Dear young rheumatologists and researchers in rheumatology,

We are happy to present you the second issue of the EMEUNews Press Review.

The Press Review, planned to be released three times a year, 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.

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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A EULAR/ACR (pp 1789-1798) collaborative initiative elaborated gout classification criteria. The entry criterion requires at least one episode of peripheral joint or bursal involvement. The presence of monosodium urate (MSU) crystals in a symptomatic joint/bursa or in a tophus is sufficient to consider the subject as having gout. New classification criteria include clinical, laboratory (serum urate, MSU-negative synovial fluid aspirate), and also imaging (double-contour sign on ultrasound or urate on dual-energy CT, radiographic gout-related erosion). Sensitivity and specificity of the criteria are 92% and 89% respectively. Another EULAR/ACR collaboration elaborated recommendations for the management of polymyalgia rheumatica (PMR) (pp 1799-1807). Eight overarching principles and nine specific recommendations were developed covering several aspects of PMR. A systematic review of EULAR-PReS (pp 1946-1957) delivered points to consider for the clinical practice usage of imaging in the diagnosis and management of juvenile idiopathic arthritis (JIA) in clinical practice. These encompassed the role of imaging in making a diagnosis of JIA, detecting and monitoring inflammation and damage, predicting outcome and response to treatment, progression and remission and using guided therapies. Haroon M et al published a novel evidence-based detection of undiagnosed spondyloarthritis in patients with acute anterior uveitis: the Dublin Uveitis Evaluation Tool (pp 1990-1995). This algorithm showed 95% sensitivity and 98% specificity, and could be useful in detecting the approximately 40% of patients presenting with idiopathic acute anterior uveitis that have undiagnosed spondyloarthritis. Mandl et al demonstrated the relationship between radiographic joint space narrowing, sonographic cartilage thickness and anatomy in rheumatoid arthritis (RA) and control joints (pp 2022-2027), confirming that ultrasound is a valid tool for measuring metacarpal cartilage thickness. An extended report by Raaschou et al (pp 2137-2143) concluded that among patients with RA and a history of breast cancer, those who started anti-TNF treatment did not experience more breast cancer recurrences than patients treated otherwise. The generalisability of these findings to women with a very recent or a poor prognosis of breast cancer remains unknown. Rakie and colleagues (pp 1659-1666) found that in patients presenting with non-specific musculoskeletal symptoms and anti-CCP, the risk of progression to inflammatory arthritis could be quantified. A model for progression was devised using four variables: tenderness of hand or foot joints, early morning stiffness ≥30 min, high-positive autoantibodies, and positive ultrasonographic power Doppler signal. None of the five individuals at low risk (score 0) progressed, compared with 31% at moderate risk (1-2) and 62% at high risk ≥3). Zen et al assessed the prevalence of prolonged remission in Caucasian patients with systemic lupus erythematosus (pp 2117-2122), concluding that 37% of Caucasian patients achieved a prolonged remission, which was associated with a better outcome. Last but not least, a review of salivary gland histopathology in primary Sjögren’s syndrome (pp 1645-1650) evaluated the evidence that might support the role of histopathology as a biomarker for stratification and response to therapy.
A study utilising the Women’s Health Initiative dataset has again demonstrated the importance of cardiovascular disease in rheumatoid arthritis (RA), demonstrating a 1.5-2.5 fold higher cardiovascular disease risk in post-menopausal women (pp 2311–2322). Another study identified disease activity, acute phase reactants, sick leave and disability pension as important risk factors for acute coronary syndromes in RA (pp 2845–2854). Fatigue has been the great imponderable in RA, Druce et al shed some new light on this neglected area by showing that improvements in fatigue do not result from changes in inflammatory disease activity (pp 2303–2310). Off-target effects of biologic agents continue to represent a significant concern to many, Onuoha et al present an intriguing report on the development of a designer pro-drug to limit these (pp 2661–2672). Sleep apnoea is associated with hyperuricaemia and is more common in gout patients, it has now shown to be an independent risk factor for incident gout (pp 3298–3302). Interstitial lung disease is an important complication in systemic sclerosis (SSc) with early detection likely to be important in attempts to reduce morbidity and mortality. Many practitioners utilise pulmonary function tests to screen for interstitial lung disease in SSc, a practice called into question by the high false negative rate identified in a study by Suliman and colleagues (pp 3256–3261).

Rhee et al have shown that patients with pulmonary arterial hypertension in the setting of connective tissue diseases have an increased rate of drug related adverse events compared to those with idiopathic pulmonary hypertension, suggesting a reduced overall benefit of pulmonary hypertension therapies in these patients (pp 2457–2465). The incidence of malignancies in vasculitis has been one of concern, a Dutch study has shown the increased risk appears to be confined to non-melanoma skin cancer in modern practice, which they attribute to reduced cyclophosphamide exposure (pp 3270–3278). The pathogenic mechanisms involved in giant cell arteritis remain to be fully elucidated, O’Neill et al demonstrate the potential importance of serum amyloid A in regulating these processes (pp 2447–2456). Regular exercise is a key component of the management of fibromyalgia. The low level of physical activity identified in treated fibromyalgia patients is therefore particularly worrying (pp 3047–3057).
A meta-analysis of eight randomized controlled trials by Graudal et al (pp. 1487-1495) compared radiographic progression in rheumatoid arthritis (RA) patients that were treated either with DMARDs or MTX plus a TNF inhibitor. Although there was a significant difference between groups in terms of radiographic progression, ACR50 and ACR70 response at 6 months after beginning of treatment, there was no difference any more during the second year (~0.09 units (~0.61, 0.44)) of treatment or during the first 2 years (0.66 units (~0.12, 1.43)). The difference at 6 months could be eliminated by using an initial steroid course. However, Bonafede et al (pp. 1656-1663) reported data from a retrospective analysis of more than 4,500 RA patients showing that, after adjustment for confounders, patients on a etanercept/MTX combination were more likely to adhere to their treatment regimen than patients with triple DMARD therapy (hydroxychloroquine, MTX, sulfasalazine; OR 1.79, 95% CI 1.47–2.17). Another retrospective analysis evaluated the additional benefit of MTX in 803 RA patients on TNF inhibitors for preventing the need for large joint replacement in these patients (Asai et al, pp. 1363-1370). Multivariate analysis revealed that concomitant MTX independently predicted large joint replacement (HR 0.36, 95% CI 0.20–0.65). The investigation of a large cohort of 849 psoriasis patients (with and without arthritis) revealed associations between parent and offspring psoriatic disease (Pollock et al, pp 1586-1590). More patients reported affected fathers than mothers (289 (57%) versus 220 (43%), respectively; P = 0.003), and there was a paternal transmission bias in psoriatic arthritis (PsA) probands. Furthermore, the proportion of paternal PsC–proband PsA pairs (161 of 214 paternal transmissions (75%)) was significantly larger than maternal PsC–proband PsA pairs (103 of 161 maternal transmissions (64%)) (P = 0.02). Muniz et al investigated the prevalence of the metabolic syndrome in 103 premenopausal women with systemic lupus erythematosus (SLE) (<40 years) compared to 35 healthy premenopausal age-matched women (pp. 1255-1262). The metabolic syndrome was more prevalent in SLE patients (22.3% versus 5.7%; P = 0.03). In addition, women with SLE and metabolic syndrome had a higher disease activity (SLEDAI, mean ± SD 5.9 ± 7.6 versus 1.9 ± 2.7; P = 0.006) as well as more previous and current renal disease. Unfortunately, these women received more glucocorticoids and less hydroxychloroquine. In a Spanish project with 468 women with fibromyalgia, Soriano-Maldonado et al investigated the association of physical fitness with pain (1561-1570). Overall, higher physical fitness was consistently associated with less pain and especially muscle strength and flexibility were independently associated (p<0.005) and there was a synergistic effect for their combination. Positive associations were also seen for protection of pain and coping (pain-related catastrophizing, and chronic pain self-efficacy). A prospective Australian study evaluated by Antony et al (pp. 1263-1271) investigated the effect of childhood physical fitness on tibial cartilage volume and tibial bone area 25 years later. There were consistent positive associations of all childhood measures, including physical work capacity at 170 bpm, leg strength, long-run, short-run, and sit-ups with adult medial and total tibial bone area.
Wirestam et al (pp. 338) confirmed that anti-high mobility group box protein-1 (HMGB1) antibodies are common in systemic lupus erythematosus and correlate with disease activity variables. Although their measurement by ELISA often coincide with nuclear IF-ANA staining, their results indicate that anti-HMGB1 antibodies do not give rise to nuclear staining of the predominantly used commercial HEP-2 cell slides. As part of the BELISS study in primary Sjögren’s syndrome Seror et al (pp. 241) conducted the first open-label proof-of-concept study to evaluate the efficacy and safety of belimumab in pSS and found promising clinical results, including a decrease in disease activity as assessed using the European League Against Rheumatism Sjögren’s Syndrome Disease Activity Index (ESSDAI) and in patients’ symptoms as assessed using the European League Against Rheumatism Sjögren’s Syndrome Patient Reported Index (ESSPRI). They also addressed the changes in labial salivary gland (LSG) inflammation and serum lymphocyte pattern after belimumab therapy and identified as the only predictor of treatment response the low count of blood and salivary NK cells. Hirigoyen et al (pp. 332) assessed the contribution of platelet-derived factors in patients with systemic sclerosis (SSc) in vitro and found that antiangiogenic factors such as VEGF165b, together with proinflammatory and profibrotic factors secreted by platelets, can contribute to the progression of peripheral microvascular damage, defective vascular repair, and fibrosis in this subtype of patients. Hesselstrand et al (pp. 329) proposed high frequency ultrasound examination as objective assessment tool of one facet of the complex process of skin fibrosis in early systemic sclerosis as the measured skin thickness develops in parallel with serum - cartilage oligomeric matrix protein (COMP), modified Rodnan skin score (mRSS) and the hand mobility test (HAMIS). Nasrallah et al (pp. 262) reported a distinct subsets of granulocytes found at baseline in patients with anti-neutrophil cytoplasmic antibody (ANCA) - associated vasculitis (AAV) that predicted whether they were more likely to achieve remission with cyclophosphamide or rituximab. Exploring different environmental factors and the incidence of granulomatosis and polyangiitis (GPA) Stamp et al (pp. 333) confirmed dust exposure as well as farm exposure as risk factors for the disease. The authors have shown that activities associated with exposure to inhaled antigens, in particular those related to farming or gardening activities may increase the risk of GPA. Merkt et al (pp. 337) suggest mature peripheral blood NK cell as a biomarker for GPA activity as their percentage positively correlate with the suppression of GPA activity. Ukai et al (pp. 383) suggested the use of both MRI and Laser-induced photoacoustic measurement (LIPA) for assessing the damaged cartilage site in osteoarthritis as LIPA makes it possible to assess not only the thickness of the cartilage layer but also its viscoelastic properties. In a Danish cohort study Larsen et al (pp. 304) have shown that, among hyperuricemic individuals, MSU crystal precipitation does not influence the risk of cardiovascular events when other important prognostic factors such as urate levels are adjusted for.
Regensburger et al investigated whether MRI allowed the detection of osteosclerosis as a sign of repair of bone erosions compared with high-resolution peripheral quantitative computed tomography (HR-pQCT) as a reference and whether the presence of osteosclerosis on HR-pQCT was linked to synovitis and osteitis on MRI. In the authors’ opinion MRI can only rarely detect osteosclerosis associated with bone erosions in rheumatoid arthritis (RA). The sensitivity compared with HR-pQCT is limited, while the specificity is high (pp 1573-1581). Iagnocco et al assessed Power Doppler ultrasound in monitoring of short-term response to anti-tumour necrosis factor alpha treatment in patients with RA (pp 1890-1896). Inciarte-Mundo et al analysed calprotectin concentration in patients with RA receiving tocilizumab. They noticed that calprotectin serum level was an accurate biomarker for assessing disease activity in RA patients receiving TCZ (2239-2243).

Falcao et al evaluated the US of Achilles tendon in 146 patients with spondyloarthritis and also assessed the activity of the disease. They noticed that Doppler US had significant associations with other disease activity measures, such as ESR, CRP and ASDAS, and it could be an objective outcome measure for enthesitis (pp1557-1562). Hsiao et al compared the effectiveness of plantar fasciitis treatment in a network meta-analysis. They reported that autologous blood-derived products (ABPs), followed by corticosteroids, were best in providing relief from pain at 3 months (pp 1735-1743). Sangle et al assessed the pregnancy outcome in patients with systemic vasculitis: a single-centre matched case-control study. They observed that patients with SV had a lower median gestational age, but birth weights were similar to those of healthy women. Women with SV may flare during pregnancy and the post-partum period and may experience significant pregnancy morbidity (pp 1582-1586). Terrier et al analysed the endoscopic management of tracheobronchial stenosis (TBS) in granulomatosis with polyangiitis and assessed the factors associated with the efficacy of endoscopic interventions. They noticed that high-dose systemic CSs at the time of the procedure and increased time from GPA diagnosis to bronchoscopic intervention were associated with a better event-free survival (pp 1852-1857). Varenna et al assessed in this randomized, double-blind, placebo-controlled study, the efficacy of neridronate i.v. in controlling pain in patients with acute painful knee osteoarthritis (OA). They observed that in patients with acute painful knee OA, four infusions of neridronate were associated with a clinically relevant pain benefit (pp 1826-1832). De Vita et al evaluated the efficacy and safety of belimumab given for 12 months in primary Sjögren’s syndrome: the BELISS open-label phase II study. The authors noticed that long-term treatment with belimumab may be beneficial in SS (pp 2249-2256). Furst et al evaluated 10-year effectiveness, safety results and response to standard therapy from study DE020: adalimumab treatment in patients with rheumatoid arthritis (pp 2188-2197).
In their study Terslev and other members of the OMERACT ultrasound working group (pp. 2177-2181) evaluated for the first time the validity of ultrasound as an outcome measure for gout. The authors showed that the reliability of the definitions ranged from moderate to excellent in static images and somewhat lower in patients, indicating that a standardized scanning technique may be needed, before testing the responsiveness of those definitions in a composite ultrasound score.

Hydroxychloroquine is used for its effect on systemic lupus erythematosus disease activity and longterm benefits, but the results can be limited by adherence. One way to assess adherence is to measure blood levels. Durcan et al (pp. 2092-2097) observed that there was a trend towards higher disease activity with lower hydroxychloroquine levels. Renal failure dosing led to suboptimum levels. They showed that weight-based dosing (max 400 mg daily) is appropriate and that height does not appear to influence levels. Measurement, counseling, and repeated testing can increase adherence rates. The data of Hui-Yuen and colleagues (pp. 228-295) demonstrate favorable clinical and laboratory outcomes in patients with SLE at 6 months across all racial and ethnic groups, with similar improvement seen among patients with childhood-onset SLE. Addimanda et al (pp.73-78) reported that the efficacy of anti-TNF-α agents for all psoriatic arthritis manifestations (peripheral arthritis, axial involvement, enthesopathy, and skin disease) suggests that anti-TNF-α efficacy might be related to the ability to influence angiogenesis and osteoclastogenesis, reduce synovial inflammation, and slow radiological disease progression. The frequency of discordance in patient's and physician's global assessments was evaluated in the article of Lindström et al (pp. 1781-5). They observed that the discordance of global assessments by patient (with rheumatoid arthritis, axial spondyloarthritis, and psoriatic arthritis) and physician is higher in female than in male patients of both female and male physicians. In conclusion their results highlights one of the challenges in shared decision making. Yamaguchi et al (pp. 1853-60) showed that an increase in ANCA level during remission was associated with a risk of disease relapse. A rise in ANCA level may be useful for guiding treatment decisions in appropriate subsets of patients with ANCA-associated vasculitis. Avouac et al (pp. 1801-7) showed that anti-endothelin 1 Type A receptor autoantibodies can be used together with the presence of current or past digital ulcers to identify patients with systemic sclerosis who are at risk for the development of subsequent digital ulcers. These autoantibodies may allow for earlier management and therapeutic intervention. The work disability in early systemic sclerosis was investigated by Sandqvist et al (pp. 1794-1800). In conclusion they noted a considerable increase in work disability three years after disease onset. Limited education, fewer years at workplace, and sickness absence before disease onset may be risk factors for sustained work disability. In their study Lomonte et al (pp. 1677-84) demonstrated that intraarticular injections with triamcinolone hexacetonide and methylprednisolone acetate in knee osteoarthritis are equally effective, and improvement in pain and function can be sustained for up to 24 weeks.
The IL-23/IL-17 axis is currently under intense investigation in inflammatory arthritis and several new data have been released over the last few months. Mease et al, reported the results of the FUTURE-1 trial, a randomized double-blind placebo-controlled phase III trial evaluating secukinumab in patients with psoriatic arthritis (PsA) experiencing DMARDs/anti-TNF failure. Secukinumab was more effective than placebo over a period of 24 weeks (N Engl J Med 2015;373(14):1329-39). McInnes et al reported the results of the FUTURE-2 trial that included a 5-year follow up to assess long term safety, tolerability and efficacy of secukinumab in PsA (Lancet 2015;386(9999):1137-46).

In the field of PsA, also the results of the TICOPA (tight control of inflammation in early psoriatic arthritis) trial have been published, supporting that tight control of PsA disease activity through a treat-to-target approach significantly improved joint outcomes for newly diagnosed patients (<24 months), with no unexpected serious adverse events (Lancet 2015;386(10012):2489-98).

Secukinumab has been also investigated in ankylosing spondylitis with the MEASURE-1 and -2 randomized double-blind placebo-controlled phase III trials. Patients received either i.v. secukinumab followed by s.c. secukinumab/placebo (MEASURE-1) or s.c. secukinumab/placebo over a period of 16 weeks. It emerged that the efficacy of s.c. secukinumab is independent of the i.v. loading (Baeten et al, N Engl J Med 2015;373(26):2534-48).

Although new biologic agents are being developed, this is also the era of biosimilars hence an update on what we know about these compounds has been released by Dörner et al (Nat Rev Rheumatol 2015;11(12):713-24). Although methotrexate is being extensively employed for the management of rheumatoid arthritis, psoriasis, psoriatic arthritis or inflammatory bowel disease, solid evidence on the risk of serious liver injury is lacking. Conway et al performed a meta-analysis of randomized controlled trials over 24 years to calculate the relative risk and severity of liver disease among patients treated with methotrexate (32 studies with 13,177 participants). Authors did not observe increased risk of liver failure, cirrhosis or death with methotrexate compared to other agents (Semin Arthritis Rheum 2015;45(2):156-162). Cardiovascular comorbidity in rheumatic diseases is a challenging scenario to deal with in daily clinical practice, therefore it has been extensively reviewed by Nurmohamed et al (Nat Rev Rheumatol 2015;11(12):693-704). In the field of systemic sclerosis, van Laar et al analysed the efficacy of haematopoietic stem cell transplantation in poor-prognosis systemic sclerosis. In the authors’ opinion the early results confirm that HSCT shows clear advantages over conventional immunosuppression, but with significant toxicity (Rheumatology (Oxford) 2015;54(12):2126-2133). The GRIPHON phase 2 event-driven trial, evaluated selexipag, an oral selective IP prostacyclin-receptor agonist, in pulmonary arterial
hypertension. Although the risk of the primary composite end point of death or a complication related to pulmonary arterial hypertension was significantly lower with selexipag than with placebo, mortality was similar to that of placebo (N Engl J Med 2015;373(26):2522-33). It is now well established that patients with *systemic lupus erythematosus* display a higher risk of solid and hematological malignancies. This topic has been recently reviewed by Goobie et al including most recent data. Authors confirmed an increased risk of non-Hodgkin’s lymphoma, lung, liver, vulvar/vaginal and thyroid malignancies, but interestingly also reported a decreased risk of hormone-sensitive cancers, such as breast and prostate (Curr Opin Rheumatol 2015;27(5):454-60). The anti-DNA antibodies are included in the ACR classification criteria for systemic lupus erythematosus but still several aspects about their origin, fate and clinical implication are unclear. Rekvig et al reviewed this topic in light on recent immunological findings (Nat Rev Rheumatol 2015;11(9):530-40).

The therapeutic management of *anti-phospholipid syndrome* (APS) is another challenging issue. In fact, while there is general consensus regarding the therapeutic recommendations resulting from randomized controlled trials and observational studies, for a subset of patients the course of management is unclear as the evidence is scarce. Espinosa et al reviewed the ‘lights and shadows’ of therapeutic strategies in APS (Nat Rev Rheumatol 2015;11(10):586-96).

Conventional procedures for tissue analysis did not allow to study the mechanisms and sites of monosodium urate monohydrate (MSU) crystal deposition in *gout* so far. Pascual et al reviewed the advances in this field achieved in the last few years thanks to modern imaging techniques (Nat Rev Rheumatol 2015;11(12):725-30). Long term treatment of postmenopausal *osteoporosis* is a challenging clinical issue in daily clinical practice. The DATA trial previously showed that combined teriparatide and denosumab increased bone mineral density more than either drug alone but the discontinuation of both compounds resulted in rapidly declining bone mineral density. In the DATA-Switch trial, an extension of the DATA trial, women originally assigned to teriparatide received denosumab, those originally assigned to denosumab received teriparatide, and those originally assigned to both received an additional 24 months of denosumab alone. In women switching from teriparatide to denosumab, bone mineral density continued to increase, whereas switching from denosumab to teriparatide results in progressive or transient bone loss (Lancet 2015;386(9999):1147-55).

Although surgical total knee replacement is widely employed for the treatment of moderate-to-severe knee *ostearthritis*, high-quality evidence to support the effectiveness of the procedure, as compared with nonsurgical interventions, is lacking. To this aim, a randomized controlled trial to compare unilateral total knee replacement followed by 12 weeks of nonsurgical treatment to only the 12 weeks of nonsurgical treatment was performed. Total knee replacement was associated with a higher number of serious adverse events and treatment with total knee replacement followed by nonsurgical treatment resulted in greater pain relief and functional improvement after 12 months than did nonsurgical treatment alone. Most patients who were assigned to receive nonsurgical treatment alone did not undergo total knee replacement before the 12-month follow-up (N Engl J Med 2015;373(17):1597-606).

Taken the importance of *epidemiology research* in the field of musculoskeletal disorders, Symmons et al published a comprehensive review article to introduce the methodology and interpretation of population and clinical epidemiological studies (Nat Rev Rheumatol 2015;11(11):631-8).
**EDUCATIONAL EVENTS**
**FEBRUARY-MARCH-APRIL 2016**

**FEBRUARY 2016**
- **Hot Topics in MSK US**
  - When and Where: 11-12 February, Barcelona, Spain

- **4th Systemic Sclerosis World Congress**
  - When and Where: 18-20 February, Lisbon, Portugal
  - Website: [http://web.aimgroupinternationalcom/2016/sclerosiscongress/](http://web.aimgroupinternationalcom/2016/sclerosiscongress/)

- **36th European Workshop for Rheumatology Research**
  - When and Where: 25-27 February, York, United Kingdom
  - Website: [http://ewrr.org/index.html](http://ewrr.org/index.html)

**MARCH 2016**
- **Intensive Course in Applied Epidemiology**
  - When and Where: 7-11 March, Aberdeen, United Kingdom
  - Website: [http://www.abdn.ac.uk/iahs/research/epidemiology/icae-aberdeen-course-158.php](http://www.abdn.ac.uk/iahs/research/epidemiology/icae-aberdeen-course-158.php)

- **BRS Training Course: Osteoporosis and Other Metabolic Bone Diseases**
  - When and Where: 16-18 March, Oxford, United Kingdom
  - Website: [http://boneresearchsociety.org/meeting/brsosteo2016/](http://boneresearchsociety.org/meeting/brsosteo2016/)

- **EULAR Course on Health Economics in Rheumatology**
  - When and Where: 31 March-1 April, Nancy, France
  - Website: [http://www.eular.org/edu_course_health_economics_on_rheumatology.cfm](http://www.eular.org/edu_course_health_economics_on_rheumatology.cfm)

- **OARSI 2016 World Congress**
  - When and Where: 31 March-4 April, Amsterdam, The Netherlands
  - Website: [http://2016.oarsi.org](http://2016.oarsi.org)

**APRIL 2016**
- **1st EULAR Course on Immunology**
  - When and Where: 1-2 April, Lisbon, Portugal

- **8th Annual International EUREKA Certificate Program**
  - When and Where: 3-9 April, Siracusa, Italy
  - Website: [https://www.eurekainstitute.org/certificate-program/2016-registration-form](https://www.eurekainstitute.org/certificate-program/2016-registration-form)

- **10th International Congress on Autoimmunity**
  - When and Where: 6-10 April, Leipzig, Germany
  - Website: [http://autoimmunity.kenes.com/](http://autoimmunity.kenes.com/)
APRIL 2016 (continued)

XIX Pan-American League of Associations for Rheumatology Congress
- When and Where: 10-14 April, Panama City, Panama
- Website: http://www.panlar2016.org/

World Congress on osteoporosis, osteoarthritis and musculoskeletal diseases (WCO-IOF-ESCEO)
- When and Where: 14-17 April, Malaga, Spain
- Website: http://www.wco-iof-esceo.org/

Rheumatology 2016
- When and Where: 26-28 April, Glasgow, United Kingdom
- Website: https://eiseverywhere.com/ehome/121743

MAY 2016

32nd Annual Congress of Clinical Rheumatology
- When and Where: 12-16 May, Destin, FL
- Website: http://ccrheumatology.com/

3rd EUROSPINE Spring Speciality Meeting
- When and Where: 12-13 May Kraków, Poland
- Website: http://www.eurospine-spring.com/home/

43rd Annual European Calcified Tissue Society Congress
- When and Where: 14-17 May, Rome, Italy
- Website: 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

European Musculo-Skeletal Oncology Society (E.M.S.O.S) Meeting
- When and Where: 25-27 May, La Baule, France
- Website: http://www.emsos2016.com/

XIV International Conference on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases (ICOOMD)
- When and Where: 26-27 May, London, United Kingdom
- Website: https://www.waset.org/conference/2014/05/london/ICOOMD
EULAR ULTRASOUND COURSE

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

The **intermediate course** (for up to 60 participants with some experience in MSUS) aims at consolidating standardised MSUS scanning methods according to EULAR guidelines, as well as describing and identifying musculoskeletal lesions/abnormalities by US and knowing the role of MSUS in different musculoskeletal pathologies (inflammatory, degenerative and/or traumatic). The standardised approach in the study of the various anatomic regions as well as the future development of US technique and its role as a research tool is discussed.

The **advanced course** (for up to 60 participants with considerable experience in MSUS) focuses on difficult issues within MSUS and emerging research fields in MSUS (contrast enhanced, 3D, quantification of inflammation). This includes time for discussion with expert rheumatologists and radiologists in MSUS.

Next EULAR Ultrasound Course will take place on 5-7 June 2016 in London/Leeds, UK

**REGISTER NOW TO SAVE YOUR PLACE!**
**TRAVEL BÜRSARIES ALSO AVAILABLE**

For all information and to register visit: [http://www.eular.org/edu_course_ultrasound.cfm](http://www.eular.org/edu_course_ultrasound.cfm)

In addition to the ultrasound course, EULAR also offers a training programme for ultrasound trainers in rheumatology. The course will usually be held during two half-days prior to the EULAR Congress in the same city and accommodate some 35 participants. Participants should have attended the advanced EULAR Ultrasound Course first or have gained similar experience.

The course is mainly addressing rheumatologists who are planning to organise an ultrasound course under the auspices of EULAR and aims at improving teaching skills for both lectures and hands-on ultrasound workshops. Participants will also learn how to organise an ultrasound course and evaluate the skills of sonographers.

If you are interested visit: [http://www.eular.org/edu_course_ultrasound_trainer.cfm](http://www.eular.org/edu_course_ultrasound_trainer.cfm)
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