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 top rheumatology journals and in 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.

The EMEUNET 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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Atsumi et al. published (pp 75-83) the results of the first double-blind, randomised, parallel-group certolizumab pegol (CZP) study in methotrexate (MTX)-naive early rheumatoid arthritis (RA) patients with poor prognostic factors. CZP+MTX group showed significantly greater inhibition of radiographic progression relative to placebo+MTX at week 52, while safety results were similar. Results from the multinational COMORA study (pp 540-546) showed that female gender and lower individual or country socioeconomic status were independently associated with DAS28 in RA, but did not reinforce each other. The association between lower education or lower country welfare with higher DAS28 was partially mediated by uptake of bDMARDs. Gossec et al published (pp 499-510) an update on EULAR recommendations for the management of psoriatic arthritis (PsA) with pharmacological therapies, comprising 5 overarching principles and 10 recommendations, covering pharmacological therapies for PsA, focusing on musculoskeletal involvement. Gao et al. (311-315) showed that tofacitinib regulates synovial inflammation in PsA, inhibiting STAT activation and induction of negative feedback inhibitors, supporting JAK-STAT inhibition as a therapeutic target for the treatment of PsA. A multicentre, randomised, double-blind, non-inferiority trial of combined chondroitin sulfate and glucosamine hydrochloride versus celecoxib for painful knee osteoarthritis (OA) was performed by Hochberg et al. (pp 37-44). Comparable efficacy was found in reducing pain, stiffness, functional limitation and joint swelling/effusion after 6 months in patients with painful knee OA, with a good safety profile. A global ultrasound (US) assessment of structural lesions in OA was performed by Hammer et al (pp 402-407). This reliability study by the OMERACT US group scored cartilage and osteophytes in finger joints and showed acceptable agreement for cartilage being normal or with complete loss, but poor for the intermediate scores. As such, the use of the present semiquantitative US scoring system for cartilage pathology in hand OA is not recommended. Isenberg et al. studied the efficacy and safety of subcutaneous tabalumab in patients with systemic lupus erythematosus (pp 323-331). The results from ILLUMINATE-1 (a 52-week, phase III, multicentre, randomised, double-blind, placebo-controlled study) demonstrated that tabalumab had biological activity, however, key clinical efficacy endpoints did not achieve statistical significance. Safety profiles were similar with tabalumab and placebo. A EUSTAR prospective study demonstrated that joint and tendon involvement predict disease progression in systemic sclerosis (pp 103-109). Joint synovitis and tendon friction rubs (TFRs) were independently predictive of overall disease progression, as were the diffuse cutaneous subset and positive anti-topoisomerase-I antibodies. Joint synovitis and TFRs were also independently predictive of worsening of the modified-Rodnan skin score. Joint synovitis was predictive of the occurrence of new digital ulcer(s) and decreased left ventricular ejection fraction. TFRs were also confirmed to be an independent predictor of scleroderma renal crisis.
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.

The relevance and interpretation of changing cholesterol levels in treated rheumatoid arthritis remains controversial, a new analysis by Charles-Schoeman et al. from the TEAR study demonstrated a traditionally more favourable lipid profile with triple therapy (pp 577-586). New data by Salt et al. on fungal and mycobacterial infections during TNF inhibitor treatment again emphasises the key risk factor of concomitant glucocorticoids (pp 597-603). Reassuring data on the use of biologic DMARDs following serious infections has emerged with a lower risk in those receiving biologic DMARDs either alone or in combination with non-biologic DMARDs compared to those receiving non-biologic DMARDs alone, presumably due to the greater risk of serious infection associated with active inflammatory arthritis (Accortt et al. pp 67-76). The use of opioid analgesia is becoming increasingly widespread both within and without rheumatology, the use of these medications in rheumatoid arthritis appears to be associated with an increased risk of both serious infection, with an incidence rate ratio of 1.39, and non-vertebral fractures, with an odds ratio of 2.89 (Wiese et al. pp 323-331 and Acurcio et al. pp 83-91).

Our dermatology colleagues have long been convinced of the crucial importance of smoking cessation in the management of systemic lupus erythematosus (SLE) skin disease, it appears rheumatology is finally coming to the same conclusion with a new study by Montes et al. reporting the association of smoking with chronic damage and morbidity in SLE (pp 441-448).

Two recent studies by Kortekaas et al. (pp 392-397) and Neogi et al. (pp 654-661) again hint at the potential for the early targeting of inflammation as a treatment option to prevent the long term morbidity associated with osteoarthritis. The relative contribution of inflammation to hand osteoarthritis and the relevance of this to treatment options have seen conflicting results to date, the reported association of ultrasound detected inflammation and future erosions again raises this issue.

A report from the Multicentre Osteoarthritis study shows the importance of joint inflammation, but not bone marrow lesions, in the development of pain sensitisation in knee osteoarthritis.

Ten-year results from the WEGENT study by Puéchal et al. confirm the equivalence of methotrexate and azathioprine for maintenance remission in ANCA-associated vasculitides but the rates of relapse, adverse events and damage again highlight the need for improved management strategies in these diseases (pp 690-701). The role of intravenous immunoglobulin in the treatment of ANCA-associated vasculitides remains uncertain, a new report from the French Vasculitis Study Group adds to the data in this area (Crickx et al. pp 702-712).
England et al. (pp. 36-45) investigate the causes of mortality in male US Veterans from a rheumatoid arthritis (RA) longitudinal registry. Men with RA turned out to have an increased overall standardized mortality ratio (SMR: 1.97; 95% CI 1.77-2.1). As cardiovascular disease (CVD), cancer (mostly lung cancer, leukemia and lymphoma and prostate cancer) and respiratory diseases (mostly COPD and ILD) were the leading death causes, the respective SMRs were also increased: CVD 1.77 (95% CI 1.46-2.14), cancer 1.5 (95%CI 1.2-1.89) and respiratory diseases 2.9 (95%CI 2.2-3.83). Factors associated with all-cause mortality included older age, white race, smoking, low body weight, comorbidity, disease activity, and prednisone use. Rheumatoid factor concentration and nodules were associated with CVD mortality. There were no associations of methotrexate or biologic agent use with all-cause or cause-specific mortality. This emphasizes again the need for addressing cardiovascular risk factors and active disease in RA patients. Data from a single-center, prospective, observational longitudinal cohort of 1,200 adults with established or recent-onset RA suggest that achieving disease targets such as DAS28-CRP <2.6, the Simplified Disease Activity Index (SDAI) ≤3.3, or the Clinical Disease Activity Index (CDAI) ≤2.8 is better than only achieving low disease activity (LDA, defined as 2.6<DAS28-CRP≤3.2; 3.3<SDAI≤11.0 or 2.8<CDAI≤10.0). Alemao et al. (pp. 308-317) found an association of significantly enhanced physical functioning with target attainment (improved EQ-5D P < 0.0030 versus LDA or higher activity). Patients achieving guideline-recommended disease targets were 36–45% less likely to be hospitalized (P < 0.0500) and 23–45% less likely to utilize durable medical equipment (P < 0.0100). Data from registries of patients with end-stage renal disease (ESRD) and systemic lupus erythematosus (SLE) in the US were linked to investigate incidence rates of ESRD among SLE patients. Plantinga et al. (pp 357-365) report higher incidence rates among black patients vs white patients (13.8;95% CI 9.4–20.3 vs. 3.3;95% CI 0.8–13.0) per 1,000 patient-years. Not surprisingly, lupus nephritis was the strongest predictor of ESRD. In addition, black patients were usually younger than white patients. Lima et al. (pp 91-98) report data from a randomized, double-blind, placebo-controlled, 24-week trial evaluating oral cholecalciferol supplementation (50,000 IU/week) in juvenile SLE patients. Authors observed a significant improvement in SLEDAI (P=0.010) and in ECLAM (P=0.006) compared to placebo. The fatigue related to social life score was also decreased (P=0.008), indicating a beneficial effect of supplementation. Khanna et al. (pp. 167-178) published the new ACR provisional composite response index (CRISS) for clinical trials in early diffuse cutaneous systemic sclerosis. It includes 1 year-change of the modified Rodnan skin thickness score, the forced vital capacity, the patient and physician global assessments, and the Health Assessment Questionnaire disability index (HAQ-DI). Morardet et al (pp. 366-373) found an independent association of acro-osteolysis and calcinosis are with the late NVC pattern and particularly with severe capillary loss in systemic sclerosis, suggesting a contribution of local vasculopathy (and hence) ischemia to these pathologies.
Kragstrup et al. evaluated the role of the IL-20R axis in RA and associations between plasma cytokine levels and clinical disease in early rheumatoid arthritis (RA). They suggested that IL-20 and IL-24 link RA-associated autoantibodies with radiographic progression via the IL-22R1. Modulation of this axis holds promise as feasible anti-erosive treatment modalities in seropositive RA (18:61). Yoo et al. reported the 54-week results from the PLANETRA study in patients with active RA. They showed that in patients, inadequately responding to MTX, CT-P13, a biosimilar of the infliximab reference product (RP), had comparable efficacy, immunogenicity, pharmacokinetics and pharmacodynamics to RP up to week 54. CT-P13 was well tolerated, with a safety profile comparable to that of RP up to week 54 (18:82).

Milanez et al. investigated the long-term influence of anti-TNF drugs in IL-23/IL-17 axis of ankylosing spondylitis (AS) patients and provided novel data demonstrating that the IL-23/IL-17 axis is not influenced by TNF blockade in these patients despite clinical and inflammation improvements and NSAID intake (18:52).

Hosnijeh et al. confirmed the associations between urinary type II collagen degradation (uCTX-II) and serum cartilage oligomeric protein (COMP) concentrations and the radiographic progression of osteoarthritis (OA). They showed for the first time that the matrix metalloproteinase-dependent degradation of C-reactive protein (CRPM) predicts the risk of OA progression independent of the established biomarkers uCTX-II and COMP (18:81).

Using 3D ultrasound (US) Ammitzbøll-Danielsen et al. showed that the Doppler findings from the feeding vessels in or in close proximity to the tendon sheaths can be a source of error, not only due to their presence but also because they may be interpreted as being inside the tendon sheath due to blooming and reverberations artefacts. These vessels should be taken into consideration when diagnosing Doppler tenosynovitis (18:70).

Pandya et al. showed that the poor outcome in patients with polymyositis and dermatomyositis following immunosuppressive therapy was linked to persistence of CD244+ (CD28null) T cells in muscle tissue, suggesting their resistance against immunosuppression. A relative loss of regulatory T cells could also contribute to poor clinical outcome given their recently ascribed role in muscle tissue regeneration (18:80).

Hočevar et al. evaluated the EULAR/PRINTO/PRES classification criteria for IgA vasculitis in adult in whom IgAV is considered as a rare disease (18:58) and showed that in this patient population the EULAR/PRINTO/PRES IgAV classification criteria had a higher sensitivity and specificity than the ACR criteria (18:58).
Matcham et al. (pp 268-278) analysed the longitudinal impact of symptoms of depression/anxiety on treatment response, long-term disease activity and physical disability in rheumatoid arthritis (RA). They noticed association of persistent depression/anxiety symptoms with increased DAS-28 scores, HAQ scores, tender joint counts and patient global assessment of disease activity. The authors observed that patients with symptoms of depression/anxiety at baseline showed a 50% reduction in prednisolone treatment effect. Hifinger et al. (pp 735-744) noted that in RA, the country of residence has an important influence on fatigue. The data in multinational COMORA study, indicate that the patients from wealthier countries had higher fatigue. Iking-Konert et al., (pp 624-635) in a prospective, multicentre, non-interventional, observational study (ROUTINE), noticed that tocilizumab administered in a real-life setting showed clinically meaningful improvements and a safety profile in RA that was consistent with data reported from pre-approval Phase III studies.

Bagnato et al. (pp 755-762) assessed the effectiveness of a pulsed electromagnetic fields (PEMF) device in the management of pain in knee osteoarthritis (OA) patients, in a double blind, placebo-controlled, randomized clinical trial. The authors suggest that PEMF therapy is effective for pain management in knee OA patients and also affects pain threshold and physical functioning. Future larger studies, including head-to-head studies comparing PEMF therapy with standard pharmacological approaches in OA, are warranted.

Faurschou et al. (pp 649-653) assessed the impact of pre-existing co-morbidities on mortality among patients affected by granulomatosis with polyangiitis (GPA). During early follow-up periods, the mortality among GPA patients with pre-existing co-morbidities was markedly higher than that among GPA patients with no pre-existing illnesses. Their analyses identify an increased Charlson Comorbidity Index (CCI) score for pre-existing co-morbidities as an important risk factor for a fatal outcome in GPA.

Montalvan et al. (pp 279-285) noted the inefficacy of ultrasound-guided local injections of autologous conditioned plasma for recent epicondylitis in double-blind placebo-controlled randomized clinical trial with one-year follow-up. After 6 and 12 months of follow-up, no statistically significant difference for relative improvement in pain score, was found between both groups- first group- PRP (platelet-rich plasma) and the second group- saline solution injections. Mekinian et al., (pp 291-300) in multicentre retrospective study, observed an association of systemic inflammatory and autoimmune manifestations with myelodysplastic syndromes and chronic myelomonocytic leukaemia. They described myelodysplastic syndrome–associated systemic inflammatory and autoimmune diseases (SIADs). They discovered significant association between chronic myelomonocytic leukaemia (CMML) and systemic vasculitis. In the authors’ opinion the spectrum of SIADs associated to MDS is heterogeneous, steroid sensitive, but often steroid dependent.
The aim of the randomized phase II study of Tlustochowicz W et al (pp 495-503) was to evaluate the efficacy and safety of subcutaneous and intravenous loading dose regimens of Secukinumab in patients with active rheumatoid arthritis. At the end of the work primary endpoint, that was demonstrated the superior efficacy of pooled secukinumab versus placebo using American College of Rheumatology 20% response at week 12, was not met, but secukinumab demonstrated improved efficacy in reducing disease activity over placebo as measured by DAS28 and other secondary endpoints. The paper of Szkudlarek M et al (pp 12-21) presented results of a systematic literature review of bone erosion assessment in rheumatoid arthritis with ultrasound. The survey suggested that ultrasound can be a helpful adjunct to the existing methods of imaging bone erosions in rheumatoid arthritis.

In patients with early axial spondyloarthritis during 3 years of continuous Etanercept treatment Althoff CE et al (pp 618-624) demonstrated that both clinical examination and whole-body magnetic resonance imaging showed a decrease in enthesitis after 2 and 3 years of etanercept treatment. They observed a positive correlation of clinical and magnetic resonance findings at baseline at the anterior chest wall and the pelvis, no correlation was found at the knee and foot at baseline and for all regions at follow-up. Using Cochrane methodology Kroon FP et al (pp 607-617) realized a systematic review to determine the benefits and harms of nonsteroidal antiinflammatory drugs in axial spondyloarthritis. The results indicated with a high-quality evidence that both traditional and cyclooxygenase-2 nonsteroidal anti-inflammatory drugs are efficacious for treating axial spondyloarthritis, and harms are not different from placebo in the short term. Maas F et al (pp 383-7) in their large observational cohort study observed that obesity is more common in axial spondyloarthritis than in the general population and it is associated with worse clinical outcome.

In their prospective observational study Perrotta FM et al (pp 350-5) demonstrated that minimal disease activity was achieved in 61.3% of psoriatic arthritis patients treated with TNF-α blockers, identifying this as an achievable target for patients with psoriatic arthritis. Predictors of remission were also identified: male sex, high C-reactive protein, high erythrocyte sedimentation rate, and low Health Assessment Questionnaire. Data from the large observational study of Behrens F et al (pp 632-9) showed that adalimumab is an effective treatment option for patients with psoriatic arthritis with or without axial involvement. Compared with adalimumab monotherapy, the use of concomitant methotrexate with adalimumab does not improve articular or skin outcomes in patients with psoriatic arthritis regardless of axial symptoms.

Tselios K et al (pp 552-8) demonstrated that mycophenolate mofetil seems to be an efficacious alternative in refractory to standard of care non renal manifestations of systemic lupus erythematosus in the long term, allowing for disease activity control and significant reduction in corticosteroid dose.
EULAR recommendations for the management of familial Mediterranean fever were published (Ann Rheum Dis 2016;75(4):644-651), comprising 18 statements, each presented with its degree of agreement and scientific rationale. Genovese et al reported the results of a 24-week, randomized, placebo-controlled phase III trial evaluating efficacy and safety of baricitinib, an oral Janus kinase 1 and 2 inhibitor, at a dose of 2 or 4 mg daily, in patients with rheumatoid arthritis (RA). The trial included 527 patients with an inadequate response to or unacceptable side effects associated with one or more TNFi, other biologic DMARDs, or both. Baricitinib at the 4-mg dose was associated with statistically significant clinical improvements at week 12 vs placebo measured by ACR20 response (55% vs. 27%, P<0.001; primary end-point), HAQ-DI and DAS28-CRP. Baricitinib had higher rates of adverse events, including infections in comparison to placebo, was associated with a small reduction in neutrophil levels, and increases in serum creatinine and LDL levels (N Engl J Med. 2016 Mar 31;374(13):1243-52). Tarp et al., in the meta-analysis of short-term RCTs, assessed the efficacy and safety of biological agents for systemic juvenile idiopathic arthritis (JIA). Despite heterogeneous eligibility criteria and study designs across the five studies and different modified JIA ACR30 criteria, they noticed that canakinumab and tocilizumab are more effective than riltnotecan. Biologic agents in sJIA seem safe and comparable with respect to SAE risk in the short term. Rheumatology (2016) 55 (4): 669-679. In addition, the 2016 Classification Criteria for macrophage activation syndrome complicating systemic juvenile idiopathic arthritis were published (Ann Rheum Dis 2016;75:3 481-489). A EULAR/ACR/Paediatric Rheumatology International Trials Organisation Collaborative Initiative, this was a multistep process, based on a combination of expert consensus and analysis of real patient data.

In the field of systemic lupus erythematosus (SLE), two review articles discussed the pathogenic pathways and the therapeutic perspectives of lupus nephritis (Nat Rev Rheumatol. 2016;12(3):143-53, Nat Rev Rheumatol. 2016;12(4):221-34). Zhang et al conducted a retrospective case-control, single center study to compare the clinical and laboratory features of age- and gender-matched SLE patients with and without Evans syndrome (ES) in a 1:3 ratio. In 5724 hospitalized SLE patients, 27 SLE patients with ES were identified, therefore ES is a relatively rare complication of SLE. Photosensitivity, hypocomplementemia, and elevated serum IgG level were frequently observed in ES patients. More than half of patients presented with hematological manifestation at onset, and progress to typical lupus over months to years (Medicine (Baltimore). 2016 Apr;95(15):e3279.). The pathogenesis of primary Sjögren’s syndrome (pSS) remains unclear and treatment for pSS does not exist. Mingueneau et al reported the findings of an observational case-control study designed to discover new cellular biomarkers and therapeutic targets in patients with pSS using mass cytometry for the first time. 49 patients with pSS and 45 control subjects were enrolled for clinical evaluation and mass cytometry quantification of 34 protein markers in blood. A 6-cell disease signature defined
by decreased numbers of CD4 and memory B lymphocytes, decreased plasmacytoid dendritic cell numbers, and increased representation of activated CD4 and CD8 T cells and plasmablasts were identified. Blood cellular components correlated with clinical parameters and, when taken together, clustered patients into subsets with distinct disease activity and glandular inflammation. The authors propose that similar immunophenotyping strategies could be implemented in longitudinal and interventional clinical settings in pSS and other disease areas (J Allergy Clin Immunol. 2016 Apr 1. [Epub ahead of print]). Hallmarks of systemic sclerosis (SSc) are obliterative vasculopathy and fibrosis. Bone marrow-derived mesenchymal stromal cells (MSCs) from SSc patients may harbor disease-specific abnormalities. Hegner et al hypothesized disturbed vascular smooth muscle cell (VSMC) differentiation with increased propensity towards myofibroblast differentiation in response to SSc-microenvironment defining growth factors. Therefore, responses of multipotent MSCs from six SSc-patients (SSc-MSCs) and six age- and sex-matched healthy controls (H-MSCs,) to long-term exposure to: connective tissue growth factor (CTGF), basic fibroblast growth factor (b-FGF), platelet derived growth factor-BB (PDGF-BB) and transforming growth factor-β1 (TGF-β1) were studied. Differentiation towards VSMC and myofibroblast lineages was analyzed on phenotypic, biochemical, and functional levels. MSCs from SSc patients exhibited deregulated VSMC differentiation with a shift towards myofibroblast differentiation. This data expands the concept of disturbed endogenous regenerative capacity of MSCs. Disease related intrinsic hyperresponsiveness to TGF-β1 with increased collagen production may represent one responsible mechanism. Better understanding of repair barriers and harnessing beneficial differentiation processes in MSCs could widen options of autologous MSC application in SSc patients (PLoS One. 2016 Apr 7;11(4):e0153101). Preventive strategies available for modification of risk factors contributing to the development of knee osteoarthritis as well as interventions for early care aiming at the avoidance of joint-replacement surgery have been reviewed by Roos et al. (Nat Rev Rheumatol 2016;12(2):92-101). In this setting, taken the economical burden of OA, two articles focused on this topic. Bruyère et al reported a consensus statement on the European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO) algorithm for the management of knee osteoarthritis to apply such algorithm in real-life (Semin Arthritis Rheum 2016;45(4 Suppl):S3-S11). Katz et al evaluated clinical and economical outcome of nonsteroidal anti-inflammatory drugs and opioids in the treatment of knee osteoarthritis in older patients with multiple comorbidities (Osteoarthritis Cartilage 2016;24(3):409-18).

As far as vasculitis are concerned, the management of primary and secondary central nervous system vasculitis has been reviewed by Salvarani et al (Curr Opin Rheumatol 2016;28(1):21-8), while Lally et al discussed summarized current available evidence regarding B-cell targeted therapies in systemic vasculitis (Curr Opin Rheumatol 2016;28(1):15-20). A systematic review and meta-analysis of studies evaluating subclinical atherosclerosis in Behcet’s disease has been recently performed by Merashli et al highlighting the need of large prospective studies to draw definitive conclusions regarding this topic. In addition, Ozguler et al provided an update of currently available data and future perspectives regarding the management of this disease (Curr Opin Rheumatol 2016;28(1):45-50).
**EDUCATIONAL EVENTS**

**MAY-JUNE 2016**

**MAY 2016**

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| 32nd Annual Congress of Clinical Rheumatology | When and Where: 12-16 May, Destin, FL  
Website: [http://ccrheumatology.com/](http://ccrheumatology.com/) |
| 3rd EUROSPINE Spring Speciality Meeting | When and Where: 12-13 May Kraków, Poland  
Website: [http://www.eurospin-spring.com/home/](http://www.eurospin-spring.com/home/) |
| 43rd Annual European Calcified Tissue Society Congress | When and Where: 14-17 May, Rome, Italy  
Website: [http://2016.ectscongress.org](http://2016.ectscongress.org) |
| International Conference on Rheumatology (ICR) | When and Where: 23-24 May, London, United Kingdom  
Website: [https://www.waset.org/conference/2016/05/london/ICR](https://www.waset.org/conference/2016/05/london/ICR) |
| European Musculo-Skeletal Oncology Society (E.M.S.O.S) Meeting | When and Where: 25-27 May, La Baule, France  
| XIV International Conference on Osteoporosis Osteoporosis, Osteoarthritis and Musculoskeletal Diseases (ICOOMD) | When and Where: 26-27 May, London, United Kingdom  
Website: [https://www.waset.org/conference/2016/05/london/ICOOMD](https://www.waset.org/conference/2016/05/london/ICOOMD) |

**JUNE 2016**

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| 17th EFORT Annual Congress | When and Where: 1-3 June, Geneva, Switzerland  
Website: [https://www.efort.org/17th-efort-congress-2016-geneva-ch-1-3-june](https://www.efort.org/17th-efort-congress-2016-geneva-ch-1-3-june) |
| 23rd EULAR Ultrasound Course | When and Where: 5-7 June, London, United Kingdom  
Website: [http://www.eular.org/edu_course_ultrasound.cfm](http://www.eular.org/edu_course_ultrasound.cfm) |
| 5th EULAR Course for Ultrasound Trainers in Rheumatology | When and Where: 5-7 June, London, United Kingdom  
Website: [http://www.eular.org/edu_course_ultrasound.cfm](http://www.eular.org/edu_course_ultrasound.cfm) |
JUNE 2016
(continued)

EULAR Congress
- When and Where: 8-11 June, London, United Kingdom
- Website: http://www.congress.eular.org/

ESSR 2016 Meeting
- When and Where: 9-11 June, Zürich, Switzerland

FOCIS 2016
- When and Where: 22-25 June, Boston, MA
- Website: http://www.focisnet.org/2013-03-07-14-01-50/2015-annual-meeting

13th International Conference on Innate Immunity
- When and Where: 23-28 June, Rhodes, Greece
- Website: http://www.aegeanconferences.org/src/App/conferences/view/104

Bone Research Society Annual Meeting 2016
- When and Where: 29 June-1 July, Liverpool, United Kingdom
- Website: http://boneresearchsociety.org/meetings/#7

JULY 2016

Advanced Musculoskeletal Epidemiology Summer School
- When and Where: 4-8 July, Manchester, United Kingdom
- Website: http://tinyurl.com/ameSummerSchool
The first EULAR-EMEUNET Immunology Course took place on 1-2 April 2016 and was hosted by the Nova Medical School in Lisbon. The course was organized by the EMEUNET Working Group members Christophe Richez, Caroline Ospelt, also past chair of EMEUNET, João Madruga Dias, Diane van der Woude, and Christian Beyer. The Faculty included 7 experts in the field of immunology from around Europe and the United States. The 40 participants were selected with a competitive application process. This one and half day course covered advanced immunology knowledge, therefore having some immunological experience was essential to make the most of the course. The Faculty addressed hot topics in immunology including the pathogenic, prognostic and therapeutic implications of immune cell abnormalities in rheumatic diseases. The discussion following every lecture was active and stimulating with several questions coming from the audience. During the workshops, some participants had the opportunity to discuss in detail the project they presented in the application phase. Other participants, the organizers and the Faculty critically analyzed potential pitfalls, strengths and weaknesses of the projects providing valuable suggestions and advices to improve their feasibility and scientific impact. The late afternoon and evening were animated by an exciting Peddy Paper walking tour to explore the historical beauties of Lisbon and a typical Portuguese dinner to further promote networking among participants.
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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<th>Course</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:

“Ultrasoundography 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

REGISTRATION OPENS IN MAY, 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, EMEUNET Working Group member, 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
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
For events: ICS file events

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

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

ACR 2016 CONGRESS ABSTRACT SUBMISSION

In 2016, the Annual ACR Congress will take place on 11-16 November in Washington DC. Would you take the chance to present your work in one of the largest rheumatology events? The on-line abstract submission system opens on tuesday May 3.

For additional information about the Congress and to submit your abstract follow the link:

http://acrannualmeeting.org/
The Italian Society for Rheumatology (SIR) national meeting was held on 25-28 November 2015 in Rimini, Italy. We had for the second year a Session for Young Rheumatologists to discuss and promote education/career possibilities in Italy and abroad. EMEUNET was highlighted in this session as a powerpoint presentation was given to explain aims and organization of EMEUNET and to encourage young Italian rheumatologists to join our expanding network. EMEUNET flyers were also circulated to provide attendees with all information at a glance.

In addition, the Facebook and Twitter pages of Italian Young Rheumatologists were launched and an official email address was established (giovanireumatologi@gmail.com) to exchange relevant information. This represented an important step forward in the building of a national network of young clinicians and scientists working in the field of Rheumatology.

Sara Monti, EMEUNET Country Liaison for Italy
Alessia Alunno, EMEUNET Working Group member