EULAR HIGHLIGHTS

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Dear young rheumatologists and researchers in rheumatology,

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

The EULAR 2018 Congress was an outstanding scientific event and, in this issue, we provide a selection of oral presentations and posters that have been presented in the various clinical and research areas of rheumatology. The selection reflects personal views of the contributors and thus is inevitably incomplete; nevertheless, it provides an overview of hot topics that were discussed in each field. Similarly to last year, the issue also includes selections from health professionals in rheumatology and PARE members.

In addition, we provide an overview of all events and activities organized by EMEUNET during the EULAR congress.

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

EMEUNET is immensely active in social media networks, such as Facebook and Twitter, while maintaining its original website and its robust visibility in 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, in order to 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.

With this editorial, we wish you restful and enjoyable summer holidays.

Casper Webers and Antonis Fanouriakis on behalf of the Newsletter Subgroup
BASIC RESEARCH I
Genetics, cartilage/synovium, osteoimmunology, animal models
Stefano Alivernini

The EULAR programme highlighted several new findings on these topics. Considering osteoimmunology, Spinelli et al (OP0104) showed that antibodies against carbamylated proteins are involved in osteoclastogenesis through the induction of RANKL expression in osteoblasts in vivo, suggesting their pathogenetic role in bone damage. Ansari et al (OP0105) investigated bone damage in an animal model of experimental osteoarthritis regulated by ZCCHC6, which is implicated in miRNA-mediated regulation of cytokine gene expression, such as IL-6. New evidence about the link between diet and metabolism with inflammation was presented by Hülser et al (OP0108) in an experimental model of osteoarthritis. The presented animal data resembled the human condition, with a deterioration of OA disease in high fat diet-treated animals. Interesting data were presented by Floudas et al (OP0314) regarding B-cell phenotype and function in the synovium of both ACPA positive and negative RA patients, showing a reduction in T-cell pro-inflammatory cytokines production in the latter, despite a similar accumulation of double negative B cells; this may suggest a common, antibody independent, contribution of B cells in synovitis. New results on the first time use of MALDI-Mass Spectrometry for the classification of synovial membrane of RA and PsA were presented by Rocha et al (OP0348), who showed a differential metabolic signature between the two diseases in terms of lipid composition. New insights about the stromal link to inflammation were provided by Marut et al (OP0327), who demonstrated that CXCL4 drives myofibroblast transformation and its essential role for fibrosis development across organs, supporting its potential use as novel therapeutic target. This biological action is not limited to stromal cells, rather CXCL4 affects the transcriptomic and genomic imprinting of dendritic cells driving fibrosis through extracellular matrix formation, as shown by Radstake et al (SAT0025). Striking data were presented in the field of SpA, wherein Asquith et al (FR01048) showed that sequencing data revealed presence of the microbe Blautia obeum, a close relative of Ruminococcus gravis, in joint tissue of HLA-B27/B2m transgenic rats which has been recently been associated with disease activity in patients with SpA. These findings corroborate data presented by Benfaremo et al (OP0271), who showed that patients with inflammatory bowel disease associated-SpA have increased bacterial infiltration of the ileal tract, with a downregulation of tight-junction proteins, suggesting a translocation of microbes/microbial products from the gut to extra-intestinal tissues contributing to disease pathogenesis.
As usual, the EULAR programme was full of cutting-edge findings on immunology. A number of presentations focused on the interferon (IFN) signature. Rönnblom et al (SP0174) summarized how the IFN signature (or maybe, signatures?) is becoming more complex, being even found in patients with malignancies and myocardial infarction. A layer of complexity was added by Psarras et al (OP0180), revealing that non-haematopoietic tissue-resident cells are the main producers of IFN in SLE, contrary to the classical plasmacytoid dendritic cell (pDC) theory. Heterogeneity among IFN signature(s) definitively matters and can be used in patient stratification. Oke et al (THU0381) confirmed this heterogeneity in SLE, whereas Parkes et al (THU0013) performed an exhaustive analysis about the role of microRNAs in IFN signature in myositis. Moreover, surrogate markers to evaluate type I IFN activation were also presented: MxA in SLE by Lambers et al (OP0175) and Theterin in psoriasis by El-Serbiny et al (FR10680). Autoantibodies were also a hot topic at EULAR. Floudas et al (OP0314) gave a presentation on the underlying immune circuits which account for the differences in disease progression between ACPA-positive and ACPA-negative RA patients, and with CD4+ T-cell activation playing a key role. Challenging the currently accepted notion of autoantibodies as pathogenic mediators, Chirivi et al (OP0318) demonstrated that therapeutic ACPA can exert protective functions by decreasing neutrophil extracellular trap (NETs) formation, antigen clearance, and the activation of proinflammatory cascades. Finlay et al (OP0269) explored the possibility that a specific subset of synovial tissue macrophages expressing CD206 and MerTK could be linked to tissue homeostasis and to sustained remission in RA, through a Gas6-dependent negative feedback on TNF production. Fehres et al (OP0205) explored the connection between APRIL, regulatory B cells (Breg) and disease outcomes in animal models, by reporting that APRIL induces the differentiation of IL-10-producing IgA+ B-cells, which were shown to prompt T-cell and macrophage inhibition via IL-10, PD-L1 and T regulatory cell differentiation. The connection of immunity with (fat) metabolism had also a well-deserved representation in the programme. The study of van Baarsen et al (OP0266) added to the understanding of the association between metabolism and RA development, by analyzing gene signatures from synovial tissue biopsies. A decreased expression of various enzymes linked to lipid metabolism and a decreased lipid staining was observed in individuals who later developed RA.
Aurélie Najm

Aurélie is Senior Registrar in the Rheumatology Department of Nantes University Hospital, France. She is also a PhD student at the University of Biology of Nantes. Her main research interests are immunopathology of synovial tissue in inflammatory arthritis, rheumatoid arthritis pathophysiology with a special emphasis on epigenetics and microRNAs, and new therapeutics and prognosis markers in rheumatoid arthritis. Aurélie is currently the leader of the Global Affairs Subgroup.

One of the challenges in rheumatology is to be able to reliably predict further development of clinical RA in patients at risk of arthritis. Van Baarsen et al (OP0266) performed a synovial tissue transcriptomic screening in patients at risk for arthritis. Interestingly, they found that the expression of immune response genes was increased in the absence of increased cellular expression assessed by histology. Contrary, genes regulating lipid metabolism had lower expression. This year, many studies focused on sustained remission in early RA or on DMARD-free remission in RA (the latter, defined as absence of clinical synovitis after a year or more of DMARD withdrawal). Baker et al (OP0043) presented the results of the BIORRA (BIOmarkers of prediction of Response to treatment in RA) study. They provide proof-of-concept that a combination of clinical, ultrasonographic and biologic markers (serum cytokines and T cells) can reliably predict drug-free remission. Interestingly, Burgers et al (OP0041) looked at differences in sustained DMARD-free remission in RA cohorts receiving either routine care or intensive treatments. No significant difference was found overall between the two groups. This hypothesis was further studied in a randomized trial by Zanframundo et al (THU0111), who reported on the predictors of sustained remission in patients with early RA treated with csDMARDs. Interestingly the only parameters that were significantly associated with sustained remission in multivariate analysis were the time to achieve remission and the depth of remission. Teitsma et al (FRI0040) showed presented that current smoking, no alcohol consumption and higher disease activity score (DAS28) were significantly associated with an inadequate response to methotrexate. Another important aspect in RA are the comorbidities and complications. In this regard, Baganz et al (OP0213) showed that patients having either a BMI above 30kg/m² or two or more comorbidities had a significantly lower chance of achieving low disease activity within 6 months. Regarding global mortality risk, Widdifield et al (OP0044) showed that the risk of death was not increased in a population with disease duration less than 6 years in RA cohorts. The mortality risk was overall increased by 14% by 10 years following entry in cohort. Nevertheless, this mortality risk is lower than the one reported in cohort studies published prior to 2000.
Francesca Ometto
Francesca is a rheumatologist at the University Hospital of Padova, Italy. Her major research interests include musculoskeletal diseases, mainly rheumatoid arthritis, biological drugs treatment and patient-reported outcomes. Francesca is currently the leader of the Country Liaison Subgroup.

Presentations at EULAR 2018 focused on how to optimize TNF-inhibitor (TNFi) treatment, by establishing predictors of response in RA. Through drug levels were proposed as a means to monitor treatment response, particularly infliximab in the SWEFOT trial (Hambardzumyan et al, OP0232), and, to a lesser extent, adalimumab (Smolen et al, THU0185). Achievement of clinical response at week 12 also provides accurate prediction of disease control after 6 months with adalimumab (THU0185). Development of anti-drug antibodies (ADA) against TNFi (OP0232) and of anti-nuclear antibodies (ANA) (Ishikawa et al, OP0114) predict poor response to treatment, and both ADA and ANA are associated with female gender (OP232, OP0114). Interestingly, vitamin D was also suggested as a marker for treatment response by Dankers et al; a higher response rate to etanercept was observed in patients not deficient in vitamin D at baseline (OP0115). TNFi trough levels might drive switching choices even better than ADA. L’Ami et al (OP0112) demonstrated that in patients not responding to adalimumab, who had low adalimumab concentrations, switching to a second TNFi was effective, as opposed to a poor response when adalimumab levels were intermediate or high. Long-term TNFi use may be associated with less structural damage: in a study from the UK, patients treated with TNFi underwent a lower number of joint replacements compared to patients treated with conventional synthetic DMARDs (csDMARDs) (Hawley et al, OP0116). Regarding pain perception, in the SWEFOT study infliximab was associated with lower rates of unacceptable pain at 2 years, compared to combination of csDMARDs (Olofsson et al, THU0184). Data on biosimilars of TNFi are now available in large cohorts of patients. In the DANBIO registry, SB4 - etanercept biosimilar - showed a lower retention rate in “switchers to biosimilar” compared to historic cohorts on originator drug. Still, switchers to biosimilar had better treatment survival compared to non-switchers, who usually had higher disease activity (Glintborg et al, THU0189). When considering biosimilar survival, contextual factors have to be considered, such as the time in which the biosimilar was started: patients starting infliximab biosimilar in the first year of availability showed a higher risk of discontinuing compared to those starting later (DiGiuseppe et al, THU0196). Finally, a novel subcutaneous formulation of CT-P13 - infliximab biosimilar – was presented by Westhoven et al (THU0191) with different doses injected biweekly (90, 120 and 180 mg), which performed comparably to intravenous CT-P13.
Ivan Padjen

Ivan is a rheumatologist at the Division of Clinical Immunology and Rheumatology, Department of Internal Medicine, UHC Zagreb in Zagreb, Croatia. His research focus lies in epidemiologic outcomes, disease activity, damage and patient-reported outcomes in systemic lupus and inflammatory arthritides. Ivan is a member of the Social Media Subgroup.

Poster sessions S5 (“Breakout news on non-TNF biologics in RA”) and S6 (“Novel insights on non-biologics in RA”) dealt with exciting novelties in the use of non-TNFα targeted biologics and non-biologic agents in the treatment of RA. Peterfy et al (SAT0168) presented MRI results following discontinuation of methotrexate (MTX) in patients with RA treated with subcutaneous tocilizumab (TCZ) in the COMP-ACT trial. In patients achieving low disease activity on TCZ + MTX, no difference in MRI changes was observed between patients who discontinued MTX compared to those that continued MTX with TCZ. Takeuchi et al (SAT0173) evaluated the safety and efficacy of long-term treatment of RA patients with denosumab (60 mg every 3 or 6 months). In patients treated with conventional synthetic DMARDs (csDMARDs), denosumab treatment was associated with inhibition of radiographic progression, suggestive of its additional therapeutic benefit, exceeding its use as an anti-osteoporotic agent. Ito et al (SAT0174) compared adverse events after orthopedic surgery between patients treated with abatacept and patients treated with csDMARDs. The authors concluded that the addition of abatacept to a csDMARD and/or glucocorticoids does not appear to increase the risk of postoperative adverse events. Bykerk et al (SAT0217) aimed to identify distinct disease activity trajectories over 12 months, using pooled data from three randomized controlled phase 3 trials of tofacitinib 5 mg bid. They succeeded to identify five trajectories, characterized by differences in disease activity and patient-reported outcomes, including baseline pain and physical function. Calabrese et al (SAT0220) examined the effect of live herpes zoster virus vaccination on zoster rates, in patients receiving tofacitinib with or without MTX, or adalimumab with MTX, in the context of the ORAL Strategy randomized controlled trial. They reported that rates of herpes zoster were generally similar between vaccinated and non-vaccinated patients. Furthermore, the rates were higher in the tofacitinib + MTX group compared to the tofacitinib monotherapy and adalimumab + MTX groups. Genovese et al (SAT0219) reported on the safety and efficacy of upadacitinib (15 mg or 30 mg once daily), an oral selective JAK1 inhibitor, in a randomized controlled trial in patients with RA who inadequately responded to biological DMARDs. Rapid improvements were observed with both doses of upadacitinib during the first 12 weeks of treatment. Adverse event rates were higher with the 30 mg dose compared to both the 15 mg dose and placebo.
The scientific interest in PsA is growing bigger every year. As reported by Elhamoun et al (OP0312), the International League of Associations for Rheumatology (ILAR) treatment recommendations for PsA in resource-poor countries are now available; they were developed by adapting the GRAPPA as well as the EULAR recommendations, supplemented by expert opinion from these regions. Regarding PsA pathogenesis, Soare et al (OP0131) reported results of a study, in which the total number of circulating innate lymphoid were increased in PsA patients compared to healthy controls and correlated with disease activity and bone remodeling. Puksic et al (OP0125) presented data from an observational PsA cohort, where DAPSA (Disease Activity in Psoriatic Arthritis) score was mostly influenced by tender joint count and patient’s pain and had no significant association with a comprehensive ultrasound examination. This finding may underline possible limitations of using DAPSA in “treat-to-target” strategies in PsA. Cheng et al (OP0127) reported that effective suppression of inflammation by achieving sustained minimal disease activity with synthetic and biological DMARDs may prevent subclinical atherosclerosis and arterial stiffness progression in PsA patients. Lopriore et al (OP0129) suggested that clinical PsA subsets seem to have different features, natural course, response to drugs and survival of TNF-inhibitors (TNFi); the “axial + poly” PsA subset seems to be more aggressive and difficult to treat. Along with presentations of agents with already proven efficacy and safety in PsA, a special focus was made on studies dedicated to novel targeted therapies. The results from a phase 2 trial concerning efficacy and safety of risankizumab (RZB), a selective IL-23p19 inhibitor, in patients with active PsA over 24 weeks were presented by Mease et al (OP0307). Patients maintained improvement in joint and skin symptoms and showed evidence for inhibition of radiographic progression through 24 weeks. RZB was well-tolerated with no new or unexpected safety findings. The efficacy and safety results of another novel IL-23 inhibitor (guselkumab, GUS) in patients with active PsA were presented by Deodhar et al (OP0308). GUS demonstrated substantial benefits on joint symptoms, physical function, psoriasis, enthesitis, dactylitis, and quality of life. Similarly, GUS was well-tolerated with no unexpected safety findings in this population after 1 year of exposure.
Areas of interest regarding axial SpA (axSpA) during this year’s EULAR congress were diagnosis, treatment and progression of structural damage. Ortolan et al (OP0323) investigated whether early axSpA manifests differently in males and females, and assessed whether this impacts on the diagnostic process. While male patients more frequently were HLA-B27-positive and/or imaging-positive, these factors (HLA-B27 and imaging) were associated with a diagnosis of axSpA in both males and females. This suggests that gender-specific diagnostic strategies for axSpA may not required. Van Lunteren et al (THU0232) showed that, in patients suspected of axSpA, a positive family history is not associated independently (of HLA-B27) with a diagnosis of axSpA. In a session on discriminating between patients and healthy individuals, several studies were presented on the presence of imaging abnormalities suggestive of axSpA in the latter (see ‘Imaging’, p. 12).

As usual, treatment of axSpA was extensively covered. Van der Heijde et al (LB0001) presented results of a phase 2B study of bimekizumab, a dual antagonist of IL-17A and IL-17F, in patients with active radiographic axSpA (formerly AS). Compared to placebo, use of bimekizumab led to more frequent and greater clinical improvements (ASAS40 response, change in ASDAS-CRP / BASDAI). Couvaras et al (OP0022) reported that a good response to NSAIDs did not predict a subsequent response to TNFi in patients with early axSpA. Results from the ABILITY-3 trial were presented by Landewé et al (OP0334); patients with non-radiographic axSpA who have achieved sustained remission are less likely to maintain remission after TNFi discontinuation, compared to TNFi continuation. The entity of nr-axSpA has raised concerns regarding misdiagnosis and potential administration of TNFi to patients with SpA (with, for example, fibromyalgia). Navarro-Compán et al (OP0322) showed that, compared to the period before TNFi approval for nr-axSpA, disease activity parameters in female axSpA patients at time of TNFi initiation are nowadays higher, concluding that female patients treated with TNFi today have indeed axSpA (and not fibromyalgia). Finally, in a session dealing with progression of structural damage in axSpA, Gensler et al (OP0198) presented their work on the effect of TNFi and NSAID use on radiographic progression. Results suggested a synergistic effect of these drugs, as the effect of TNFi use on radiographic progression was largest in patients with a high NSAID index, and absent in those without NSAIDs.
During the EULAR congress in Amsterdam this year, several updates on classification and pathogenesis of SLE and APS were presented. Aringer et al (OP0020) presented results from a validation study of the new EULAR/ACR Classification Criteria for SLE. These new criteria assign weight to several salient SLE manifestations, using ANA of $\geq 1:80$ as entry criterion and a classification threshold of 10 points. It has a high sensitivity and specificity in classifying SLE (close to SLICC criteria for the former and similar to ACR for the latter). Hisada et al (OP0356) explored the role of plasmablasts in the production of anti-phospholipid antibodies. In this study, plasmablast proliferation was more pronounced in patients with a risk allele of SNP in the TLR7 gene, as well as type I IFN signaling, suggesting a common pathophysiology between SLE and APS.

Translating targeted therapy from bench to bedside continues to be problematic in SLE. Abatacept failed to meet its primary endpoint (complete renal response, CR, at week 52) in a phase III randomized controlled trial (RCT) in proliferative lupus nephritis, as presented by Furie et al (OP0253). However, the abatacept-treated group had more rapid improvement in proteinuria compared to placebo (as early as day 85), which led to earlier, sustained CR. Morand et al (OP0251) presented a post-hoc analysis of the atacicept phase Ib RCT in lupus; the original, negative study had used SRI-4 as the primary endpoint. The authors showed that, in SLE patients with high disease activity at baseline (SLEDAI$\geq 10$), treatment with atacicept 150 mg vs placebo was associated with 3-10-fold increased odds of achieving a low disease activity state and remission. Thus, these endpoints might be more robust and meaningful than the SRI for future SLE trials. There were other promising novel therapies in SLE. Van Vollenhoven et al (FRI0303) presented data from a phase II RCT of ustekinumab, which showed an impressive 29% difference in SRI-4 response rate, favoring ustekinumab over placebo. In a phase II RCT of baricitinib in SLE patients with arthritis and rash, a significantly greater proportion of patients in the baricitinib 4 mg group compared to placebo achieved resolution of SLEDAI-2K arthritis or rash (67% vs 53%, respectively) as well as SRI-4 response (64% vs 48%, respectively), as presented by Wallace et al (OP0019). From the perspective of safety, Mok et al (OP0117) presented results from an RCT showing that administration of a live attenuated herpes zoster vaccine (Zostavax) was well tolerated and provoked an expected antibody response compared to placebo in SLE patients who had baseline SLEDAI score <6 and were not receiving intensive immunosuppression.
Tânia Santiago

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The HOT and WIN sessions included informative overviews of the advances in the diagnosis and monitoring (H. Schulze-Koops) and treatment of vasculitis (John H. Stone). The research community continues to look at better ways of classifying vasculitis-spectrum disorders, which has important implications for future clinical trial design. C. Denton (SP0010) presented an overview of the pathogenesis of systemic sclerosis (SSc), involving reciprocal interaction between fibroblast-matrix-vessel. Evidence supporting these new treatment strategies is emerging and it is likely that restoration of a more balanced interaction between vessels, extracellular matrix and fibroblasts would underpin effective therapies for the fibrotic and vascular components of SSc. Novel therapies to treat SSc were presented by D. Furst (SP0012). A EUSTAR observational study reported promising results about the use of rituximab in skin, lung and joint involvement (OP0142). Al-Sheikh et al (THU0426) emphasised that ethnic variations in SSc manifestations may be present. However, in the setting of a universal health care system, this does not result in significant differences in survival. Regarding innovative methods to identify lung involvement, novel insights were presented. Gutierrez et al (OP0141) presented interesting data on the validity of pulmonary ultrasound (US) in detecting subclinical interstitial lung disease (ILD) and its predictive value for detecting disease progression in ILD in SSc. In addition, Gargani et al (FR0439) investigated the role of magnetic resonance imaging (MRI) signals in different pathological and non-pathological lung areas. The authors reported the usefulness of lung MRI in SSc patients to differentiate normal, dependent and pathologic areas, without the need for contrast medium administration, and with good correspondence to other functional and imaging parameters. Finally, a research group led by Vettori et al (FR0463) confirmed that quantitative computer-assisted computed tomography (CT) of the lungs could be a reliable method for SSc-ILD evaluation and found that it could also be useful in predicting the evolution of lung function in the short-term (1 year follow-up). Also, Dumitr et al (THU0390) described subclinical SSc-cardiomyopathy by cardiac MRI (CMR). This longitudinal study revealed that CMR is sensitive to change over time. More individuals developed late gadolinium enhancement of focal fibrosis despite immunosuppressive treatment, and extracellular volume (diffuse fibrosis) appeared to worsen in a group with poor prognosis.
Manouk de Hooge

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Ten Brick et al (OP0153) showed in subjects at risk for developing RA the presence of subclinical inflammation that spontaneously resolved. Disappearance of inflammation was matched by normalisation of MRI-detected inflammation and physical functioning. Boeters et al (SAT0686) showed frequent presence of general erosions in undifferentiated arthritis (UA) patients, while RA specific erosions were rarely seen in UA patients. However, MRI-detected erosions were not associated with an increased risk to progress to RA. Puksic et al (OP0125) showed no significant association between comprehensive ultrasound (US) assessment and disease activity in PsA, while they showed that the DAPSA score was mostly induced by the tender joint count. Seven et al (OP0245) frequently found inflammatory and fatty lesions and erosions on MRI of the sacroiliac joints (MRI-SI) in patients with axial SpA (axSpA). To some extent, they also detected such lesions in patients with lumbar disc herniation and healthy subjects, especially in women with postpartum pain. De Winter et al (OP0244) found similar results, but additionally found that inflammatory lesions quantified as ‘deep’ are distinct in axSpA patients and differ from patients with back pain and healthy controls. Sepriano et al (OP0246) showed the predictive value of inflammatory lesions on MRI-SI and MRI of the spine for structural progression after 5 years in patients with early axSpA. Investigating the progression from non-radiographic axSpA to radiographic axSpA, Protopopov et al (FRI0175) found the odds of progressing to a radiographic state of the disease increased with the presence of active and structural lesions on MRI and structural damage on radiographs at baseline. Renson et al (FRI0177) showed that patients with early peripheral SpA who reach clinical remission have less inflammation on a whole body MRI compared to patients with ongoing high disease activity. In the same study (CRESPA study), these authors studied the correlation between swollen and tender joints found by clinical examination (CE) and inflammation of joints and entheses assessed with US and whole body MRI (FRI0214). They found a low correlation, as MRI detected more enthesitis compared to CE and US did not identify as much enthesitis as CE. New and adjusted standardized definitions of MRI lesions were presented on behalf of the Assessment of SpondyloArthritis international Society (ASAS) group (THU0276). In hand osteoarthritis, the association between joint tenderness and synovitis, bone marrow lesions (BML) and osteophytes on MRI was reported by Van Beest et al (FRI0547). They found that an increase in synovitis and osteophytes on MRI corresponded with an increase in pain, while a decrease in synovitis associated with decreased tenderness of the joint.
The interest in crystal arthropathies seems to increase over the last years, as imaging methods (ultrasound, dual-energy computed tomography) get more refined and new therapies have entered the market (e.g. febuxostat, lesinurad). Several studies investigated the role of ultrasound for the diagnosis of crystallopathies, namely gout. Christiansen et al (FRI0229) reported on the validity of the OMERACT ultrasound definitions of gout elementary lesions (i.e. double contour [DC], tophus, aggregates and erosions). DC and tophi had high positive predictive values (PPV) for gout in patients with microscopically-proven gout and especially for patients with clinically diagnosed gout. In contrast, negative predictive values (NPV) were relatively low for all lesions. Uson et al (FR10569), however, found in their study that interobserver agreement for these items is highly dependent on examiner expertise; only experts and ultrasound teachers have a high interobserver agreement. There is further debate on the role of serum uric acid (sUA) as a cardiovascular risk factor, and the analysis by McLean et al (FRI0241) addressed this by investigating inflammatory and cardiovascular biomarkers (partly mRNA, partly ELISA) in hyperuricemic and hypertensive patients on febuxostat. Somewhat surprisingly, they found no significant relationship between sUA and inflammatory or cardiovascular markers at baseline, while the effect of febuxostat on markers was sporadic. Likewise, an imaging study performed by Pascart et al (SAT0377) investigated the association of traditional cardiovascular risk factors and the calculated ACC/AHA 10 year-risk for heart disease or stroke with UA volumes on DECT imaging. Again, no association was found. Inhibition of IL-1 is an increasingly interesting therapeutic approach in crystallopathies. Hence, Capassoni et al (AB1035) reported that ultra-low dose of anakinra (an infinitesimal dilution concentrated at 10 fg/mL, of which 20 drops are administered sublingually) in chronic gout is a safe and successful therapy, combined with low dose colchicine (0.5 -1 mg) and urate lowering agents. Thomas et al (FR10243) retrospectively analyzed the efficacy and safety of anakinra in acute calcium pyrophosphate deposition disease (CPPD), wherein glucocorticoids, NSAIDs and colchicine were previously used ineffectively. More than 80% of patients responded by day 4, with a reduction of mean VAS pain score, tender and swollen joint counts and CRP level. Crystallopathies are an important differential diagnosis of seronegative RA, which was illustrated again by Paalanen et al (AB0256): a retrospective analysis of 435 seronegative RA patients revealed that 17 patients had CPPD.
In the opening plenary session, Curtis et al (OP0017) presented their analysis of the rate of hip fractures following a drug holiday (temporary discontinuation) in a cohort of women on long-term bisphosphonate (BP) therapy. Hip fracture rates gradually increased as the length of the drug holiday increased, reaching a maximum in women with a drug holiday lasting more than 2 years. Romera-Lopez et al (OP0065) investigated the relationship between disease activity and radiographic damage, and bone mineral density (BMD) and vertebral fractures (VFs) in patients with axial SpA. Both CRP levels and spinal radiographic damage were independently associated with the presence of VFs. The FRAME study, presented by Cosman et al (OP0344), randomized patients to 1-year use of romosozumab (Romo) or placebo (PBO), followed by denosumab in both groups in the second year. Compared to patients in the PBO group, patients in the Romo group had increased gains in BMD after the second year. Also, although both groups received denosumab, the fracture rates during the second year were lower in the Romo group. In the same session, Saag et al (OP0345) reported that use of denosumab was associated with increased spine and hip BMD compared to risedronate after 24 months in glucocorticoid-treated subjects, with a similar safety profile in both groups. Minten et al (OP0058) evaluated the effect of low-dose radiation therapy (LD-RT) on hand or knee osteoarthritis (OA) in two randomized controlled trials (RCT). No effect of LD-RT on pain, functioning or inflammatory aspects on ultrasound or MRI was observed, which led the authors to advise against the use of LD-RT as treatment for hand or knee OA. The role of OA as an independent risk factor for cardiovascular disease (CVD) is often debated, due to concurrent treatment with NSAIDs (a known risk factor for CVD). Atiquzzaman et al (OP0190) evaluated the mediating role of NSAIDs in the OA-CVD relationship and found that OA is an independent risk factor for CVD, and that NSAIDs have a substantial role as mediator in the OA-CVD association. Investigating the relationship between preoperative clinical pain, radiographic OA severity and postoperative pain and function in patients undergoing total knee arthroplasty (TKA), Van de Water et al (FRI0529) showed that, with increasing radiographic OA severity, the effect of preoperative pain on postoperative clinical outcome decreases. Finally, the updated EULAR recommendations for the management of hand OA were presented by Kroon et al (SP0161), promoting evidence-based, up-to-date management of hand OA.
PAEDIATRIC RHEUMATOLOGY

Mike Becker

The use of biologics has increased the direct health costs in patients with juvenile idiopathic arthritis (JIA) over the last years, with a plateau since 2014, as reported by Redeker et al (OP0100) for Germany. However, this has to be viewed in conjunction with the indirect and intangible costs and long-term prognosis of patients. Biologics are also increasingly tested in clinical trials for JIA populations. Nassar-Sheikh Rashid et al (THU0554) investigated B-cell depleting therapy with rituximab in children and adolescents belonging to three patient subgroups: autoimmune diseases (AID), immune dysregulation (ID) and renal diseases (RD). Time-to-B-cell-repopulation after RTX did not significantly differ between different groups. Severe infections were common (27%) in the cohorts studied. Presence of antibodies against RTX seems to predict failure of B-cell depletion and/or anaphylaxis after RTX treatment. Rupert et al (THU0549) reported that a higher exposure to abatacept (SC 50–125 mg weekly) compared to IV (10 mg/kg monthly) in polyarticular JIA did not lead to a higher infection rate. Klein et al (THU0561) investigated the use of anakinra as a first- or second-line therapy in systemic JIA and found a high response rates in both settings. The effectiveness of an early DMARD combination in patients with JIA was investigated by Huang et al (THU0547). They concluded that an early combination approach improves clinical outcomes at 6 months more effectively than the step-up strategy in children with newly onset polyarticular JIA. Napp et al (THU0553) analyzed the combination of a TNF-inhibitor with leflunomide versus methotrexate in a German registry. Combination of both agents with TNF-inhibitors resulted in clinically meaningful improvements, with a comparable rates of remission at 6 months. Leflunomide turned out to be a well-tolerated alternative to methotrexate for polyarticular JIA. In a pediatric SLE cohort, compared to an adult cohort, damage accrual seems to increase at the same pace during childhood and adulthood, but juvenile SLE nephritis patients are at high risk of relapsing during adulthood, raising the issue of duration of immunosuppressive treatment (Pha et al, SAT0449). Occasionally, joint replacement is already needed in childhood arthritis. Pontikaki et al (AB1098) investigated the outcome of 160 joint replacements in patients on biologics. An analysis of ten years of follow-up proved an average prosthesis survival of 95.5% and good results in term of function and comfort for the patients. Complications were rare (2%).
Gonçalo Boleto is a trainee in rheumatology and clinical immunology in Reims University Hospital, France, and a research fellow within the Cochin Institute, Paris, France. His research focus on the pathophysiology of systemic sclerosis with a specific interest in experimental inflammation-driven fibrosis. Gonçalo is a member of the Newsletter Subgroup.

During the session “Let’s improve Diagnosis and treatment of Orphan Diseases”, Stone et al (OP0081) presented the results of a multicenter observational study which consisted of 493 subjects with IgG4-related disease (IgG4-RD), with the aim to identify phenotypic clusters that might differentiate clinically meaningful subgroups. Using an unbiased method, the authors identified four phenotypic clusters of IgG4-RD patients: Cluster 1, characterized by hepatobiliary involvement; Cluster 2, characterized by orbital and/or sinus disease; Cluster 3, characterized by dacryoadenitis and salivary gland involvement (Mikulicz syndrome) and Cluster 4, characterized by retroperitoneal fibrosis and/or aortic involvement. Interestingly, clusters were distinguished by age at diagnosis, as well as race/ethnicity and gender distribution, serum IgG4 concentrations, and frequency of hypocomplementemia. During the same session, Hatemi et al (OP0082) presented the results of a phase III randomized controlled trial (RELIEF), testing the efficacy of apremilast in 207 patients with Behçet’s syndrome (BS). The primary objective was to test whether apremilast 30 mg BID was superior to placebo in the treatment of active oral ulcers (OU) in patients with BS. The study included two phases: a first phase, wherein patients were randomized to apremilast 30 mg BID or placebo for 12 weeks and a 52-week active-treatment extension phase. Area under the curve for total number of OU over 12 weeks was significantly lower in the apremilast 30 mg BID group as compared to placebo. Moreover, apremilast showed significant benefits for secondary endpoints such as pain, OU resolution, maintenance of OU resolution, or time to OU resolution. Of note, the incidence of adverse events was comparable between apremilast- and placebo-treated patients. Babaoglu et al (THU0620) presented the results from the Gazi familial Mediterranean fever (FMF) cohort, evaluating the efficacy of on-demand use of anakinra in the treatment of colchicine-resistant FMF. In a total of 15 patients, the authors were able to show that on-demand use of anakinra significantly decreased attack duration and severity, autoinflammatory disease activity index, as well as absenteeism and presenteeism, in patients already on colchicine therapy. Furthermore, on-demand use of anakinra also prevented progression of prodromic symptoms to full-blown attacks. Hence, the authors suggest that on-demand anakinra could be of benefit in the treatment of FMF in selected patients.
Different innovative models of tailored care were presented at EULAR 2018 by HPR. Sweeney et al (OP0206-HPR) conducted a randomized controlled trial (RCT) comparing patient self-controlled scheduled follow-up (n=144) with traditional scheduled routine visits (n=145) in patients with RA. After the 1 and 2-year follow-up, both groups had similar results in DAS28, pain, fatigue, radiographic damage, satisfaction, patient-trust and involvement, and in quality of life (QoL). Patients in the intervention group made more phone calls and had fewer visits. This could provide a basis for a future organization of outpatient care. eHealth models were also on the spotlight, assessing their pros and cons. Although 9 out of 11 online interventions addressing psychological distress in RA and other long-term conditions were shown to be effective by one systematic literature review (Fishpool et al - THU0730-HPR), Ferwerda et al (OP0343-HPR) showed that despite being effective in QoL, an internet-based tailored guided programme based on cognitive behavioural therapy had more costs from a societal perspective. Concerns were also expressed by Rongen-Van Dartel et al (OP0159-HPR) regarding the considerable percentage of people with RA (44% out of 997) who, for various reasons, did not use an eHealth personal environment with self-management tools. Regarding the promotion of a healthy lifestyle, Thomsen et al (FRI0738-HPR) demonstrated a reduction of -1:10h in the daily sitting time, after 18 months of an intervention consisting of 3 motivational counselling sessions and tailored text messages aimed at increasing light intensity physical activity in RA patients (n=75), while in the control group (n=75) the opposite occurred (+1:32h/day of sitting time). The effects were also seen in other patient reported outcomes, lipids and HbA1c. Regarding cardiovascular disease risk, Primdahl et al (FR10738-HPR) showed that 35% of patients with inflammatory arthritis (IA) were at high risk. After a 30-minute nurse-led consultation, these high-risk patients significantly improved in all risk factors. Finally, one of the HPR award winning studies was a RCT by Hammond et al (OP0353-HPR), testing the effectiveness and cost-effectiveness of compression gloves (20% Lycra) — very usual in clinical practice in UK to reduce hand/finger pain and/or swelling (provided to 30% of OT caseload with RA)— against control gloves (11% Lycra: fitted at least one size too big) in people with RA and IA. It was shown that compression (n=103) and control/warmth (n=103) gloves had similar effects on hand pain, stiffness and function, as well as in satisfaction. Compression gloves were not cost-effective and their use is thus not justified.
As ever at the EULAR Congress, the PARE community delivered some excellent posters with the highlights of campaigns and activities undertaken during the past year. Nordlund et al (PARE0001), from the Swedish Organisation for Young Rheumatics, provided a thoughtful provoking campaign on raising awareness of the invisibility of rheumatic and musculoskeletal diseases (RMDs), particularly in young people. Being questioned and doubted about one’s condition is a considerable problem and there is a stigma around young people using priority seats on public transport. Their campaign, which included developing a new sticker including invisible disability in the traditional disability sign, was released on World Arthritis Day 2017. It was their most successful campaign ever, reaching 4.5 million people and it was liked and shared more than any other story on social media. Part of the PARE story now is the connection with patient organizations in many countries around the world. Proulx et al (PARE0014), from the Canadian Arthritis Patient Alliance, delivered an important study on ‘Getting the pulse on Workplace Experiences and Accommodations’. Over a quarter of people with arthritis in Canada between 25-44 do not work, and one third experience productivity loss and limitations in workplace activities. This is an especially interesting study for PARE, as next year’s EULAR Annual European Conference PARE theme is “Work”; therefore, it was interesting to see some findings on the impact of RMDs on work. The survey, which ran from December 2017 to February 2018, collected 396 responses, with 85% of participants claiming that arthritis had impacted on their employment a ‘great deal’ or ‘somewhat’. Eighty-one percent also said that work impacts their health. Some key challenges identified were: “hard to focus due to fatigue”, “work took energy away from other activities”, and “stress and feeling down due to work”. Interestingly, any accommodations made within the workplace, such as modifying working hours or the type of work performed, had only a maximum effectiveness of 50%. However, any personal accommodations made, such as reducing social activities (71%), pacing the working day (68%) or spreading out non-work commitments (62%) were more effective. The aforementioned highlights are just a sample of the tremendous work carried out by PARE organisations in 2018.
Congratulations to this year’s EULAR Abstract Award winners for their outstanding contribution in the field of rheumatology. Winners received their award during the Opening Ceremony.

<table>
<thead>
<tr>
<th>Basic science</th>
<th>Clinical science</th>
<th>HPR</th>
<th>PARE</th>
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<tbody>
<tr>
<td>Anne Musters  (Netherlands)</td>
<td>Cecilie Heegard Brahe (Denmark)</td>
<td>Alison Hammond (UK)</td>
<td>Martina Simone Engel (Switzerland)</td>
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<td>Mohammad Hussein Al-Mossawi (UK)</td>
<td>Ippei Miyagawa (Japan)</td>
<td>Julia S Malmborg (Sweden)</td>
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<td>Elena López-Isac (Spain)</td>
<td>Guoqi Cai (Australia)</td>
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<td>Sam Robert Finlay (UK)</td>
<td>Gloria Lliso-Ribera (UK)</td>
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<td>Julie Gandrup (USA)</td>
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<td>Louise Mary Topping (UK)</td>
<td>Kenneth Frank Baker (UK)</td>
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<td>Widian Laaraj (Germany)</td>
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The 10th edition of the Mentor-Mentee meetings was held at the EULAR Congress in Amsterdam with 3 mentors (Prof. Christopher Buckley, Prof. Maurizio Cutolo and Prof. Joachim Sieper) and 12 mentees. The meeting gave mentees the opportunity to discuss possible career options, their research, and their involvement in EULAR with leaders in the field. The meeting was a great success and positive feedback has been recorded in video by mentees as well as mentors. Stay tuned with EMEUNET to see these videos which will be released soon on EMEUNET’s YouTube channel EMEUNET TUBE

EMEUNET Peer Mentoring Subgroup

“Great opportunity for those starting in the field of Rheumatology. To have the chance to talk to great professors is something we should really cherish and embrace” (Valentina E. Emperiale, Spain)

“This provide us a way to get in touch with people that have a great knowledge on career path for us to take, and help us to realize about the several options we have. Mentors really dare to help us and provide the most knowledgeable advice” (Vital Da Silva, Portugal)

“I really enjoyed it. Right answers and lot of advice on how to pursue our goals. An opportunity that every EMEUNET member should take” (Luis F. Pérez, The Netherlands)
THE EULAR-EMEUNET AMBASSADOR PROGRAMME

The EULAR/EMEUNET Ambassador programme ran for its fourth year in 2018, having been established by the EMEUNET education subgroup in 2015. The aim of the programme is to support first and sometime second time attendees to the EULAR conference, integrate them into the EMEUNET community, establish potentially useful collaborations in their areas of interests, as well as hopefully form new professional links for the future. The first 30 people who expressed their interest were selected to participate, and were matched with EULAR ambassadors with similar interests (members of the EMEUNET working group). Our EULAR ambassadors this year were from a range of different countries and backgrounds: Jan Leipe, John Pauling, Alexandre Sepriano, Aurélie Najm, Javier Rodríguez Carrio and Simon Stones. We had lots of positive feedback from those who had the opportunity to participate in the programme this year. Also thank you to our enthusiastic EULAR ambassadors who did a wonderful job!

EMEUNET Education Subgroup

PARTICIPANT FEEDBACK

“It was a great pleasure to serve as ambassador in this EULAR/EMEUNET program! I was expecting to connect with a group of young and enthusiast group of first-time EULAR attendees to share some of my ‘strategies’ to deal with the (always) overwhelming experience of this congress. Also, I’m always keen to hear different views and opinions. That was exactly what it happened – i.e. nice and relaxed conversations with the mentees during the congress, starting in the first days and continuing during the congress and EMEUNET networking events. Taken all together, I could not recommend more this program, both to the ambassadors and mentees. What a memorable experience!”

“I would definitely recommend this programme to others, particularly those who are travelling alone to EULAR or for whom this is the first time. It provides the opportunity to network with trainees of varying grades and from several countries, as well as getting useful tips from someone who has been attending the conference for many years. The meeting was very relaxed and informal, and would certainly remove any worries associated with attending conference for the first time or alone.”
THE POST-DOC MENTORING PROGRAMME AT EULAR 2018

The 1st edition of the Post-Doc Mentoring Programme was held at the EULAR Congress in Amsterdam with 3 mentors (Prof. Désirée van der Heijde, Prof. Rik Lories and Prof. William G. Dixon) and 4 mentees. The 1-year program is based on a potential need of postdocs across Europe for an additional mentoring, which emerged from a large EMEUNET survey. This program represents a pioneer mentoring activity in the field of Rheumatology in Europe.

During the EULAR congress, mentees and mentors participated in kick-off, face-to-face meetings in order to define short- and mid-term career goals, for which the mentor can help achieving those. Mentees already received valuable career advice at this first meeting.

We believe that the meeting was a great success and received positive feedback by both, mentees and mentors.

EMEUNET Peer Mentoring Subgroup
THE 5TH COUNTRY LIAISON MEETING AT EULAR 2018

Once again, the team of EMEUNET Country Liaisons and the members of the Country Liaison subgroup met together during the EULAR annual congress.

The highlights from 2017 were presented during the meeting, with a special focus on the activities organized for young rheumatologists and researchers at the national level and some recent developments by the Country Liaison subgroup to keep on ensuring a good local promotion of EMEUNET. Afterwards, our colleagues Johanna Mucke (Germany), Christina Tsapalaki (Greece) and Diego Benavent (Spain) shared their experiences as Country Liaisons, with a special focus on their approaches to increase EMEUNET membership and awareness in their countries. Interesting clues on how to 'personalize' the promotion of EMEUNET to different target audiences were given. Finally, a special emphasis was made on two crucial aspects: the emerging role of Social Media to spread the word of EMEUNET among young rheumatologists and researchers, and the potential collaboration with national societies. An interesting feedback followed and ongoing approaches in some countries were discussed, but social media were seen as a complementary mean to vehicle EMEUNET-related information.

It was a pleasure to see the great enthusiasm and the willingness to contribute to the expansion of EMEUNET by our Country Liaisons, a fundamental pillar of the EMEUNET community. EMEUNET is continuously growing, both in terms of quantity and quality, so the role of our network of Country Liaisons is becoming a more and more key role.

Once again, I would like to take the opportunity to thank our Country Liaisons, and the subgroup members, for their enormous dedication and time!

Francesca Ometto and Javier Rodriguez-Carrio
on behalf of the EMEUNET Country Liaison Subgroup
ACR-EULAR EXCHANGE PROGRAMME

The 2018 ACR-EULAR exchange programme took place prior to the start of the EULAR Congress and was coordinated and hosted by Prof Désirée van der Heijde. On the first day, Prof van der Heijde and EMEUNET Chair Elena Nikiphorou along with the team at the Leiden University Medical Centre welcomed and guided the exchangees on an institutional visit and delivered lectures focusing on key research activities of the Leiden group. The exchangees also delivered presentations on their individual research activities of interest, stimulating interesting discussions. On the second day, Prof van der Heijde, the EMEUNET Steering Committee (Elena Nikiphorou, Alessia Alunno and Sofia Ramiro) and the leader of the EMEUNET Peer Mentoring Subgroup Alexandre Sepriano held lectures on EMEUNET, EULAR, and different perspectives in the field of mentoring. Professor Andrew Cope from King’s College London shared his experience as a previous participant to the ACR-EULAR exchange programme highlighting the long term benefits, including the networking and scientific collaborations. Feedback from participants along with a group picture is shown below.


“"The ACR/EULAR Exchange program allowed me to gain perspective on our field on an international level, which has not only informed my own clinical practice but also enabled many research collaborations.”

“I would like to thank EULAR, EMEUNET and the faculty of Leiden University Medical Center (LUMC) for this wonderful experience. Visiting LUMC, learning about the medical health system in the Netherlands and getting to know about all the research happening in the medical center was a delight. I made new friends in the process and I think that the exchange program will help foster future international collaborations.”

“"The ACR-EULAR Exchange Program allowed me the opportunity to develop new international collaborations with amazing colleagues. The ability to network in person with such passionate clinicians and researchers inspired new directions in my research. I also learned how to properly develop a prospective cohort for future research studies. I would highly recommend this program to all young investigators!”
At EULAR 2018 in Amsterdam, the EMEUNET booth was located once again inside the EULAR village and was an excellent point of contact for EMEUNET members during the conference. EULAR kindly provided hospitality suite, which was a very useful tool for EMEUNET activities in Madrid (e.g. mentor-mentee meetings, peer review mentoring, ambassador programme, etc).

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

For the first year, we also had a screen to showcase our activities!
EMEUNET networking events represent a major highlight at the EULAR and ACR conferences. This year in Amsterdam we had almost 100 participants, the event was sold out in less than 3 days! We started renting one boat, and we ended up with three full boats!

After a fantastic boat tour along the canals, we gathered in a bar to continue Networking and taste typical Dutch food.

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

A special thank to Rachel Knevel, the EMEUNET Country Liaison for the Netherlands, for her wonderful support in the organization of the event!

Looking forward to seeing you in Chicago!
Marloes van Onna

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

EMEUNET OBSERVERSHIP IN EULAR STANDING COMMITTEES

ESCET
EULAR STANDING COMMITTEE ON EDUCATION AND TRAINING

The EULAR Standing Committee on Education and Training (ESCET) coordinates and promotes education and training opportunities related to rheumatology in Europe. The ESCET meeting took place on the 15th of June 2018. At the start of the meeting, the Chair of ESCET Prof. Dr. Nemanja Damjanov gave an introduction about several educational activities of EULAR (see also https://www.eular.org/education_training.cfm) and also introduced the ESCET Chair-Elect, Prof. Frank Buttgereit.

EULAR offers education and training possibilities, which include courses (both online and “live”), rheumatology textbooks, as well as workshops and fellow sessions scheduled at the annual EULAR congress. EULAR also provides educational grants and travel bursaries to individuals who wish to attend a course or the EULAR congress.

After this interesting introduction, I was invited as leader of the EMEUNET education subgroup to give a presentation about our ongoing and future educational initiatives. Elena Nikiphorou, current EMEUNET chair, was also present as a representative of EMEUNET. Several projects were discussed, including: i) the EULAR Ambassador programme, which aims to support and promote scientific exchange of first or second time attendees of EULAR, by matching them to Ambassadors, ii) the What is New (WIN) initiative, which aims to keep EMEUNET members up to date with the latest scientific & clinical findings, iii) the Roving reporter initiative, which attempts to collect experiences of EMEUNET members within educational activities, including Task Forces and exchange programmes and iv) The 2018 update of the EMEUNET website.

After this presentation, Annamaria Iagnocco, Past Chair of ESCET, gave a presentation about the EULAR School of Rheumatology (ESoR, see also https://esor.eular.org/). Since 2017, the SoR is the ‘one-roof structure’ for all EULAR educational offerings and initiatives, including the EULAR online courses, live meetings and free learning materials for PARE. The SoR offers education and training possibilities for physicians, health professionals and people with rheumatic and musculoskeletal diseases. Special attention was paid to the EULAR application and the EULAR Online Course on Rheumatic Diseases (electronic form of continuous medical education in rheumatology). Last, there was an interesting discussion led by Prof. Dr. Nemanja Damjanov regarding means to improve the EULAR educational activities. The discussion focused on barriers (i.e. not being able to attend EULAR because of local budget constraints) and facilitators (i.e. easy online access of several courses and promoting application for bursaries).
EMEUNET OBSERVERSHIP

EMEUNET OBSERVERSHIP IN EULAR STANDING COMMITTEES

Jan Leipe

Jan has completed specialist training in rheumatology and general internal medicine and is currently an attending physician at University of Munich, Germany. His major research interests include early RA and the role of T cells in the pathogenesis of autoimmune arthritis. Jan is a member of the Peer Mentoring Subgroup.

ESCCA
EULAR STANDING COMMITTEE ON CLINICAL AFFAIRS

ESCCA manages projects of primary clinical concern within EULAR, aiming to promote actions/projects for the improvement of knowledge/recognition of musculoskeletal disorders. This comprises the coordination of current guideline and recommendation initiatives, but also EULAR study groups, and collaborative projects with the American College of Rheumatology (ACR). The ESCCA business meeting was led by Prof. Ulf Müller-Ladner, current Chair of ESCCA. Prof. Tom Huizinga was introduced as candidate for ESCCA chair 2019-2020, and later approved by the General Assembly.

Prof. Ulf Müller-Ladner started with an overview of 12 projects completed/published in 2017, e.g. EULAR recommendations on treatment/management of SSc (Kowal-Bielecka/Müller-Ladner), RA (Smolen/van der Heijde), early arthritis (Combe) and axial SpA (Braun/van der Heijde); and 2 projects completed/published in 2018, Behçet's syndrome (Hatemi) and hand OA (Kloppenburg). Later, 13 ongoing projects were presented e.g. “EULAR Recommendations for the diagnosis and the management of rheumatic immune-related AEs due to cancer immunotherapy” (Schaefferbeke), including 2 Task Forces led by EMEUNET members, “Points to consider for the development, evaluation and implementation of mobile health applications for self-management in patients with RMD” (Aurelie Najm) and “EULAR points to consider for including the perspective of young patients with inflammatory arthritis into patient-reported outcomes measures” (Paul Studenic and Alessia Alunno). A new project approved after revision was “EULAR Recommendations for the intra-articular treatment of arthritic diseases (Uson/Naredo).

Regarding quality improvement of the recommendation process, criteria of qualified/approved EULAR methodologists were introduced and a list of current EULAR methodologists was shown. The aim is to actively support the continuous generation of new methodologists, especially by EMEUNET. Information on the requirements to become an approved EULAR methodologist can be inquired from ESCCA, via the EULAR secretariat.

The next part focused on the 6 ongoing EULAR study groups under ESCCA (SLE, lupus nephritis, myositis, osteoarthritis, diffuse idiopathic skeletal hyperostosis, metabolic syndrome).

Finally, the EULAR strategy 2018 – 2023 was presented in detail and intensively discussed within the group. Preliminary suggestions were formulated and included: 1. Establishing a “Funding Watch and Dissemination Centre”, 2. Establishing a “EULAR Clinical Trial Centre”, 3. Establishing a EULAR “Biobank and Big Data Mining Centre”, and 4. Completing recommendations and/or points to consider for all RMD. All ESCCA members and EMEUNET were asked to actively participate in the development process.
Aurélie Najm

Aurélie is Senior Registrar in the Rheumatology Department of Nantes University Hospital, France. She is also a PhD student at the University of Biology of Nantes. Her main research interests are immunopathology of synovial tissue in inflammatory arthritis, rheumatoid arthritis pathophysiology with a special emphasis on epigenetics and microRNAs, and new therapeutics and prognosis markers in rheumatoid arthritis. Aurélie is currently the leader of the Global Affairs Subgroup.

The EULAR Standing Committee on Investigative Rheumatology (ESCIR) has different aims: enhancing the knowledge about the genetic, molecular and cellular basis of the rheumatic diseases, developing better prevention, detecting and treating early rheumatic diseases. They also aim at the development of a database of the most active research centres in Europe. This database provides information about current research activities, training and funding possibilities, open positions in experimental rheumatology and research meetings such as the annual European Workshop for Rheumatology Research (EWRR).

The standing committee coordinates EULAR study groups activities. There is 8 existing EULAR study groups: EULAR Study Group on Neuro Endocrine Immunology of the Rheumatic Diseases (NEIRD), EULAR European Consensus Finding Study Group on Laboratory Investigation in Rheumatology (ECFSG), EULAR Gene and Cell Therapy Study Group (GCTSG), EULAR Study Group for Risk Factors for RA (SFRFRA), EULAR Study Group on Microcirculation in Rheumatic Diseases, EULAR Study Group on OA (SGOA) and EULAR Study Group on OA (SGOA) and the EULAR study group on Sjögren’s Syndrome (eSSential).

Overall, I had a very positive experience by attending this inspiring meeting. It is amazing to be given the opportunity to be an EMEUNET observer and gain insights in the way such large scale scientific and translational projects are developed and discussed.
The goal of the EULAR Standing Committee on Epidemiology and Health Services Research (ESCEHSR) are to facilitate the tools and workforce for epidemiological and clinical research, to foster collaborative studies between countries and to establish the development of methodologies and training of rheumatologists in epidemiological methods. The ESCEHSR business meeting was led by Prof. Laure Gossec, current Chair of the Committee. Dr. Gossec also introduced the Chair-Elect, Dr. Pedro Machado. Representatives from several EULAR countries attended the meeting, as well as a number of experts in the field of epidemiology and health services research. Prof. Gossec gave a slide presentation, starting with an overview of the strategic goals of EULAR for the 2018-2023 period, as well as the role of the ESCEHSR in the implementation of three specific objectives: to provide quality of care frameworks, to establish a European center for research of rheumatic and musculoskeletal diseases (RMDs) and to promote advocacy related to EULAR activities. Later, activities of the two study groups within the ESCEHSR were presented: (a) Public Health of RMDs (led by Dr. Suzanne Verstappen) and (b) Epidemiology (led by Dr. Axel Finckh). The ESCEHSR is also responsible for the organization of several courses that were also presented at the business meeting: the EULAR Health Economics in Rheumatology Course, the EULAR Epidemiology Course and the EULAR registers and observational drug studies course (EULAR RODS). Moreover, the participants of the meeting were provided with an overview of two ongoing projects: (a) Healthy lifestyle (led by Dr. Verstappen; a project focused on the evidence on a variety of recommendations concerning healthy lifestyle for patients with RMDs) and (b) the EULAR Outcome Measure Library (OML) (led by Dr. Loreto Carmona). The latter project is an ongoing structured library, including patient-reported outcomes (PROs) and other indices frequently used in rheumatology. This useful tool is available on-line (http://oml.eular.org/) and via the EULAR App, which also contains calculators of the most widely used indices. Finally, Prof. Gossec presented a preliminary proposal of a project focusing on the role and different aspects of big data and e-health in rheumatology, including issues of ethics and privacy, data sources, collaboration with big data partners, statistics and presentation of big data results. Taking part in the ESCEHSR meeting was a great experience with valuable insights into the structure and activities of the largest EULAR standing committee.

Ivan Padjen

Ivan is a rheumatologist at the Division of Clinical Immunology and Rheumatology, Department of Internal Medicine, UHC Zagreb in Zagreb, Croatia. His research focus lies in epidemiologic outcomes, activity, damage and patient-reported outcomes in systemic lupus and inflammatory arthritides. He gained international experience at the Division of Rheumatology, Medical University of Vienna in 2015/2016, and already during medical school, attending an elective program in Rheumatology at McGill University in Montreal, Canada. Ivan is a member of the Social Media Subgroup.
EDUCATIONAL EVENTS
AUGUST - SEPTEMBER 2018

AUGUST 2018

International Conference on Pharmacoepidemiology
- When and Where: 22 - 26 Aug 2018, Prague, Czechia
- Website: https://www.pharmacoepi.org

SEPTEMBER 2018

European Congress of Immunology
- When and Where: 2 – 5 Sep 2018, Amsterdam, the Netherlands
- Website: https://www.eci2018.org/home/

EULAR Endorsed Course: Paediatric Musculoskeletal Basic Ultrasound Course
- When and Where: 2 – 4 Sep 2018, Lisbon, Portugal
- Website: https://tinyurl.com/y9r347t4

25th European Paediatric Rheumatology Congress (PReS) 2018
- When and Where: 5 – 8 Sep 2018, Lisbon, Portugal
- Website: http://www.pres.eu/pres2018/

37th Scandinavian Congress of Rheumatology
- When and Where: 5 – 8 Sep 2018, Helsinki, Finland
- Website: http://www.scr2018.fi

Course on Sonoguided Interventions and Procedures in Musculoskeletal Diseases
- When and Where: 12 – 14 Sep 2018, Barcelona, Spain

8th EULAR Course on Capillaroscopy
- When and Where: 13 – 15 Sep 2018, Genoa, Italy
- Website: https://esor.eular.org/

27th International Complement Workshop 2018
- When and Where: 16 – 20 Sep 2018, Santa Fe, New Mexico, USA
- Website: https://www.complement.org/icw-2018
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 OPENS AT END OF JUNE 2018

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<th>Course</th>
<th>Duration</th>
<th>Registration and More Information</th>
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<td>2 years</td>
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<td>10th EULAR On-line Course on Connective Tissue Diseases (CTD)</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_ctd.cfm">https://www.eular.org/edu_online_course_ctd.cfm</a></td>
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<tr>
<td>8th EULAR On-line Course on Systemic Sclerosis (SSc)</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_ssc.cfm">https://www.eular.org/edu_online_course_ssc.cfm</a></td>
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<tr>
<td>7th EULAR On-line Introductory Ultrasound Course</td>
<td>7 months</td>
<td><a href="https://www.eular.org/edu_online_course_msus.cfm">https://www.eular.org/edu_online_course_msus.cfm</a></td>
</tr>
<tr>
<td>5th EULAR / PReS On-line Course in Paediatric Rheumatology</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_paediatric.cfm">https://www.eular.org/edu_online_course_paediatric.cfm</a></td>
</tr>
<tr>
<td>4th EULAR On-line Course for Health Professionals</td>
<td>9 months</td>
<td><a href="https://www.eular.org/edu_online_course_hpr.cfm">https://www.eular.org/edu_online_course_hpr.cfm</a></td>
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</tbody>
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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."
19th 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, and newly certified rheumatologists, as well as more experienced rheumatologists who need to remain up-to-date in rheumatology and immunology. The EULAR postgraduate course is a unique 2 ½ day refresher, "crash course", in clinical and experimental rheumatology taught by a selected faculty of European experts in a very interactive and cordial environment. Participants have the opportunity to meet experts in an informal setting, and to network with trainees and rheumatologists from all over the world. The course includes a number of interactive workshop sessions and participants can choose which to attend.

Note: There will be an extra, free day of lectures on 04 October, which is courtesy of the Hungarian Association of Rheumatologists (HAR) as they are celebrating their 90th birthday in 2018.

Next EULAR Postgraduate Course will take place on

1-3 October 2018 in Budapest, Hungary

Registration is now open, travel bursaries also available

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

The Opinion of a Participant:

Being a young trainee in Rheumatology, this was my first contact with the EULAR professors. I found it quite exciting to meet face to face with all those people whose names you read daily on scientific papers. Lectures go from classical themes to newly emerging issues, sometimes in a quite provocative way. Workshops address either clinical and scientific subjects in a very practical and straightforward manner that you will not find in books. So be ready to take notes, you will thank them later when writing an article or dealing with a difficult case. You are invited to question the speakers during their lectures but also to raise your own issues in the meet the professor sessions. This last one was actually my favourite. You can bring to the table any subject you would like to see debated in a truly brainstorming session. So, if you are currently working on a project and want to hear different perspectives and opinions, or if you are planning to start one and need some inspiration, this is the time and place to do it. Bursaries are available and provide a unique opportunity to present and discuss your own clinical case with the leading experts on the subject in a relaxed family atmosphere. You also have the chance to meet and exchange experiences with other colleagues from all across the globe. I think the course is suitable for all ages and career levels and indeed you can find all types of participants. You can come and learn from scratch or just update your knowledge. I ended up doing a little bit of both and couldn’t be more satisfied with the experience. For my part, I definitely intend to return in my last year as a trainee.

Mariana Luis, 18th EULAR Postgraduate Course, 2017
The official EMEUNET calendar is now up and running on our website
http://emeunet.eular.org/calendar.cfm

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

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

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

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

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

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

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

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

SHARE YOUR IDEAS!

Over the years EMEUNET has developed several projects covering different topics and areas of interest. However, we appreciate any suggestions and welcome new ideas to expand on what we currently offer to EMEUNET members. Make your voice heard and share your ideas with us!

It is easy, just write down some lines to summarize your proposal and send it either via email at emeunet@eular.ch or through our website (http://emeunet.eular.org/contact_us.cfm). Don’t forget to provide your contacts so we can come back to you for additional details!

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

www.facebook.com/EMEUNET
www.twitter.com/EMEUNET
http://www.linkedin.com