU0359). Another large scale study by Durcan L. (OP0183) reported an association between the presence of both low C3 and C4 and deep venous thrombosis and stroke in SLE patients with positive antcardiolipin antibodies. Triple detection of IFN-λ, IL-17 and IL-23 was associated with a higher disease damage, in particular renal, in an analysis of serum samples from over 200 SLE patients by Oke V. (OP0190). New antibodies targeting proteins involved in RNA/DNA/chromatin processing and lymphocyte development enabled detection of SLE individuals who were negative for ANA or anti-dsDNA antibody tests (Lewis MJ., THU0249). Reaching and especially maintaining remission in SLE remains a goal to be improved; a report by Wilhelm TR. from the DORIS working group from a large cohort of 2263 patients (THU0360) shows a mean duration of sustained remission of 3 months (similar for the different definitions used), with Anti ds-DNA and low C4 at baseline as negative predictors for complete remission and complete remission on treatment. As reported in a systematic review and meta-analysis of cohorts from clinical trials by Souto A. (OP0187), the most frequent cases of death in SLE remain infections and cardiovascular disease; high doses of glucocorticoids were associated with mortality. A large retrospective cohort study of 115 patients with primary antiphospholipid syndrome with a mean follow-up of 19 (±3.5) years reports a frequent reoccurrence of thrombotic events despite therapy and highlights the risk for organ damage, especially associated with arterial events (Dall’ara F., THU0325).
OTHER CONNECTIVE TISSUE DISEASES

Including systemic sclerosis, myositis, vasculitis

Barbara Ruaro

Young A. (OP0036) applied DETECT, ASIG, and ESC/ERS algorithms to detect systemic sclerosis-pulmonary arterial hypertension in a North American cohort. In conclusion DETECT and ASIG performed similarly and the two screening methods were superior to ESC/ERS screening recommendations in the detection of pulmonary arterial hypertension in systemic sclerosis patients. Lee SJ. (OP0059) investigated which chemokines are important in Behçet's disease (BD). In conclusion the results of study suggest that CXCL10/CXCR3 axis contribute to pathogenesis of BD particularly mucocutaneous lesions, therefore the measurement of serum CXCL10 may help to assess disease activity in BD patients. Macchioni P. (OP0281) observed that the histologic spectrum of inflammatory lesions in patients affected by giant cell arteritis with positive temporal artery biopsy have correlation with survival; in particular limited to adventitia and vasa vasorum vasculitis histological pattern had reduced hazard ratio for mortality as compared to transmural inflammation type. Soldano S. (OP0296) observed that both macitentan (at very low concentration) and bosentan seem to allow in vitro endothelial damage repair and to efficiently contrast the endothelial-to-mesenchymal transition process induced by Endothelin-1 in cultured human microvascular endothelial cells. Therefore, Endothelin-1 receptor antagonists might contrast the damage of endothelial cells and their phenotype transition that seems to contribute to the early phases of the fibrotic process in systemic sclerosis.

Moghadam-Kia S. (FRI0251) showed that anti-MDA-5 autoAb is present in similar frequency in clinically amyopathic dermatomyositis (CADM) and dermatomyositis (DM) patients in United States. Anti-MDA-5 autoAb is associated with a unique clinical phenotype consisting of interstitial lung disease, rapidly progressive interstitial lung disease, abnormal nailfold capillaries, vasculitic rash, and digital tip ulceration in United States patients. CADM patients were similar to DM apart from obvious disease defining features of muscle weakness and muscle enzymes. In addition the authors observed there were more puffy fingers, less mechanics hands and heliotrope rash in CADM. Herrick AL. (FRI0261) enrolled 326 early diffuse cutaneous systemic sclerosis patients. Patients were treated with: methotrexate (65 pts), mycophenolate mofetil (117 pts), cyclophosphamide (87 pts), and "no immunosuppressant" (57 pts). All groups showed improvement in modified Rodnan skin score which was not significantly different between groups although there was a trend in favour of methotrexate and mycophenolate mofetil. Survival was similar between groups although the no immunosuppressant group, that the authors underlined was not a true "control" group, had lower survival.
Christian Dejaco

MD, PhD, MBA is a consultant and Associate Professor at the Medical University Graz. His main research interests are the value of ultrasound in psoriatic arthritis and vasculitis, clinical research on polymyalgia rheumatica and translational research on T lymphocyte senescence in rheumatology. He is the country liaison for EMEUNET in Austria.

Glimm AM. (OP0124) reported data from a prospective, multicentre study in Germany (n=313) comparing the outcome of RA patients, who were either treated according to clinical standard of care with DAS-28 based low disease activity as the treatment target, or based on ultrasound results targeting ultrasound remission (defined as a grey-scale synovitis score <2 and a Power Doppler score =0 using the U7 score). After 18 months, the authors observed that patients fulfilling the imaging remission criteria had lower HAQ, DAS28 and VAS scores compared to those with persistent ultrasound activity. Bruijnen S. (OP0266) performed a prospective study on 20 RA patients undergoing treatment with Rituximab (RTX). After the first RTX infusion, Zirconium-89 (89Zr-RTX) was administered and a PET-CT was conducted 3 days later. After 24 weeks, 13/20 patients responded to RTX therapy according to the EULAR response criteria. A higher 89Zr-RTX uptake at baseline in hands was associated with a higher probability for a clinical response to RTX therapy. Kume K. (OP0292) performed a prospective study investigating the benefit of adding ultrasound assessment of interspinous bursae at cervical and lumbar spine to the 2012 provisional classification criteria of PMR. They compared 161 patients with new-onset PMR and 174 patients with conditions mimicking PMR. Ultrasound detected interspinous bursitis was common in patients without bursitis at shoulders and hips, and it increased the sensitivity of the 2012 criteria from 66% to 89.4% while the specificity was only marginally reduced (from 82% to 77%). Ez-Zaitouni Z. (FRI0514) reported data of the SPondyloArthritis Caught Early (SPACE)-cohort investigating patients with chronic back pain (≥3 months, ≤2 years, onset <45 years). Baseline (n=329) and one-year follow-up (n=168) MRIs of sacroiliac joints and the spine were evaluated. A spine-MRI was considered positive if ≥3 inflammatory lesions (as defined by ASAS) were present. A positive MRI of sacroiliac joints was found in 43 (13.1%) and 28 (16.7%) patients at baseline and follow-up, respectively. MRI of spine was also positive in 7 (16.3%) and 2 (7.1%) of these patients, respectively. A positive MRI of spine but negative MRI of sacroiliac joints was present in 4 patients only (both baseline and follow-up). The authors therefore concluded that the addition of an MRI of the spine to the ASAS criteria had only a low yield in regard to classification of patients.
Joanna Zalewska

MD, PhD is a rheumatologist at Jan Biziel Hospital in Bydgoszcz, Poland. Her main area of research focuses on RA, Sjogren Syndrome, Hashimoto disease, effectiveness of radiation synovectomy in rheumatic diseases, SLE and vasculitis.

Bardelli M. (THU0499) collected synovial fluid from patients with active gout and pseudogout attack. They evaluated neutrophil extracellular traps (NET) expression in synovial fluid from acute CPPD arthritis and compared NET release between acute MSU and CPPD arthritis. They confirmed the NET release in both diseases. Frallonardo P. (THU0524) assessed the effectiveness of methotrexate (MTX) in patients with severe chronic CPPD arthritis, who did not respond to NSAIDs and/or colchicine and glucocorticoids. 21 patients were treated with MTX in dose 7.5-12.5 mg/week. In conclusion, MTX is valid therapeutic alternative in severe chronic CPPD arthritis patients with a good safety profile. Khanna PP. (THU0527) investigated efficacy of lesinurad in combination with allopurinol vs allopurinol+placebo (CLEAR 1 and 2) or in combination with febuxostat vs febuxostat+placebo (CRYSTAL) in 12-month, randomized, double-blind, Phase III trials. In conclusion, significantly greater proportions of patients respond to the combination of lesinurad (200 or 400 mg) + xanthine oxidase inhibitor, with approximately twice as many achieving the composite endpoint of serum uric acid target and no flares compared with patients treated only with xanthine oxidase inhibitors. Gangji V. (THU0540) evaluated the efficacy of autologous osteoblastic cells (OB) versus concentrated bone marrow implantation (BMC) in osteonecrosis of the femoral head in randomized controlled single blind study. In conclusion, the study showed that OB cells implantation could be more efficacious than BMC treatment to delay the evolution to subchondral fracture and to reduce pain. Lim DH. (AB0804) investigated the efficacy and tolerability of febuxostat in hyperuricemic patients on dialysis. They observed that febuxostat was efficacious and well tolerated in hyperuricemic patients undergoing dialysis, but further observation for adverse events is necessary. Kim HR. (AB0810) noted the role of macrophage migration inhibitory factor (MIF) in gouty arthritis. They discovered that MIF was highly produced in gouty arthritis. Monosodium urate (MSU) induced MIF production. Fan M. (AB0819), in meta-analysis of randomized controlled trials, assessed the efficacy and safety of urate-lowering therapies for hyperuricemic patients with or without gout. They noticed that all urate-lowering therapies were effective in achieving the target urate level for hyperuricemic patients. In conclusion, febuxostat is more efficacious than allopurinol for serum urate normalization. Retuerto M. (AB0821) assessed the value of alkaline phosphatase (ALP) in patients with the Paget's disease of bone, treated with zoledronic acid. They observed that the difference in ALP levels is higher in the group of patients not previously treated with oral bisphosphonates.
OSTEOARTHRITIS AND
OSTEOPOROSIS

Marie Kostine

Wnt signaling is increased in the joints of osteoarthritis (OA) patients and polymorphisms in
genes involved in this pathway are associated with an increased susceptibility to
development of OA. Hood J. (OP0069) evaluated in preclinical models of OA the effects of
SM04690, a novel small inhibitor of the Wnt pathway. In vitro, this inhibitor induced the
differentiation of mesenchymal stem cells into chondrocytes, blocked cartilage degradation
(proteases inhibition) and stimulated matrix generation (increased GAG expression). In the
rat instability model, a single intra-articular injection of SM04690 improved in a dose-
dependent manner cartilage thickness, with a low potential for systemic toxicity. Maybe a
future therapeutic strategy for our OA patients! Kloppenburg M. (OP0095) investigated the 1-
year efficacy of etanercept (ETN) in erosive inflammatory hand OA, for which treatment
options are limited. 90 patients were randomised to ETN (50 mg weekly for 24 weeks then
25 mg weekly) or placebo. At week 24, ETN was not superior over placebo on pain
evaluation but after one year ETN reduced structural damage and was found more effective
in joints with signs of inflammation, which makes sense in theory. Same conclusions from
the study of Kroon F. (OP0098), where ETN appeared effective in inhibiting bone marrow
lesions in erosive inflammatory hand OA, particularly in interphalangeal joints with severe
(grade 2/3) synovitis at baseline. Eymard F. (OP0135) included in a post-hoc analysis 166
patients who received 3 weekly intra-articular injections of hyaluronic acid for symptomatic
knee OA in order to identify predictive factors of treatment’s response or failure. At month 6,
113 patients (68.1%) were classified as responders according to the OMERACT-OARSI
response criteria. Obesity and radiological severity of OA (OARSI grade) were independent
predictive factors of a lack of response, indicating that viscosupplementation should be
chiefly considered in patients with normal BMI and moderate tibio-femoral joint space
narrowing. The effects of bisphosphonates (BPs) on pregnancy outcome have been reported
by Sokal A. (OP0101). 39 women were identified as having been exposed to BPs within the
6 weeks before or during pregnancy, 23 with inflammatory diseases and 16 with bone
diseases, respectively matched with pregnant women with inflammatory diseases but not
exposed to BPs and healthy pregnant women. Overall, BPs did not impact on birth
weights/sizes and did not show any major teratogenic effect. 3 spontaneous abortions were
reported in patients with bone disease treated with BPs while none were observed in the
healthy control group.
Ruperto N. (OP0215) presented the results of an open-label, phase III study that assessed the efficacy and safety of subcutaneous (SC) abatacept (ABA) in patients with polyarticular forms of juvenile idiopathic arthritis (JIA). SC ABA was administrated weekly for 4 months based on body weight and achieved a steady-state blood concentration comparable with intravenous ABA. Robust efficacy was observed with SC ABA (assessed by JIA-ACR criteria 30), being numerically higher in biologic-naïve than biologic-experienced patients, with no safety concerns. Ramanan AV. (THU0213) presented the data of the largest study conducted in JIA-associated uveitis, the SYCAMORE trial. Ninety patients were randomised to receive adalimumab (ADA) in combination with methotrexate (MTX) versus MTX alone. The final analysis of the primary outcome showed a positive treatment effect in favour of ADA (hazard ratio 0.25; p<0.0001) with a similar rate of adverse events compared to MTX alone (88.3% vs 90%). Lythgoe H. (OP0218) analysed the performance of the systemic lupus international collaborating clinics group proposed revised classification criteria for systemic lupus erythematosus (SLE) (SLICC-2012) compared with the American College of Rheumatology classification criteria (ACR-1997) in patients with juvenile-onset SLE (JSLE) and they found that SLICC-2012 criteria were more sensitive than ACR-1997 criteria at diagnosis (92.9% vs 84.1% p<0.0001) and after follow-up (100% vs 92% p<0.0001), so SLICC-2012 should be considered for classification of JSLE patients for studies, but they may also be useful in daily practice to corroborate JSLE diagnosis. Campanilho-Marques R. (OP0221) evaluated the efficacy and safety of anti-TNFα treatment in a UK cohort of 66 patients with juvenile dermatomyositis (JDM) and found significant improvement in both muscle and skin involvement. Switching of anti-TNFα occurred in 24% (due to therapy failure 62.5%, adverse events 25% and patient’s preference in SC administration 12.5%) and 21 adverse reactions were registered, 7 of them considered severe. These results show that anti-TNFα agents may be a good alternative to treat refractory JDM. Foeldvari I. (THU0230) compared the baseline characteristics of male and female patients included in an international inception cohort of juvenile systemic sclerosis (jSSc). Seventy-four patients were included, 54 with cutaneous diffuse jSSc (76%) and 18 with cutaneous limited jSSc (24%), 14 (19%) of them were male and 60 (81%) female. Male patients presented a more severe disease, with higher rates of active ulceration, interstitial lung disease, pulmonary hypertension and musculoskeletal involvement. These results are similar to those of adult male SSc patients.
Congratulations to this year’s 12 EULAR Abstract Award winners for their outstanding contribution in the field of rheumatology. Winners were awarded by EULAR President Professor Gerd Burmester during the Opening Ceremony.

**BASIC SCIENCE**
- Martijn van den Bosch* (Netherlands)
- Matteo Vecellio (United Kingdom)
- Grant Schulert (United States)
- Sungsin Jo (Republic of Korea)
- Amity Roberts (United Kingdom)
- Michal Rudnik (Switzerland)

**CLINICAL SCIENCE**
- Uta Kiltz (Germany)
- Raquel Campanilho-Marques (United Kingdom)
- Athumalaipet Ramanan (United Kingdom)
- Gülsah Akdemir* (Netherlands)
- Lindsay Megan Belvedere (Canada)
- Xenofon Baraliakos* (Germany)

*EMEUNET member
THE MENTOR-MENTEE MEETINGS AT EULAR 2016

The 5th of the mentor-mentee meetings was held at the EULAR Congress in London with 3 mentors (Alfred Mahr, Deborah Symmons, Philip Conaghan) and 11 mentees. The meeting gave mentees the opportunity to discuss about possible career options, their research and their involvement in EULAR with leaders in the field in an informal way. The meeting was a great success and positive feedback has been collected from mentees as well as from mentors.

Your EMEUNET Peer Mentoring Subgroup

SOME FEEDBACK FROM MENTEES

“The meeting was great. Alfred Mahr gave very thoughtful advice to all of us. Much appreciated!”

“We had the chance to briefly introduce ourselves, our research fields and our future projects. I met with Professor Philip Conaghan who is both a leading researcher in Rheumatology and a very nice person. He gave us some suggestions on what might be the potentials of our research centre. He further advised us on how to focus our expertise in order to make the most out of our research projects. Being in small groups with one mentor was an opportunity to meet other young rheumatologist/researchers. I would definitely recommend Rheumatology residents and PhD fellows to join Mentor-Mentee meetings. This is a great chance for quick counselling of your current and future research projects!”

“I think overall it was useful and went well. My suggestion would be next time to ask the applicants to fill in short form with general background and several formulated questions to mentor. I think it can serve 2 goals: the mentor can come more prepared to what kind of questions are out there and meeting can go more efficiently; effort of preparation may reduce non-attendance”
THE EULAR-EMEUNET AMBASSADOR PROGRAMME FOR FIRST TIME ATTENDEES

The EULAR/EMEUNET Ambassador programme ran for its second year in 2016, having been established last year by Meghna Jani and Christian Beyer on behalf of the EMEUNET education subgroup. 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 friendships. 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). There was an opening ambassador meeting before the conference started this year, with the opportunity to also meet the EMEUNET steering group informally. 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 great job!

SOME FEEDBACK FROM PARTICIPANTS

“This was an excellent programme guidance throughout was of great value. It helped to get the maximum out of the conference and also to enjoy without any anxiety as a first time attendee. Company, friendships, communication among the group gave spirit to enjoy the conference.”

“It is a great idea, providing first time attendees with a single point of contact to support them through such a large conference and to ensure that they can gain as much as possible from it. There is also the potential for these links to be strengthened after the conference too and provide those new to EULAR with the first steps towards forging international collaboration.”

“I really enjoyed this EMEUNET project. Even though I've missed the opening meeting, I still had the chance to communicate with the ambassadors and the same organizer of the project. I reckon that exchanging thoughts with foreign senior doctors is an amazingly way to gather experience on the field and creating connections. I found the ambassadors very polite, informal and dedicated to the project. I would definitely recommend this experience; it can help the younger to focus among the hundreds of talks/posters available in such a big context.”

“The Ambassador programme leaflet before the conference was very helpful. It was great meeting someone who was researching in a similar field and hearing about their experiences. It was also great to get some tips regarding how to navigate EULAR (it was my first time).”

“I liked the idea of having someone to guide/look after me and to meet others as I didn’t know anyone from my department going to the congress.”

“What was great was it guided us to get the maximum out of the conference. We received guidance even before we came to the conference. Friendship, company, everything was superb.”
THE 3RD COUNTRY LIAISON MEETING AT EULAR 2016

At this year’s EULAR Congress the attending EMEUNET Country Liaisons gathered once again together with the EMEUNET Country Liaison subgroup team, this time in a room with a view in London. We are proud to report a continued, active and resourceful promotion of EMEUNET by the Country Liaisons during the past year, from presentations at national meeting to events for young fellows and media reports. Our outstanding Country Liaisons, Trudy Mc Garry from Ireland and Anne Troldborg from Denmark shared with us their unique experience as EMEUNET ambassadors in their countries. The other present Country Liaisons added their own impressions and suggestions. Possible solutions to the different challenges encountered as well as new ideas were discussed, in what added up to be a lively, productive and also very enjoyable meeting.

It is a pleasure to be part of this wonderful team! I would like to take the opportunity to thank, once again, the core team in the Country Liaison Subgroup as well as the Country Liaisons for their work and dedication!

_Rucsandra Dobrota_

_on behalf of the EMEUNET Country Liaison Subgroup_
The Young Rheumatologist sessions covered a wide range of topics therefore attracted not only fellows but also trained rheumatologists. From statistics to teaching skills, from career paths to the interaction between young clinicians from different specialties; worldwide experts in the field, residents, trainees and patients provided their valuable contribution in making these sessions stimulating and interactive. The Young Rheumatologist sessions have been also highlighted in the EULAR Congress News by EMEUNET Chair Sofia Ramiro, past-Chair Anna Moltó and other invited speakers.

**IMPRESSIONS FROM EULAR 2016**

**THE YOUNG RHEUMATOLOGIST SESSIONS**

The Young Rheumatologist sessions covered a wide range of topics therefore attracted not only fellows but also trained rheumatologists. From statistics to teaching skills, from career paths to the interaction between young clinicians from different specialties; worldwide experts in the field, residents, trainees and patients provided their valuable contribution in making these sessions stimulating and interactive. The Young Rheumatologist sessions have been also highlighted in the EULAR Congress News by EMEUNET Chair Sofia Ramiro, past-Chair Anna Moltó and other invited speakers.

**Young Rheumatologist sessions offer expert perspectives and advice**

Young Rheumatologist sessions at the EULAR congress in London aim to give professionals who are establishing themselves in rheumatology the chance to interact and receive advice from key opinion leaders in the field on matters of designing research studies, refining clinical skills, and finding their way in an increasingly international arena.

Dr. Anna Moltó, chair of the Emerging EULAR Network (EMEUNET) steering committee, and chair-elect Dr. Sofia Ramiro will host the insightful sessions, which should be of interest to all young professionals in the field of rheumatology.

“The Young Rheumatologist is a session path dedicated mainly, but not only, to young professionals,” explained Dr. Moltó of Cochin Hospital in Paris. “These sessions are focusing on education and the basics of clinical and translational research.”

The sessions will “cover topics that are not found in the rest of the programme of the congress, and more importantly, they are sessions where experiences are shared,” added Dr. Ramiro of Leiden University in Leiden, the Netherlands. The sessions will “provide young rheumatologists with an opportunity to listen to the experience of well-known key opinion leaders in the field, and due to the interactive character of the session, important discussions can follow from these sessions, both at a plenary level and also at the individual level with the speakers at the end of the sessions.”

There are eight Young Rheumatologist sessions that cover a wide range of topics, including correct use of statistics, developing clinical skills, expanding career and research paths and horizons internationally, defining the best appropriate use of social media between physicians and patients, and an exploration of EULAR’s educational courses and projects.

“[These sessions] focus on topics that are not easy to find in textbooks or online, and the idea is that they are as interactive as possible, in a relatively informal setting, where all questions can be asked,” Dr. Ramiro said.

**Young specialists seek cross-disciplinary ties**

Younger clinicians in every specialty face challenges in establishing the connections and the funding required for successful research collaborations. The challenge is doubled when the collaborations cross disciplines.

On Wednesday afternoon, young clinicians from fields outside rheumatology will be sharing their experiences alongside young rheumatologists at “Beyond EMEUNET: development of a European-wide network of young clinicians from different specialties focusing on inflammatory diseases.”

“One of our main missions is to promote friendship and collaboration in Europe and beyond,” says Dr. Pieter Hintringer of Gent University in Belgium, who until this year headed the young gastroenterologists group of the European Crohn’s and Colitis Organisation, or YECCO.

“In our department we’ve been collaborating for many years with rheumatologists, he said.” But outside collaborations are harder. “YECCO acts as a platform for young clinicians and scientists who are interested in inflammatory bowel disease,” Dr. Hintringer said.

“The idea is to get to know each other, to share ideas at an early stage, and to broaden the network and set up collaborations with other specialties focusing on immune-mediated inflammatory diseases.” YECCO was formed in 2007, and under Dr. Hintringer’s leadership fostered more basic science research in inflammatory bowel disease (IBD).

“Getting more basic science in ECOO was one of our biggest achievements in recent years,” he said. “A significant proportion of YeCCO members have a basic science background.”

His talk will describe not only the activities of the YECCO group, now 460 members strong, but also “some struggles we’ve had and how we managed them.”

Dialysis and Transplant Association (ERA-EDTA), YNP has worked to build relationships with several specialist societies. Nephrology has a natural affinity for cross-disciplinary research, said Dr. Ferrer, in, of the Centro Hospitalar de Lisboa Central in Lisbon, Portugal.

“It is not an isolated specialty – there are very few isolated kidney diseases. Most kidney damage results from systemic disease,” she said. “The YNP now has ties with hypertension, vascular access, rheumatic, and pediatric nephrology societies in Europe. Nephrologists and rheumatologists have myriad opportunities to collabrate, she said. “Our partners with lupus nephritis, vasculitis, rheumatoid arthritis, and many other immunologic diseases.” Sharing the experiences from young clinicians at EULAR “is about showing how our platform works so they can learn with us, and we can learn with them.”

**The Young Rheumatologist**

By promoting the development of a European-wide network of young clinicians from different specialties focusing on inflammatory diseases

Wednesday 17:00 – 18:30

**JULY16 PAGE 20**
The EMEUNET booth has been a key meeting point for young rheumatologists to receive information on EMEUNET and collect a printed NL issue. Several young rheumatologists joined the EMEUNET community after their visit at our booth. In addition, EMEUNET certificates of attendance to the “10 days of Twitter” initiative were collected by participants at the booth. The booth was also a point of contact for existing members to meet each other.

EMEUNET organised a networking event to further encourage interaction among EMEUNET members. The event started with a ride with breathtaking views of London on the Emirates cable car, flying from the Royal Docks to North Greenwich and continued with a boat trip from North Greenwich to the London Eye. The evening was concluded with a dinner at a pub along the Thames river.
ESCET is one of the main committees at EULAR, being responsible for the Education and Training, major objectives and accomplishments of this organization. The ESCET business meeting took place on Friday, 10th of June 2016. As representatives of EMEUNET education subgroup, João Madruga Dias, Felice Rivellesse, Meghna Jani and Elena Nikphorou were present. Prof. Annamaria Iagnocco, the current chair of ESCET, gave a slide presentation explaining all educational offers and high number of bursaries offered by EULAR. Prof. Hans Bijlsma, EULAR President-Elect, gave detailed information on the new EULAR School of Rheumatology and the EULAR strategy for 2017. The EULAR School of Rheumatology will consist of 7 classrooms for HPs, PARE, Rheumatologists, Researchers, Fellows, Undergraduates and Teachers, each with specific educational offers, taken from the already existing offers and with additional new ones to supplement and enhance these in the future. Prof. Nada Cikes presented the postgraduate training accreditation project from the UEMS Rheumatology Section and European Board of Rheumatology, including preliminary results of a curriculum survey by country and future work proposals on assessment methods. I presented EMEUNET: organization, goals, projects and updates. EMEUNET has nearly 1200 registered members (rheumatologists/researchers below the age of 40), spread across Europe, and it has its own constantly updated website, being present in the most relevant social media. Our goals are to promote and facilitate a comprehensive higher educational platform and to improve networking, achieving further integration into EULAR. I have presented the current EMEUNET organization (steering committee, working group, subgroups) and the objectives and work developed by each of these working cells. Special focus was given to the educational involvement of EMEUNET, with emphasis on initiatives such as the Immunology course, the Epidemiology course and fellow sessions during the EULAR Congress. Dr. Francisca Sivera of EMEUNET, presented the survey results on “Educational needs of young clinicians and researchers working in the field of Rheumatology”, a joint EMEUNET/ESCET project with 750 participants. The survey results are being published in RMD open. Also submitted are the “EULAR Consensus Statements on the Content and Format of theoretical (lectures) and practical (workshops/hands on) teaching in MSUS Courses”. Prof. Damjanov presented the work that has been developed by the EULAR Ultrasound Faculty as a collaboration of ESCET and the Standing Committee on Musculoskeletal Imaging. Finally, Prof. Iagnocco presented information and details on the Teach the Teachers Ultrasound course in connection with the competency assessment for Ultrasound courses. I consider that the presence of EMEUNET members at this meeting, presenting EMEUNET’s goals, current and future projects was important and is a firm step in consolidating our role in the participation within EULAR’s educational objectives.
The ESCCA business meeting at this year’s congress took place in the morning of the first day of EULAR. The meeting was led by Professor Ronald van Vollenhoven, current chair of ESCCA. Several representatives from different countries and with different areas of expertise were present at the meeting. Professor van Vollenhoven started off the meeting by providing a brief overview of the role of ESCCA within the EULAR organization. The meeting focused on discussing existing and newly-proposed task force projects, starting with a presentation on projects completed during the past year. In total, 18 projects were completed, eight of which were subsequently presented during the EULAR 2016 congress. This was an impressive achievement, highlighting the enthusiasm and dedication of the people involved. Four new task force projects proposed during the past year were discussed and ongoing projects reviewed. There was a lively discussion around the process involved in selecting these proposals, the application process and task force member selection, with a general consensus reached on the latter to base decisions on scientific background, expertise and other qualities when making a decision.

Issues around abstract submission to congresses based on ongoing work by task forces and ‘adoption’ of ongoing projects by EULAR were discussed, with members of the committee openly sharing their thoughts and opinions. The meeting was fruitful, resulting in various points addressed regarding the selection process for task forces and submitted and ongoing projects, which the chair will feed back to the Executive committee. It was a worthwhile experience with great insights gained regarding the proposal and undertaking of EULAR task forces, as well as the tremendous amount of work on behalf of the committee and EULAR when selecting, reviewing and reaching a fair and well-balanced decision on each of the proposals.
Alessia Alunno
MD, is a 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. Alessia is the leader of the EMEUNET Newsletter Subgroup.

ESCIR is EULAR’s Standing Committee that oversees the activities of different study groups that focus on translational and laboratory research. During the London congress, ESCIR held its annual business meeting and hosted a session updating on ongoing projects. In this session Dr Francesca Barone, chair of the EULAR Sjögren’s syndrome experimental and translational investigative alliance (ESSential) established in 2015, provided the directions for SS research in the future. Prof Christian Jorgensen provided updates regarding the ongoing projects of the SG on gene and stem cell therapy while Dr Diane van der Woude, co-chair of the SG for Risk Factors for RA (SGRFRA) gave an elegant lecture on risk factors for the development of RA. The business meeting was opened by Prof Rik Lories the Chair of the SC. Prof Maurizio Cutolo reported on the study group (SG) of neuroendocrine immunology and on the SG on microcirculation, the latter on behalf of Dr Vanessa Smith. Prof Joao Eurico Fonseca and Prof Bernard Lauwerys took over the Chair of the EULAR Synovitis SG and highlighted the ongoing projects such as the standardization of synovial membrane evaluation among centers. Prof Christian Jorgensen introduced the SG on gene and stem cell therapy pointing out the aims of the SG, to build an international network of excellence in stem cell therapy and to develop novel immune therapy, and the ongoing studies. Dr Karim Raza, co-chair of the SGRFRA, reported about this SG and subsequently Dr Francesca Barone provided an update of ESSential. Finally, Prof Pierluigi Meroni reported about the Laboratory Investigation in Rheumatology SG (Chair: Dr Johan Rönnelid) providing updates regarding the development of EULAR recommendations for the use and interpretation of laboratory diagnostic tests for the management of systemic rheumatic diseases. The meeting was concluded by Prof Xavier Mariette who will take over as ESCIR chair after EULAR Congress. Prof Mariette provided an overview of the aims and goals of ESCIR for the next 2 years.
João Madruga Dias

MD, is a Rheumatology Consultant at Centro Hospitalar Médio Tejo (Portugal) with a special interest in inflammatory rheumatic diseases in pregnancy, musculoskeletal ultrasound and arthroscopy. He trained arthroscopy in Saint Vincent's University Hospital, University College of Dublin. He is a member of the board of the Rheumatology College of the Portuguese Medical Association and the Portuguese representative at UEMS (European Union of Medical Specialists).

The EULAR Standing Committee on Paediatric Rheumatology business meeting took place on Thursday, 9th of June 2016. I was present as a representative of EMEUNET Education subgroup. Professor Tadej Avčin, the current chair of ESCPR, presented several topics about the ongoing and future work, including the EULAR-PReS online course on paediatric rheumatology, EULAR grants that allowed close and productive collaborations between EULAR and PReS and PReS/EULAR cooperation projects, including clinical and ultrasonography guidelines. In view of a closer integration between PReS and EULAR, two new initiatives were started. Networking among the EMEUNET members and PReS trainees was promoted at the EULAR congress and an EMEUNET representative was invited to come to PReS 2016 and present EMEUNET through a short oral presentation and poster. Representatives of PARE and ENCA met at the EULAR congress in Rome and discussed options for future closer collaboration, as paediatric patients included in ENCA will become adults and therefore, expected future members of PARE. Discussion embraced PReS initiatives, including the project on the European Syllabus for Training in Paediatric Rheumatology that will set out minimum requirements for training in tertiary care Paediatric Rheumatology and harmonise training programmes between different European countries. The EU grant project SHARE (Single Hub and Access point for Paediatric Rheumatology in Europe) was also discussed. Prof. Tadej Avčin was very enthusiastic and positive about the existence of a Paediatric Rheumatology subsection in the EMEUNET Do-No-Miss and Highlights Newsletter. This was quite relevant for me personally, as I had the initiative and proposed the existence of this “13th topic” some years ago in the Newsletter Subgroup.I was also asked about the future EULAR Immunology Course to take place in Lisbon, 2018. There is high interest from Paediatric Rheumatology researchers in this event (some already participated in this year’s first edition), and I was offered the chance to disseminate this course across PReS channels.

I consider that the presence of EMEUNET members at this meeting was productive and created opportunity for future collaborations.
Professor Esperanza Naredo has introduced us to the current activities EULAR Standing Committee on Musculoskeletal Imaging (ESCMI). In this moment the musculoskeletal ultrasound (MSUS) is extremely powerful tool in modern rheumatology but it should be defined and standardized as much as possible. The definition for the educational/training center has been clearly made and the EULAR network of imaging centers has been developed. The major aim of a EULAR network of imaging centers is to attract rheumatologists and/or trainees in rheumatology who will be educated in a particular imaging technique or in developing research projects. One of the main goals of EULAR is to educate. MS imaging plays an important part in rheumatology education, practice and research. In the last decade, the rapid technological development of new MS imaging modalities has made education not only a necessity but also a challenge for rheumatology. The EULAR Imaging Library is an online gallery of the widest spectrum of imaging modalities, traditional and newer from the most common to the rarest rheumatic and MS diseases, in adults and children. This growing image collection offers a valuable educational resource for rheumatologists and other physicians or health professionals focused on the MS system. In addition, this novel Imaging Library enhances its educational value with an original design. What about EULAR On-line Introductory US Course? In my opinion it should be mandatory before any kind of practical course. Knowledge and skills are targeted at the level felt to be appropriate for European rheumatologists who would like to acquire a basic theoretical knowledge on MSUS. Participants of this course might later plan to continue with the training program by attending EULAR MSUS Courses and/or MSUS courses with EULAR endorsement. During this business meeting the need for other online courses has been mentioned. The online magnetic resonance imaging and conventional radiography courses should be created as soon as possible. In the ESCMI there are several task forces and in the near future they will create new US guidelines for MS system, vasculitis and they will define how to write evaluation form in purpose to standardize it. In the near future we are expecting so many new things in this field. Why? The main reason is that modern rheumatology is seeking for validation and standardization all types of MS imaging methods in purpose to enhance the quality of every day clinical work and improve the treatment and follow-up of our patients.
EDUCATIONAL EVENTS
SEPTEMBER 2016

XVI Mediterranean Congress of Rheumatology
- When and Where: 1-4 September, Sarajevo, Bosnia and Herzegovina
- Website: http://ww2.mediterraneanrheumatology.org/?folio=7POYGN0G2

35th Annual Meeting of the European Bone and Joint Infection Society
- When and Where: 1-3 September, Oxford, United Kingdom
- Website: http://ebjis2016.org

5th FFN Global Congress 2016
- When and Where: 1-3 September 2016, Rome, Italy
- Website: http://fragilityfracturenetwork.org

7th EULAR Course on Capillaroscopy
- When and Where: 8-10 September, Genoa, Italy
- Website: http://www.eular.org/edu_course_capillaroscopy.cfm

Protease world in health and disease
- When and Where: 14-17 September, Kiel, Germany
- Website: http://www.uni-kiel.de/Biochemie/symposium2016

17th International Conference on Behcets Disease
- When and Where: 15-17 September, Matera, Italy
- Website: http://www.allmeetingsmatera.it/behcets/

15th International Congress on Antiphospholipid Antibodies
- When and Where: 21-24 September, Istanbul, Turkey
- Website: http://www.apsistanbul2016.org

4th Joint EFLM-UEMS Congress: Laboratory medicine at the clinical interface
- When and Where: 21-24 September, Warsaw, Poland
- Website: http://www.eflm-uems.warsaw2016.eu

23rd PReS Congress
- When and Where: 28-September-1 October, Genoa, Italy
- Website: http://www.pres.eu
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

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<tr>
<th>Course</th>
<th>Duration</th>
<th>Link to course content</th>
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<tr>
<td>11th EULAR On-line Course on Rheumatic Diseases</td>
<td>2 years</td>
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<tr>
<td>3rd EULAR / PReS On-line Course in Paediatric Rheumatology</td>
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The EULAR On-line Courses on Rheumatic Diseases, CTDs, SSc and US are also available as APP

THE OPINION OF TWO PARTICIPANTS:

“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.”
THE EULAR COURSE ON CAPILLAROSCOPY

The aim of this intensive and interactive EULAR CAP course is to provide all participants with an update on the power of the safe and non-invasive nailfold videocapillaroscopy (NVC) technique in the field of rheumatic diseases, in particular for the early diagnosis of the scleroderma spectrum diseases, its predictability and prognostic value, as well as its role as a tool for the therapeutic follow up.

Participants will be fully involved in interactive theoretical and practical capillaroscopic sessions (Learning and Testing sessions) engaging a large number of rheumatic patients. Updated clinical sessions concerning the diagnostic/prognostic value of NVC in diseases such as systemic sclerosis and the effects of targeted therapies on microcirculation and immune-inflammatory reaction will represent a stimulating gym based on large clinical cases discussion. Links between the CAP patterns and biomarkers such as autoantibodies will also be updated since evolved.

In particular, reading and scoring (manual and automated systems) of the videocapillaroscopic images of living patients will be discussed and their predictive value to identify possible clinical complications (i.e. digital ulcers in systemic sclerosis, lung involvement etc.) will be analyzed including in the pediatric population. Recent international studies reported (CAP study) about new predictive models or index based on capillaroscopic analysis. New sessions on practical evaluation of the peripheral blood flow by laser doppler and LASCA imaging have been introduced. Lessons and practical session on skin ultrasound (US) evaluation will be also available and will be combined with the severity of the videocapillaroscopic images (patterns) in living patients. Important links between CAP, laser blood flow analysis and clinical results of therapies, will be presented and discussed for the follow up of patients.

At the end of this top course that is supported by a tutorial team formed by some of the best worlds experts on the matter, the participants will be able to use the capillaroscopy for their day-to-day staging and follow-up in particular of patients affected by scleroderma spectrum diseases.

Next EULAR Course on Capillaroscopy will take place on 8-10 September 2016 in Genova, Italy

REGISTER NOW TO SAVE YOUR PLACE!
TRAVEL BURSARIES ALSO AVAILABLE

For information and to register visit: http://www.eular.org/edu_course_capillaroscopy.cfm
THE EULAR POSTGRADUATE COURSE

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, newly certified rheumatologists as well as more experienced rheumatologists who need to remain up-to-date in rheumatology and immunology. A unique 3 day refresher, "crash course", in clinical and experimental rheumatology taught by selected faculty of European experts in a very interactive and cordial environment. Participants have the opportunity to meet the experts in an informal setting and network with trainees and rheumatologists from all over the world. The course includes interactive workshop sessions and participants choose which to attend (How to design a clinical trial in rheumatic diseases, how to study adverse events of new therapies, how to design a study to understand risk factors, how to design a study to define critical molecular pathways in a rheumatic disease, how to review an abstract, how to write a paper).

Next EULAR Postgraduate Course will take place on 23-26 October 2016 in Prague, Czech Republic

REGISTER NOW TO SAVE YOUR PLACE! TRAVEL BURSARIES ALSO AVAILABLE

For more information and to register: http://www.eular.org/edu_course_postgraduate.cfm

THE OPINION OF A PARTICIPANT:

Is it possible to learn the many facets of rheumatology within three days, discuss the arthritides, vasculitides and connective tissue diseases, and make new friends from all over the world? No, of course, that's not very realistic, but the EULAR Postgraduate Course comes very close to fulfilling these challenges. The three day course is designated to clinical residents and fellows who already have solid knowledge and basic skills in rheumatology. Based on that, the participants acquire general scientific and in-depth clinical knowledge about the major rheumatic diseases. The programme covers a great deal of what clinicians really need to know in their clinical routine, presented and discussed by world-leading experts of the field of rheumatology. With participants from Europe, Africa, and the Near East, the EULAR Postgraduate Course is international and exciting. It's amazing to learn that the standard of care in rheumatology is high worldwide, and fascinating to discover the subtle differences in how clinical practice looks like in various countries. Despite a very dense and compacted schedule, the course offers enough leaves to exchange one's experiences with international fellow students from all over the world. One central element of the EULAR Postgraduate Course is the vivid interaction between teachers and students. The organisers foster these interactions by organising case discussions and workshops in small groups. During the coffee breaks, at lunch and dinner the teachers mix with the students, so that it is always easy to have in-depth discussions, make new friends and build networks. The organisers and teachers created a safe and pleasant learning atmosphere. Ingrid Lundberg, head of the organising committee and moderator of the course, actively involved the students and guided the discussions upon the need of the participants. In addition to Ingrid’s dedication, the perfect organisational work by Gabriela Kluge from the EULAR Secretariat and the MCI group merit special thanks: They brought together the international group of teachers and students in Prague, one of Europe's historical centers of science and education.

Christian Beyer, Germany
THE EMEUNET CALENDAR

We have recently set up a new calendar of events and deadlines that can be found on the EMEUNET website [http://emeunet.eular.org/calendar.cfm](http://emeunet.eular.org/calendar.cfm)

This calendar offers the great opportunity to be synchronized with your own agenda, so that you will never miss a deadline!

You can use applications such as outlook, using the following ICAL links:

For deadlines: [ICS file deadlines](http://emeunet.eular.org/calendar.cfm)
For events: [ICS file events](http://emeunet.eular.org/calendar.cfm)

Following the links, you will download a .ics file, if you have outlook installed the calendar should be automatically added to your agenda when opening the file.

If you have an android phone, the calendar will be automatically available on your phone.

If you have an iPhone, you can easily set it to automatically synchronize with a google account, by following the instructions at this link

[http://www.digitaltrends.com/mobile/sync-multiple-google-calendars-on-iphone-or-ipad](http://www.digitaltrends.com/mobile/sync-multiple-google-calendars-on-iphone-or-ipad)

We hope you will find this service useful and we welcome your feedback, should anything go wrong with the synchronization or should you have any suggestions.

Your EMEUNET Education and Social Media Subgroups

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JOIN THE 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.

Last call came from the EULAR study group for the new EULAR recommendations for the management of foot and ankle conditions in people with rheumatoid arthritis.

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