➢ Oral presentations and posters
➢ Mentor/Mentee Meetings
➢ Country Liaison Meeting
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EULAR 2022 CONGRESS
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 first hybrid edition this year incorporated all the essential elements both for on-site and virtual attendance: oral abstract sessions, invited talks, poster sessions, plenaries, booths, YouTube broadcasting etc. Amazing opportunities of a live interactions with the presenters and other participants were provided.

In this issue, we offer a fine selection of oral reports and posters from the various areas of rheumatology. The selection reflects personal views of the contributors, thus inevitably incomplete; nevertheless, it provides a comprehensive overview of hot topics that were discussed in each field. All congress abstracts are available in the EULAR Abstract archive, (links will be working after you select “2022 Copenhagen, Denmark and Virtual” in the congress list) giving a great opportunity to those who could not join live to check the presentations at your convenience.

Besides different networking activities that were very much enjoyed by EMEUNET members, social media became a great opportunity for interaction. EMEUNET is immensely active in social media networks, such as Facebook and Twitter, maintains its original website and 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 to spread the word about our activities and work to reach more young rheumatologists and researchers.

We hope you enjoy reading this Newsletter. We always welcome feedback, comments, suggestions, and contributions. With this editorial, we wish you a prolific and successful summer and hope to see you next year again in Milan.

Féline Kroon and Diego Benavent, on behalf of the EMEUNET Newsletter Sub-Committee
There has been gathering evidence that synovial fibroblasts (SFs) in rheumatoid arthritis (RA) exhibit imprinted memory profiles. Prediletto et al. (#POS0138) compared SFs of patients with lympho-myeloid (LM) and fibroid-paucimmune (FPI) synovial phenotype. Not only these two phenotypes differed in the ‘imprinted’ (maintained over several cell culture passages) SF gene expression; but also if FPI-SF were co-cultured with B cells, they began to express genes characteristic of LM-SFs, which indicated B cell-SF cross-talk in the synovium. Micheroli et al. (#OP0102) collected synovial biopsy samples and single-cell RNA sequencing data of patients with RA, psoriatic arthritis (PsA), peripheral spondyloarthritis (pSpA) and undifferentiated arthritis patients, as well as single-cell RNA seq. data of two osteoarthritis patients. Histological features were positively associated with ultrasound scores. PsA was characterized by a higher vascularisation than RA. Unexpected was a similarity in gene expression profiles between RA and PsA, but not between PsA and pSpA. High similarity was observed for SFs, though different clusters could be distinguished between diseases. Qing et al. (#OP0165) investigated the role of JAK-STAT pathway in gout pathogenesis. IL-2, JAK3 and STAT5 levels were elevated in PBMCs of patients with acute gout compared to healthy individuals. In a rat gout model, phosphorylation of JAK3 and STAT5 was increased and could be reduced with colchicin treatment. Rupp et al. (#POS0408) nicely demonstrated that if transferred with PBMC from HLA-DRB1*0401 RA patients, NSG-Ab0 DR4 immunodeficient mice develop RA-like arthritis. Moreover, treatment with abatacept prevented development of the disease in these mice. Vetsika et al. (#POS0427) investigated the presence of recently discovered PRIME cells in 10 RA and 5 PsA patients and healthy controls via mass cytometry. Interestingly, though initially discovered in RA patients and connected to flare, cells with similar profile were more frequently found in PsA patients. PRIME cells were also enriched in RA synovium. Floudas et al. (#OP0068) conducted single-cell transcriptomic profiling of synovial tissue cells from 5 PsA and 4 RA patients, without prior sorting of immune and stromal cells, and a construction of receptor-ligand interaction networks with in vitro validation through flow cytometric analysis, multiplex ELISA and mitochondrial and single-cell metabolic profiling by seahorse. They identified RA-specific synovial T cell-derived TGF-β and macrophage IL-1β synergy to drive the transcriptional profile of FAPα+ THY1+ invasive SFs, which was expanded in RA compared to PsA. Soomro et al. (#POS0395) explored genomic risk prediction for coronary artery disease (CAD) in RA patients and identified that adding multiple polygenic risk scores to traditional risk factors improves CAD risk prediction in RA.
Baker et al. (#OP0074) investigated PBMCs from rheumatoid arthritis (RA) patients in remission that stopped treatment with a 44-marker mass cytometry panel at baseline and at the time of flare. At flare, a higher percentage of memory CD45RO+PD1+ CD4+ (2.14 vs 0.24%, p<0.001) and CD8+ T cells (6.64 vs 0.07%, p<0.001), and memory CD27+CD28+ B cells (2.39 vs 0.03%, p<0.001) was observed, suggesting a potential role in inducing disease flare. At single cell level, a higher proportion of IgA+ plasma cells was found at flare compared to baseline (0.37 vs 0.21%, p=0.02) and a lower percentage of CD25+FoxP3+ Treg cells at baseline in flare patients compared to those in sustained remission at 6 months (0.55 vs 1.27%, p<0.022), thus representing a potential biomarker. Rybakowska et al. (#OP0231) performed a 39-marker mass cytometry analysis of circulating leukocytes and a multiplex analysis of 44 serum cytokines, followed by k means cluster analysis, in a cohort of patients with different systemic autoimmune diseases and were able to classify patients and controls in 4 distinct clusters, confirming that phenotypically distinct diseases may share significant common immunological features. Kugler et al. (#OP0079) analysed the effect of in vitro stimulation of RA-derived fibroblast-like-synoviocytes (FLS) with pro- and anti-inflammatory cytokines and found that FLS show cytokine-specific activation patterns in terms of transcriptome and when primed with pro-inflammatory cytokines they stimulate T cell differentiation and migration, which is hampered when anti-inflammatory cytokines such as TGF-β are used. Van der Woude et al. (#OP0086) investigated the prevalence of circulating autoantibodies directed against advanced glycation end-products (AGE) in 648 RA patients and 538 non-RA arthritis patients. Anti-AGE were present in 46% of RA vs 30% of non-RA patients. Interestingly 34% of seronegative RA patients showed anti-AGE autoantibodies which correlated with higher degree of inflammation and were associated with radiographic disease-progression in ACPA-negative RA patients, suggesting a potential use as a biomarker of disease severity. Mongan et al. (#OP0232) investigated the role of complement system as a biomarker in lupus nephritis (LN) patients and found higher circulating levels of C4d and C4d/C4 ratio in LN patients with flare, along with decreased levels of C1q and C1s, indicating an activation of the classical complement pathway. Targeting of this pathway may represent an effective future treatment strategy in LN. Giryes et al. (#POS0331) investigated the effect of upadacitinib (UPA) in inhibiting inflammation in an in vitro model of enthesitis and found that UPA is capable of reducing the ability of enthesal T cells to produce pro-inflammatory cytokines via the inhibition of the phosphorylation of STAT1.
Pedersen et al. (#OP0067) investigated the incidence of mortality within rheumatoid arthritis (RA) patients with depression, in which depression was indicated as the first filling of antidepressants. Patients diagnosed with RA were included from the DANBIO registry. Adjusted hazard rate ratios (HRR) for mortality was highest in the age group <55 years (6.66, 95%CI 2.80-15.85). Juge et al. (#POS0062) developed and validated a risk score to identify patients at high risk for subclinical RA-ILD. 163 RA patients from the ESPOIR cohort were studied, and preclinical ILD was identified using HRCT scans. The resulting multivariate logistic model had an AUC of 0.80 (95%CI 0.73-0.90), specificity of 71%, sensitivity 79.6%, and consisted of male sex, older age, DAS-28 during follow-up, and MUC5B rs35705950 risk allele. Van Dijk et al. (#OP0290) explored whether a positive squeeze test of the metatarsophalangeal joints can be explained by MRI detected synovitis, tenosynovitis or intermetatarsal bursitis (IMB). In early RA patients, subclinical synovitis (OR 3.2 (95% CI 1.4-7.2) and IMB (3.9, 1.7-8.8) were associated with a positive squeeze test, while in CSA only synovitis (2.5, 1.5-4.1) was associated with a positive squeeze test in multivariable analyses. Gandrup et al. (#POS0112) used daily symptom data from RA patients for application in machine learning to predict self-reported flares. The derived model had a sensitivity of 0.6 and specificity of 0.8, indicating that the prediction model correctly identified three in every five self-reported flares, and four in every five non-flares. Liphardt et al. (#POS0009) investigated within arthritis patients whether subjective hand function explains objective hand function and grip strength. The authors found that HAQ (subjective measure) explains <25% of the variance of the objective hand measure. Variance was better explained by sex and between-person variation, though 50% remained unexplained. De Thurah et al. (#OP0037) explored the number of contacts with the general practitioner within the first year before RA diagnosis in a population-based cohort in Denmark. Twelve months before diagnosis, incidence rate ratios (IRR) was 1.25 (95%CI 1.19-1.30), which increased to 2.63 (2.55-2.71) in the month prior to diagnosis; all compared to a reference population. Tarannum et al. (#POS0159) also investigated health care usage, comparing males and females. Three inception cohorts from Canada of adult RA, AS and PsA patients were used. Female patients were more likely to visit health care professionals compared to males, especially in the earlier pre-diagnostic period, while males were more likely to visit the emergency department before diagnosis.
Boers et al. (#OP0263) presented the results of a pragmatic, double-blind, placebo-controlled randomized trial of prednisolone (5 mg/day) vs. placebo for 2 years in RA patients older than 65 years on any co-treatment. Disease activity rapidly declined after 1 year, and was lower in the prednisolone group compared to placebo (DAS28 over 2 years: -0.37, 95%CL 0.23, p<0.0001), and even lower in patients adherent to protocol in stable treatment (DAS28 -0.62, 95%CL 0.44). Additionally, the adjusted RR for at least one adverse event (AE) was 1.24 (95%CL 1.04, p=0.02), mostly accounting for non-serious infections.

Yoshimura et al. (#POS0631) reported that a mean GC dose ≥ 2 mg/day prednisolone at entry and during a ten-year follow-up period increased risk for fractures (HR 2.19, p=0.004 and 1.866, p=0.022, respectively). Bredemeier et al. (#POS0242) assessed the outcomes of 1316 RA patients, 354 of whom were on antimalarials (AM). While the overall serious AE rate was 9.2/100 patient-years, receiving a concomitant AM (with a bDMARD or JAKi) resulted in significantly lower risk for any AE (IRR 0.68, 95%CI 0.57-0.81, p<0.001), including serious AEs, and prolonged bDMARDs/ tsDMARDs drug survival. Hoque et al. (#OP0039) identified 11,518 hydroxychloroquine (HCQ) initiators with newly diagnosed RA or SLE. Over a mean 8-year-follow-up, the incident rates of arrhythmias in the initiator and non-initiator groups, were 17.5 and 18.1 per 1,000 person-years, respectively, suggesting no increased risk among new HCQ users. Meissner et al. (#OP0135) analysed major cardiovascular events (MACE) in 2,030 patients with RA receiving JAKi, 2,338 receiving TNFi and 871 receiving csDMARDs. Twenty-eight incident MACE were reported, especially in the first year after treatment initiation. JAKi (RR 0.94, 95%CI 0.39-2.28) and csDMARDs (RR 0.85, 95%CI 0.25-2.88) did not show a significantly increased risk for MACE compared with TNFi, not even in high-risk patients (JAKi: RR 0.90, 95%CI 0.37-2.17; csDMARDs: RR 0.61, 95%CI 0.16-2.28). Krijbolder et al. (#OP0070) studied the course of one-year administration of oral methotrexate (MTX) compared to placebo in patients with arthralgia and subclinical joint inflammation and observed that high risk participants in the MTX-group delayed to develop clinical arthritis, but frequencies became similar at 24 months (67% in both groups). Rech et al. (#POS0531) tested whether a 6-month treatment with abatacept vs. placebo, delays the onset of RA in ACPA positive individuals and found that even one year after cessation of treatment, the number of patients progressing to RA was lower in the abatacept group (35%) than in the placebo group (57%; p=0.0421).
Poddubny et al. (#OP0149) reported findings of the PROOF study – an observational study of radiographic progression in axSpA across 29 countries over 5 years; 1,612 individuals were analysed. 16% of non-radiographic axSpA progressed to r-axSpA - a headline that may be useful in educating patients. The mean time to r-axSpA was 2.4 years. Predictors of progression included male gender, HLA-B27 positivity, fulfilment of the imaging arm, and good response to NSAIDs, which are helpful when (progression-)risk-stratifying patients. Hellamand et al. (#OP0020) reported on behalf of the EuroSpA Research Collaboration Network on sex differences in first-line TNFi response in axSpA, comprising >28,000 individuals. ASDAS clinically important improvement at 6 months was lower in females than males (53% vs 66%; RR 0.81). Drug retention over 2 years was lower in females. Prior research showed that females have greater mental health comorbidity burden and often longer delay to diagnosis, so sex-specific research-focus on this historically male-centric disease is welcomed. Webers et al. (#POS0304) investigated the influence of axSpA treatment on depression – one of the most common comorbidities among axSpA patients. Encouragingly, depressive symptoms improved in tandem with disease activity – TNFi more so than NSAIDs. This is invaluable data that can be used for patient education, that mental health symptoms may improve with (though not resolved by) axSpA treatment. Crisafulli et al. (#POS0151) reported on flares in 122 pregnancies, including axSpA, psoriatic arthritis and other SpA. 40% had at least one flare, most commonly in the second trimester. Most flares were in axSpA patients. It is challenging to untangle pregnancy-related back pain and inflammatory flares, but these figures are helpful for educating and preparing patients who are trying to conceive. Hamroun et al. (#OP0153) found that NSAID-use increased median time to conception by 2.6-fold in axSpA patients. 45% had subfertility (taking >12 months to conceive) compared to 17% in the general population. These results support some society guidelines that suggest discontinuing NSAIDs in the preconception period. Min et al (#POS0146) looked at epidemiology of cardiac conduction block in 8,877 individuals with AS over 10 years using administrative data from South Korea. They found no differences in incidence of second or third degree heart block between AS and the general population. Previous research showed higher incidence of first degree heart block in people with AS, but these results provide reassurance for progression to more serious conduction block. The authors did report higher risk of aortic regurgitation and atrial fibrillation in AS than controls.
Renaud Felten

Regarding axial spondyloarthritis (axSpA), Van den Bosch et al. (#OP0016) presented efficacy and safety phase 3 data of upadacitinib in patients with active non-radiographic (nr) axSpA. 314 patients were randomized (upadacitinib 15 mg n=156 vs. placebo n=157). A significantly higher ASAS40 response rate at week 14 was achieved with upadacitinib (45% vs. 23%; p<0.0001). Statistical significance was also achieved in all secondary endpoints except BASMI and MASES. The results of a trial investigating bimekizumab, a dual inhibitor of IL-17A and IL-17F, in patients with active radiographic axSpA was also presented (van der Heijde et al., #OP0019). 332 patients were randomised (bimekizumab n=221 vs. placebo n=111). At week 16, the primary (ASAS40: 44.8% vs 22.5%; p<0.001) and all ranked secondary endpoints were met.

Torgutalp and al. (#OP0021) provided interesting results regarding non-steroidal anti-inflammatory drugs effect on retardation of radiographic spinal progression in patients with axSpA from the GERman SPondyloarthritis Inception Cohort. 289 (53.5%) and 128 (23.7%) 2-year radiographic intervals were covered by non-selective (NS) and COX-2i respectively, 123 (22.8%) intervals were not covered by NSAID. Higher NSAID intake was associated with lower radiographic spinal progression, particularly in radiographic-axSpA patients. COX2i might possess a stronger inhibitory effect on radiographic progression as compared to NS-NSAIDs. Proft et al. #OP0018 investigated the impact of treatment with the COX-II-selective NSAID, celecoxib (CEL), when added to a TNFi (golimumab - GOL) compared with TNFi (GOL) alone on progression of structural damage in the spine over 2 years in patients with r-axSpA. Despite observed numerical reduction in rr progression (new syndesmophytes in 11% vs. 25% of the patients in the GOL+CEL vs. GOL), combined therapy with GOL+CEL did not show significant superiority over GOL monotherapy in retarding radiographic spinal progression over two years in r-axSpA patients. Regarding psoriatic arthritis (PsA), Behrens et al. (#OP0258) reported 16-week phase 2 results in patients with active PsA of izokibep, a IL-17A inhibitor of small molecular size designed to overcome the limitations of monoclonal antibodies. 35 patients were randomized. At week 16, ACR50 response rate was 52% in the 80 mg group, 48% in the 40 mg and 13% in the placebo group (p=0.0003). Overall, izokibep was well tolerated. These data support further clinical development. McInnes et al. (#LB0001) reported efficacy and safety of bimekizumab in bDMARD-naive patients with PsA vs. placebo, with an active reference arm with adalimumab. 852 patients were randomised. Primary endpoint (week 16 ACR50: 43.9% vs. 10.0% (placebo), p<0.001; adalimumab 45.7%) and all ranked secondary endpoints were met.
Kamps et al. (#OP0225) explored the risk of physician-diagnosed comorbidity after the diagnosis of knee or hip osteoarthritis (OA), using electronic health records of 1,890,712 patients in The Netherlands. For 11/58 studied comorbidities (anemia, back pain, cataract, chronic kidney disease, coronary heart disease, gout, hearing loss, neck pain, obesity, sleeping disorder, thromboembolic disease), exposure to knee OA showed a statistically significant increased risk. For 7/58 comorbidities (anemia, atrial fibrillation, fibromyalgia, peripheral vascular disease, sleeping disorder, solid malignancy, spinal disc herniation), exposure to hip OA showed a statistically significant increased risk. Hussain et al. (#OP0226) analysed the association between BMI trajectories across early adulthood to midlife and risk of total knee arthroplasty (TKA) for OA using data of 24,368 participants (40-70 years at recruitment). Over 12.4 years, 1,328 (5.4%) participants had TKA. Six BMI trajectories were identified (from TR1 to TR6). They estimated that the number of TKA would be reduced by 28.4% if individuals followed one trajectory lower (e.g. from TR6 to TR5), a national health system savings of $AUD 373 million. Maksymowych et al. (#OP0229) evaluated the efficacy and safety of TNFα inhibitor adalimumab (ADA), in 59 patients with inflammatory knee OA. Short-term treatment with ADA did not lead to significant improvements in OA symptoms. Singh et al. (#POS1105) did a systematic review and meta-analysis of the efficacy and safety of colchicine for the treatment of OA, and found no benefit of colchicine in reducing pain and improving physical function in hand and knee OA patients. Breuil et al. (#OP0240) aimed to characterize zoledronate (ZOL)-related osteonecrosis of the jaw (ONJ) in osteoporosis (OP) and compared its incidence with oral bisphosphonates (BP) in real life setting. The incidence of ONJ was significantly higher with ZOL than with risedronate (p<0.001) and alendronate (p<0.001). Corticotherapy was associated more frequently with risedronate (OR 2.10, 95%CI 1.64-2.69) and alendronate (OR 1.33, 95%CI 1.04-1.70) compared with ZOL. So et al. (#OP0241) compared differences in baseline high-resolution peripheral quantitative CT (HR-pQCT) results in patients with and without incident fragility fracture over a period of 5 years in 140 patients with mostly SLE and RA diagnosis. The incident fracture group had significantly worse vBMD, microarchitecture and bone strength particularly over the tibia at baseline, which are independent predictors of new fractures. Poole et al. (#OP0243) investigated the feasibility and efficacy of repurposing CT scans taken for other reasons to identify fractures and measure bone density (‘PHOENIX’) versus usual care. 375 patients (334 female, 41 male) with average age of 75.2 years were randomized and OP treatment rates were almost tripled by the PHOENIX intervention.
Andreioli et al. (#OP01225) presented results of the Italian registry with 758 pregnancies in RMD patients. Good disease control before and during pregnancy contributed to a higher rate of live births. SLE pregnancy was affected by a higher frequency of complications as compared to RA pregnancy. Perez-Garcia et al. (#OP0131) compared semen parameters of men diagnosed with immune-mediated diseases (IMD) pre and post methotrexate (MTX) to healthy controls and found that semen parameters of chronic cases did not have statistically significant different semen parameters, suggesting that MTX can be continued in men with IMD and a wish to conceive. Lindblom et al. (#POS0188) investigated quantitative trait loci, transcriptome, autoimmunity-related cytokines and autoantibodies in central nervous system (CNS) lupus patients using multilevel omics analysis. They found genes that differed significantly between active CNS lupus and healthy controls, which could be targeted by 496 different drugs, including ibrutinib and rituximab with ability to interfere with tumour protein P53 (TP53) activity, and a complement C3a Receptor (C3aR) antagonist. Schett et al. (#OP0279) studied efficacy and safety of B-cell depletion using autologous CD19 chimeric antigen receptor (CAR) T-cells in 4 patients with severe and treatment-refractory SLE. CAR-T was well tolerated, all patients met Lupus low disease activity state (LLDAS) and could successfully stop all SLE-specific medication. Edamoto et al. (#POS0760) studied factors associated with damage accrual (on the SLICC/ACR damage index [SDI]) in neuropsychiatric lupus (NPSLE) patients, including cerebrospinal fluid (CSF) data. Higher IL-6 levels in CSF was associated with neuropsychiatric damage progression (p=0.032) and high levels of CSF protein (p=0.030), cell counts (p=0.007), and IL-6 (p=0.032) were associated with overall SDI progression. Foddai et al. (#POS0741) analysed the consensus level among experts from the APS Study Group in different clinical scenarios addressing aPL negativisation (defined as the presence of two negative determinations one year apart). They concluded that VKA cessation might be considered when risk factors are carefully monitored/treated and presence of “extra criteria” aPL is ruled out. Golder et al. (#OP0142) assessed LLDAS attainment in recent onset SLE patients (<1 year of diagnosis). The inception cohort had higher disease activity, needed more glucocorticoids and immunosuppressants, but had less organ damage at enrolment. In total, 13.6% accrued damage (median 2.2 years follow-up). At enrolment, 29% of the inception cohort vs. 51% of the non-inception cohort were in LLDAS (p<0.001) and 74% vs. 78% achieved LLDAS during follow-up.
METABOLIC AND CRYSTAL ARTHROPATHIES

Stefan Dinescu

Cipolletta et al. ([OP0167]) evaluated whether ultrasound findings can predict gout flares over 12 months. A greater baseline ultrasound burden of MSU deposits and of subclinical inflammation were associated with occurrence of flares. Double contour sign score (aOR 2.20), tophi score (aOR 2.16) and Power Doppler score (aOR 1.63) predicted gout flares, whereas aggregates score (aOR 1.40) did not reach statistical significance. Sirotti et al. ([OP0168]) developed a scoring system used to quantify CPP deposition according to the OMERACT framework. Three Delphi rounds were performed to reach agreement on all items. The final score included only the knees (menisci and hyaline cartilage) and the triangular fibrocartilage of the wrist, using a four-grade system (0-3). The scoring system reached a good inter- and intra-reader reliability (kappa 0.72 and 0.82, respectively). Botson et al. ([OP0171]) performed a randomized controlled trial to determine safety/efficacy of oral MTX as co-therapy with pegloticase in patients with uncontrolled gout. 100 patients were randomized to pegloticase+MTX and 52 patients to pegloticase+placebo. The primary endpoint was met with a 6-month response rate of 71.0% (71/100) vs 38.5% (20/52) in the MTX vs. PBO co-therapy groups. Braun-Moscovici et al. ([POS1174]) assessed the incidence of cardiovascular (CV) events and the mortality rate among gout patients who received colchicine treatment. Patients with gout had a statistically significant higher incidence of CV events, high BMI, diabetes, hypertension, chronic renal disease and hyperlipidemia (65% vs. 46%) The mortality rate was similar with the matched group (8.9% vs. 7.9%, p=0.11), which may indicate a protective effect of colchicine treatment. Shin et al. ([POS0282]) studied the CV safety of febuxostat versus allopurinol among patients with gout. 160,930 febuxostat users were matched with 160,930 allopurinol users, with a follow-up of 250 days. Results showed a similar CV safety profile between febuxostat and allopurinol users, with a 16% reduced all-cause mortality for febuxostat (HR 0.84, 95%CI 0.78-0.91). Cheremushkina et al. ([POS0277]) evaluated the effect of colchicine, hydroxychloroquine, and MTX on CV outcomes in 305 CPPD patients. Colchicine therapy was associated with the lower risk of CV events (OR 0.20, 95%CI 0.11-0.39), while hydroxychloroquine, and MTX did not exert any influence on CV outcomes. Ghang et al. ([POS0284]) investigated whether urate-lowering therapy (ULT) delayed CKD progression in gout patients. Average level of serum uric acid ≥ 6 mg/dL during study period was significantly associated with CKD progression (aOR 1.73, 95%CI 1.49-2.01). eGFR did not decrease in more than half of gout patients after long-term febuxostat or allopurinol administration which may indicate a beneficial effect of ULT on slowing the progression of CKD.
OTHER CONNECTIVE TISSUE DISEASES AND VASCULITIS

Ertugrul C. Bolek

Martinho et al. (#POS0901) evaluated some clinical and laboratory associations and predictors of interstitial lung disease (ILD) in a multicenter cohort (n=57; female=84.2%; mean age: 39.4 years) of mixed connective tissue disease. Older age at diagnosis (OR 1.10, 95%CI 1.00-1.12) and lymphadenopathy at disease onset (OR 19.65, 95%CI 1.91-201.75) were found as predictors for ILD in the binary logistic regression model.

Scherer et al. (#OP0091) demonstrated remarkable expansion of myeloperoxidase (MPO)-specific, IgM-expressing memory B cells in patients with ANCA-associated vasculitis (AAV). Furthermore, both monoclonal antibodies (mAb) and plasma-derived polyclonal MPO-specific IgM, strongly activated complement. This may provide novel insights in pathophysiology of AAV through complement pathway. Vulsteke et al. (#OP0094) explored some new potential autoantigens in 49 systemic sclerosis (SSc) patients who had negative results of autoantibodies for centromere protein B, topoisomerase I, RNA polymerase III, fibrillarin, PM-Scl and U1 ribonucleoprotein. THO complex subunit 1 (THOC1) and other subunits of the THO complex (n=3pts), nuclear valosin-containing protein like-2 (NVL, n=2pts), nucleolar and coiled-body phosphoprotein 1 (NOLC1, n=1 pt), probable 28S rRNA (cytosine(4447)-C(5))-methyltransferase (NOP2, n=1 pt), telomeric repeat-binding factor 2 (TERF2) and TERF2-interacting protein (TERF2IP) (N=1pt) and regulator of chromosome condensation 1 (RCC1, n=1 pt) were identified by immunoprecipitation combined with liquid chromatography-tandem mass spectrometry. Merkel et al. (#OP0180) presented post-hoc analyses of the trial ADVOCATE, comparing Avacopan (Av) vs Prednisolone (Pr) in 330 patients. More patients in the Av group achieved remission (remission fail; Av:24 [14.5%] vs Pr:40 [24.4%], p=0.011), and fewer in the Av group relapsed after achieving remission [relapse free time; 0.57, 95% CI (0.35, 0.96), p=0.029]. Dai et al. (#POS0274) showed that machine learning algorithms can predict vascular complications (AUROC = 0.84, AU-PRC = 0.63) in Takayasu arteritis. Progressive clinical course was an important clue for all models. Steinmetz et al. (#OP0010) investigated antibody-secreting cells (ASC) in Primary Sjögren’s syndrome (pSS). Patients with pSS had higher frequencies and absolute numbers of ASCs than healthy controls and their ASC were more abundant and have a more mature phenotype (CD19 down-regulation or increased CD28 expression). It also correlated with several pSS disease characteristics such as ANA titers, focus scores and ocular scores, indicating glandular impairment.
Henes et al. (#OP0043) explored the efficacy and safety of tocilizumab (TCZ) in patients with colchicine resistant familial Mediterranean fever (FMF). In the TOFFIFE study, 25 patients were randomized and at week 16, 2 (15.4%) patients in the TCZ arm reached the primary end-point (PGA ≤2 and normalization of serum amyloid A [SAA] and CRP and/or ESR) but none of the patients in the placebo arm, pre-specified significance level of α=0.2 (p=0.089). SAA levels normalized with TCZ but not with placebo (p<0.015). Demirci-Yildirim et al. (#OP0047) investigated the JAK/STAT signalling pathway in skin biopsies of Pyoderma gangrenosum (PG) patients and compared with psoriasis (PSO) and healthy subjects. JAK1 was overexpressed in PG versus PSO in cytoplasmic parts of the epidermis (p<0.001). TYK2 and STAT6 were highly expressed in the PSO versus PG in cytoplasmic parts of the epidermis (p<0.024, p<0.001). Mekinian et al. (#OP0049) described that VEXAS syndrome displays a large spectrum of organ manifestations and shows different clinical and prognostic profiles. It also raises a potential impact of the identified UBA1 mutation. After a median follow-up of 3.0 years, 18 patients died (15.5%), from infectious origin (n=9) and MDS progression (n=3). DI Cola et al. (#POS1337) describe clinical characteristics, life-threatening complications occurrence, and mortality of adult onset Still’s disease (AOSD) patients with an elderly onset. Age predicted the presence of parenchymal lung disease (HR: 1.03, 95%CI 1.00-1.05, p=0.048) and mortality (HR 1.05, 95%CI 1.01-1.08, p=0.012), and it could be considered a further negative prognostic factor in AOSD. Brevet et al. (#POS1333) investigated response to treatment with bisphosphonates (BPs) and/or DMARDs, according to the clinical form of rheumatological SAPHO (bony predominantly versus articular or mixed predominantly). BPs appear to be more effective in SAPHO with predominantly bone involvement (p=0.002), as compared to SAPHO with articular or mixed forms. Vikse et al. (#POS0215) described disease characteristics, phenotypes, and performance of the 2011 CDC and 2019 ACR/EULAR classification criteria in patients with IgG4-RD in Norway. Of all patients diagnosed by expert opinion, 42 (70%) fulfilled the ACR/EULAR classification criteria. The performance of the classification criteria was lower than expected, especially in the “Retroperitoneum and Aorta” and “Head and Neck-Limited” phenotypes. Kuemmerle-Deschner et al. (#POS0220) explored long-term safety and effectiveness of canakinumab under routine clinical practice conditions in pediatric and adult patients with CAPS. The 36-month interim analysis demonstrated that long-term CAN treatment is safe and effective in patients with CAPS, independently of subtype severity.
Van Dijk et al. (#OP0290) explored what anatomical structures contribute to pain on the squeeze test of metatarsophalangeal joints in early arthritis patients. They found that synovitis (OR 4.8 (95%CI 2.5–9.5)), tenosynovitis (2.4 (1.2–4.7)) and intermetatarsal bursitis (1.7 (1.2–2.6)) were present in patients with a positive test. Christiansen et al. (#OP0287) evaluated ultrasound images of patients with gout at three time points (baseline, six and twelve months) using the gout-specific ultrasound lesions from the OMERACT ultrasound group. Ultrasound showed statistically significant decreases in tophus and double contour sum scores (after treatment), whereas aggregates were almost unchanged during follow-up. González-Nieto et al. (#POS0732) studied the association of positive salivary gland ultrasound (OMERACT US Score ≥2) with clinical and laboratory markers. They found associations with ocular involvement (defined as a positive result for at least one of the ocular tests, p<0.001), time of evolution of xerophthalmia at diagnosis (mean 5.8 years vs. 2.2 years, p=0.037), pathological result of the labial salivary gland biopsy when it was performed (p<0.001), and the presence in the serum of both antiRo60 and antiRo52 antibodies (p=0.004), antiLa antibody (p=0.008) and ANA titer ≥1:320 (p<0.001). Gessl et al. (#AB0180) tested whether clinical scores combined with ultrasound data were superior to clinical scores alone for the prediction of radiographic progression at the joints of the hands in patients with rheumatoid arthritis (RA). Using data from 649 series in 475 patients, with a mean difference between the x-rays of 27.6±18.0 months, progression was only observed in 12.9% of cases. Predictability of radiographic progression by clinical scores was limited and was not improved by adding ultrasound data. Navarro-Compán et al. (#OP0148) recently updated the 20-years old core outcome set for ankylosing spondylitis. The following main domains and instruments (in parenthesis) were decided upon (not including additional instruments): disease activity (ASDAS, patient global assessment of disease activity), pain (NRS total back pain – BASDAI Q2), morning stiffness (severity and duration (BASDAI (Q5+Q6)/2), fatigue (NRS fatigue – BASDAI Q1), physical function (BASFI), overall functioning & health (ASAS health index). Folle et al. (#OP0292) evaluated whether deep learning using neural networks on MRI pictures could be trained to distinguish between seropositive and seronegative RA (RA+/RA-) and psoriatic arthritis (PsA). The AUROC for differentiation between disease entities was 75% (SD 3%) for RA+ vs. PsA, 74% (SD 8%) for RA- vs. PsA, and 67% (6%) for RA+ vs. RA-.
Stephanie Shoop-Worrall

Frantzesko et al. (#OP0222) identified and validated juvenile idiopathic arthritis (JIA) target genes, identifying 7 genes from 5 loci that interact with known JIA single nucleotide polymorphism (SNPs). This demonstrates the utility of functional genomics in understanding biological mechanisms increasing JIA risk. Bizjak et al. (#OP0219) reported 192 children diagnosed with SARS-CoV-2-related inflammatory/autoimmune disease in 587,053 children served by tertiary care hospitals in South-Central Europe between 01/2020 and 12/2021. Incidence of multisystem inflammatory syndrome was 1 in 860 children after SARS-CoV-2 infection, with winter peaks. Of 95,191 children with ≥1 COVID-19 vaccine, 3 cases of SARS-CoV-2-related inflammatory/autoimmune diseases were diagnosed, all associated with previous infection. Beesley et al. (#POS1570-PARE) described how families of children with rheumatic diseases across Canada and Europe considered telemedicine to save time and were considered ‘safer’, however preferred in-person appointments to ‘properly assess their child’. Minden et al. (#POS0338) demonstrated increased transition competence among young people in the German National Paediatric Rheumatology Database with recent increase in transition clinics. Improvement from 2016 to 2020s included including better health knowledge, self advocacy and comfort alone at clinics. Ridella et al. (#OP0215) investigated determinants of raised patient/parent wellbeing scores when the physician global scores of JIA are zero. In the multinational EPOCA cohort of 3,537 children and young people, those with discordant scores had higher levels of pain, morning stiffness, medication adverse events and poorer function. Similarly, when children with JIA otherwise have inactive disease, Giménez et al. (#POS0334) reported the largest reported driver of non-zero physician global scores was joint pain not fulfilling the definition of joint activity. Both studies therefore suggest an unmet need to understand and manage pain in children with JIA who are otherwise in clinical remission. Low et al. (#POS1309) demonstrated more depressive symptoms in children who have psoriasis at diagnosis of juvenile psoriatic arthritis than those who do not, in data from the UK CAPS cohort. Managing both psoriasis and arthritis is paramount in these children, with further support needed if poor mood persists. Sengler et al. (#OP0218) reported older age and female gender associated with higher depressive and anxious symptoms in children (n=157) and adults (n=187) with JIA from the ICON cohort. These symptoms did not associate with disease activity or patient-reported outcomes in those <18yrs. However, in patients ≥18 year old with JIA, global disease activity and patient-reported outcomes were worse in those with moderate/severe symptoms.
HEALTH PROFESSIONALS IN RHEUMATOLOGY

Thomas Davergne

Zink et al. (#OP0117-HPR) aimed to explore the process of task-shifting in the care of patients with hand osteoarthritis (HOA) between 9 rheumatologists (RTs) and 8 occupational therapists (OTs). The findings following the interviews to 17 patients showed a unanimous wish for HOA care to be shifted from RTs to OTs. Knoop et al. (#OP0188) aimed to determine the effectiveness of stratified exercise therapy, compared to non-stratified exercise therapy, in 335 patients with knee OA. A pragmatic cluster randomized controlled trial in a primary care setting was conducted. Surprisingly, this trial demonstrated no added value of the model of stratified exercise therapy compared to usual exercise therapy for knee pain and physical function at 3-months follow-up. Thomassen et al. (#POS0045-HPR) aimed to explore healthcare professionals’ attitude, facilitators and barriers on use of remote monitoring in 100 employees at a department of rheumatology in Norway. Positive attitudes were shown. Main facilitators were patients saving time, the belief of remote monitoring being part of future health care, and remote monitoring being integrated with patient record system. The main barriers were the inability to physically examine the patients and limitations related to the use of video consultation. Jobanputra et al. (#OP0007-HPR) aimed to determine whether foot and ankle pain (FAP) is associated with health-related job loss (HRJL) amongst older working adults. A longitudinal population-based cohort of 4,050 participants. Over 2 further years of follow-up, there were 235 incident HRJLs. After adjusting for age and gender, people with FAP had 83% increased risk of HRJL compared to people with no pain (HR 1.83, 95%CI 1.29-2.61), particularly if their job involved stair climbing. Primdahl et al. (#OP0198-HPR) developed a nurse-coordinated interdisciplinary self-management intervention across two Danish hospitals for patients with inflammatory arthritis, which was developed and described based on MRC’s framework for Complex Interventions. Hilberdink et al. (#POS0042-HPR) aimed to compare characteristics, health status and fulfilment of exercise recommendations between axSpA patients with and without supervised group exercise. Three cohorts were analysed: 2 cohorts (n=196 and n=153) in which participation in supervised group exercise was recorded (yes/no) and one with only supervised group exercise participants (n=128). In the two outpatient axSpA cohorts, only 17 of the 349 patients (5%) participated in supervised group exercise. Supervised group exercise participants fulfilled the recommendations for moderate-intensity aerobic exercise (89% vs. 69%, p<0.001) and for strength and mobility exercise (44% vs. 29%, p<0.01) more often than patients without supervised group exercise.
**PARE SESSIONS**

Peter Boyd

**Peter Boyd**

Peter is Services Officer with his national patient organisation, Arthritis Ireland. He has volunteered across many committees for EULAR PARE, delivering speeches and chairing sessions at multiple PARE Conferences and EULAR Congresses. Peter is the incoming Chair-Elect of EULAR PARE Committee.

**Borsje et al. [#OP0005-PARE](#)** described, in her award-winning abstract presentation, how ReumaZorg Nederland developed conversation aids to assist in appointments and improve quality of life (QoL). These aids can improve communication during consultations and aid shared decision making. Family planning is always an important issue for the PARE community and **Krichevskaya et al. [#OP0040-PARE](#)** presented their abstract on pregnancy in AS patients. A startling 68% of women re-evaluated their plans for pregnancy after being diagnosed with AS. The subsequent webinars that were produced were informative and vital for patients to make informed choices. **Manion et al. [#OP0200-PARE](#)** presented an abstract on the sexual and reproductive health of women with rheumatic conditions. They concluded that a shift in models of care to focus on patient needs could assist patients in navigating a range of difficult decisions, such as choosing safe medications for pregnancy and breastfeeding, reconciling health, work and parenting demands, understanding menopause, accessing mental health support, and managing pain. Too many people with RA and axSpA are forced to leave employment too soon due to their diagnosis. **Bakker et al. [#OP0201-PARE](#)** presented a physiotherapist-led intervention to increase work-ability in these cohorts. If the cost-effectiveness currently being tested matches the development of the programme, this will mark a huge step forward. Having a healthy diet and lifestyle is important for everyone but **Del Pin [#OP0206-PARE](#)** explained how one campaign in Denmark is looking to provide “arthritis friendly” recipes and cooking techniques for people with RMDs. With the assistance of dietitians and occupational therapy, the courses have successfully informed patients and with small adaptations will be very useful in Denmark and other countries no doubt. Everyone says that having public and patient involvement (PPI) in research is critical, and **Persson et al. [#OP0298-PARE](#)** carried out a survey of patient experiences and impact of PPI in Sweden. As everyone learns and ensures that PPI is not ‘tokenistic’, the number and quality of partnerships will grow, as will the quality of research. **Elling-Audersch [#OP0304-PARE](#)** described how the Deutsche Rheuma-Liga, with over 270,000 members, reacted and coped without being able to provide services, supports and information in times of genuine fear during the COVID-19 pandemic. Their digital expert forums are an example of a silver lining for all organisations to take from difficult times.
Quartuccio et al. (#OP0174) showed that patients with systemic autoimmune disorders receiving COVID-19 mRNA vaccination on belimumab or early after rituximab (RTX) (<6 months) did not show impaired T-cell response compared to healthy controls (HC). On interferon-gamma release assay there was no difference between RTX patients and HC (p=0.08) and between belimumab patients and HC (p=0.26). Although humoral response was hindered for both RTX and belimumab compared to HC (p<0.0001, and p<0.002, respectively). Raptis et al. (#OP0175) mapped the humoral antibody response to mRNA COVID-19 vaccines up to 24 weeks post full vaccination in patients with inflammatory rheumatic diseases (IRDs) assessing differences due to treatment, age, past SARS-CoV-2 infection, and vaccine (BNT162b2 vs. mRNA-1273) In IRD patients, a past SARS-CoV-2 infection resulted in strikingly increased immunogenicity, as did mRNA-1273 compared to BNT162b2. Christensen et al. (#OP0176) showed that in IRD patients who underwent mRNA vaccination the persistence of anti-Spike antibodies was lower than in HC. This seems to advocate the administration of a booster dose. In this regard, Furer et al. (#OP0177) demonstrated that a booster dose of BNT162b2 restored the response in HC and in IRD patients treated with MTX, anti-cytokine biologics, abatacept, and JAK inhibitors. Gupta et al. (#POS0201) showed data from the COVAD study, an ongoing self-reported electronic survey to study the effect of COVID-19, including 10,900 IRD patients. They found that those affected with idiopathic inflammatory myositis (IIM) were at higher risk of all cause hospitalization for COVID-19 infection prior to vaccination (OR 2.5, 95%CI 1.2-5.1, vs. HC). Nevertheless, IIM patients reported less COVID-19 infections than other IRDs (OR 0.6, 95%CI 0.4-0.8). In another subgroup analysis of the COVAD study (#POS0198), the same authors consistently showed that dermatomyositis patients with COVID-19 had a lower risk of mortality in comparison to HC (RR 0.76), hospitalisation (RR 0.8) and severe disease (RR 0.76). However, African Americans had higher odds for severe COVID-19 (RR 1.62), similar to interstitial lung disease patients (RR 1.64). Sreekanth et al. (#LB003) presented the results of MIVAC I & II trials, which compared the efficacy and safety of holding MTX after each (MIVAC I) and only after the second dose (MIVAC II) of the ChAdOx1 vaccine vs. continuation of MTX in patients with inflammatory arthritis. They showed that holding MTX after both the shots or only after the second shot both yielded higher anti-Receptor Binding Domain IgG titres as compared to continuing MTX.
THE 9TH COUNTRY LIAISON MEETING AT EULAR 2022

Every year, during the EULAR congress, the EMEUNET Country Liaisons Meeting takes place. It is a unique opportunity for the Country Liaisons, who are the EMEUNET representatives in the European countries, to meet with the EMEUNET Working Group members.

During the meeting the highlights from 2021-2022 were presented, with a special focus on the activities organised by the country liaisons at the national level and promotion of EMEUNET via Social Media of the national rheumatological societies. The results of some recent initiatives of the Country Liaisons subcommittee were reported, including the migration of the advertising materials to the web and the first pilot episode of the Country Liaison Clinical Webinars Series. Also, new initiatives were explored to engage better with the EMEUNET community and work in a more efficient way together.

EMEUNET relies on the Country Liaisons for the expansion of the network and receives important feedback from them! It was a pleasure to meet our Country Liaisons in person, listen to their experience and see their effort in promoting EMEUNET. We would like to thank all Country Liaisons and the subcommittee members who participated in the meeting for their dedication and time!
THE MENTOR-MENTEES MEETINGS AT EULAR 2022

The 18th edition of the Mentor-Mentees meeting was organized as a face-2-face meeting at the EULAR Congress with Peter Lamprecht and Laura Coates! The meetings 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!

Stay tuned with EMEUNET to see the videos of the interviews we realized at the end of the meetings!

EMEUNET Peer Mentoring Subcommittee

Shinji: It was a great pleasure to attend the informative and interactive meeting with Prof. Peter Lamprecht and colleagues which was quite helpful to consider my career. What I learned was the importance of “determination” and “resilience” to proceed research and build a career. I thank Prof. Lamprecht, Alvise, Silvia, and EMEUNET for giving me an amazing opportunity and look forward to seeing you again.

Jean-Guillaume: It would like to thank EMEUNET for this great opportunity to meet Doctor Laura Coates, a leader in her field. As a mentor, she shared with us her experience (failure and success) on the clinical research and gave us useful advices. I am sure that it will help to progress in my journey of a young clinical researcher.

Zoran: It was unique experience to hear some advices from dear Prof. Coates. From her point of view, it was very interesting that the choice of mentor has a huge role in the career of a young researcher. She also explained to us what characteristics (or qualities in better words) mentor and mentee should have for good collaboration. The story about her career was truly inspiring. Looking forward to next year and another Mentor-Mentees Meeting!

Lavinia: I didn’t really know what to expect and I was really surprised. Having the chance to ask and talk with no filter about expectations, doubts, and fears about our path with someone who has already been there and today represent an incredible example of a young successful rheumatologist, researcher, professor and mum, such as Professor Coates, was really refreshing. I am grateful for the opportunity.

Philippa: The Mentor-Mentee meeting was a fantastic opportunity to have an honest, unfiltered, and enlightening discussion about career progression and academia life from someone with decades of first-hand hand experience.

Francesca: The EMEUNET Mentor-Mentee Meeting during EULAR2022 has been a beautiful experience. Prof. Lamprecht shared with us his pathway and his experiences and gave us advice and tips for our future career. As take-home messages I will remember the speech of Prof. Lamprecht on the importance of resilience and passion: It has been inspiring! Thanks EMEUNET for this possibility.

Jelena: It was my great pleasure to meet professor Laura Coates and a truly inspiring experience listening to her academic and personal journeys during the EMEUNET mentor-mentee meeting in EULAR 2022. It was an excellent opportunity to connect also with colleagues from all over the world that share similar doubts regarding mentor-mentee relation and academic pathway. Honest, enthusiastic and clear advice for future steps in developing and improving as a researcher that have been untaken from this meeting definitely motivated me to go forward. I'm looking forward to all upcoming EMEUNET events.
THE PEER REVIEW MENTORING PROGRAM
AT EULAR 2022

«How to review a manuscript» was the topic of one of the «EMEUNET presents» session.

This successful educational program has the aim to train EMEUNET members as reviewers for scientific journals in rheumatology under the supervision of senior reviewers.

This program is realized with the collaboration of the Editorial Board of the Annals of the Rheumatic Diseases and RMD Open.

At the end of the session, Dr Verhoef, member of the Peer Mentoring Subcommittee, showed the results of a survey that was sent to all the people who participated in the program in the last editions.

During this session we had the privilege to have direct feedbacks from mentors (Axel Finckh and João E. Fonseca) and mentees (Chiara Crotti), who have participated to previous editions of the program.

Dr Crotti explained the real need of young researchers to be trained in reviewing activity. Prof Finckh talked about the pitfalls in reviewing manuscripts as senior and experienced mentor. Prof Fonseca talked about the future of the reviewing as mentor and Journal editor.

Take home messages:

This is a unique project that satisfy the need of young researchers to learn specific skills that are fundamental for a career development.

At the same time, it is useful for mentors who have the possibility to know the new generations of reviewers.

Our Subcommittee identified areas for improvement of the program that need to be addressed in the future.

I want to personally thanks all the participants and the amazing members of my Subcommittee!

Silvia, Peer Mentoring Subcommittee Chair
The EMEUNET Research Speed-Dating is a networking activity that was organized during the EULAR 2022 conference in which young rheumatologists and researchers interacted in a series of short one-on-one conversations to determine if there is mutual interest for research collaborations.

The EMEUNET research Speed-Dating provided a great opportunity for participants to explore collaboration interests in a cursory way, forming the basis for further and more profound interaction.
In 2022 finally we had the opportunity to meet all again face to face and EMEUNET booth is always the must visit spot for the young rheumatologist attending the EULAR conference. EMEUNET booth was located inside the EULAR village featuring its characteristic purple colours. At the booth both EMEUNET members and non-members could get in touch with EMEUNET to discuss and to get more information on EMEUNET activities.

With so many EMEUNET activities going on during EULAR 2022, the EMEUNET booth was very important to provide attendee guidance on how take most out of the congress. EULAR staff, EMEUNET chairs, and EMEUNET sub-committee where there easily accessible to give tips and help in navigating through the so many things going on such as: EMEUNET Networking event, EMEUNET speed dating, EMEUNET presents session, Mentor-Mentee meetings and Interest groups, and much more.

This year EMEUNET organized a social media-based Scavenger Hunt that gave to opportunity to all member to know more EMEUNET and the rest of EULAR Family having fun and winning special EMEUNET and EULAR branded prizes.

We are happy to welcome all our new members and thank all our current members for making the booth a success again this year!
After 2 years of on-line Congress and networking events, we finally had the opportunity to meet again face-to-face. What could be better than the traditional EMEUNET networking event to celebrate this?

For the 75th anniversary of the EULAR, in 2022 the EMEUNET networking event was fully integrated in the EULAR Family dinner in a beautiful location of the world famous Tivoli Gardens in Copenhagen. The event was sold-out with nearly 80 member who registered to the event.

Surrounded by an enchanted atmosphere, for tradition we had the opportunity to know each other, to network and, why not, have some fun.

This year we also had the visit of some very special guests such as Professor Annamaria Iagnocco, EULAR President who gave an inspiring speech and Professor Daniel Aletaha, EULAR president elect and founding member of EMEUNET in 2009.

It was a special night, full of interaction, networking and fun... it was great to meet and to have our community gathered once again.

We’d like to thank all of you for participating at this event and EULAR staff for the extraordinary effort in making this possible. We are looking forward to meet you all at the next EMEUNET networking event at the ACR 2022 and EULAR 2023.

Please feel free to share your ideas and feedback with us at visibility.emeunet@gmail.com.

Looking forward to seeing you at the ACR in Philadelphia or at the EULAR 2023 in Milan!

EMEUNET Visibility Subcommittee
EULAR has developed e-learning opportunities with the newest updates in the field of rheumatology. 99 modules are available, covering different areas of rheumatology.

**Fee:** 25 EUR for each module  
**Start:** no deadline / any time  
**Available for:** 1 year after booking

### 11th EULAR Online Introductory Ultrasound Course

The course, covering 7 modules, is designed for approx. 7 months of training, the expected learning time per week is around 2 1/2 hours. Upon passing the examination, a EULAR certificate will be issued.

**Fee:** 150 EUR  
**Start:** 17.10.2022  
**Available for:** 1 year + 1 year extension

### 12th EULAR Online Course on Systemic Sclerosis

The Course consists of 10 modules dealing with physiopathology, clinical aspects and management of SS. All modules are developed by EUSTAR.

**Fee:** 150 EUR  
**Start:** 17.10.2022  
**Available for:** 1 year + 1 year extension

### 17th EULAR Online Course on Rheumatic Diseases

The course is managed by a scientific course committee controlling the structure and content of the course and performing regular quality control and advancement. The full version covers the entire field of rheumatology and consists of 55 illustrated modules (of which some are optional), each one covering a specific topic. The expected learning time per week is calculated around 2 1/2 hours but very flexible for the learners who can enter the learning system at any time and have available free of charge an extra year if needed.

Knowledge and skills are targeted to suit a level of knowledge appropriate for the final years of training as a rheumatologist.

**Fee:** 150 EUR  
**Start:** 17.10.2022  
**Available for:** 2 years + 1 year extension
14th EULAR Online Course on Connective Tissue Diseases
The Course consists of 16 modules which deal with immunology and systemic auto-immune diseases, such as SLE, scleroderma, and vasculitis.
➢ Fee: 150 EUR
➢ Start: 17.10.2022
➢ Available for: 1 year + 1 year extension

2nd EULAR Online Course on Patient Education for Physicians and Health Professionals
The Course consists of 4 modules (approx. 6 hours each). The learning objectives are: understand the problematics of chronic rheumatic diseases, understand issues of patient education, develop attitudes in the relationship with the patient, elaborate a program of patient education, perform an educational diagnosis, design and animate educational workshops evaluate a program and among different learning objectives. Upon passing the examination a EULAR certificate will be issued.
➢ Fee: 150 EUR
➢ Start: 17.10.2022
➢ Available for: 1 year + 1 year extension

4th EULAR Online Course for Systemic Lupus Erythematosus
The Course consists of 12 modules covering the recent updates in diagnosing and managing SLE, as well as the recent updates to management guidelines.
➢ Fee: 150 EUR
➢ Start: 17.10.2022
➢ Available for: 1 year + 1 year extension

5th EULAR Online Course on Imaging in RMDs
The Course covers 3 modules. The learner level is aimed primarily at Section Residents and Fellows in Training as well as Rheumatologists. It aims to educate rheumatologists and future rheumatologists on how to interpret imaging examinations in chronic inflammatory RMDs and to use the imaging results to guide their daily treatment.
➢ Fee: 150 EUR
➢ Start: 17.10.2022
➢ Available for: 1 year + 1 year extension
8th EULAR Online Course for Health Professionals in Rheumatology
The course consists of a total of 8 modules. Care is given to integrate the multidisciplinary perspective of the treatment of rheumatic diseases.

- **Fee**: 150 EUR
- **Start**: 17.10.2022
- **Available for**: 1 year + 1 year extension

9th EULAR/PRES Online Course in Paediatric Rheumatology
The 11-module course represents a joint effort of EULAR and the Paediatric Rheumatology European Society (PRES), offering a deep insight of all the aspects related to rheumatic diseases in children and adolescents including their impact on the growing body and the differential diagnosis with other paediatric disorders.

- **Fee**: 150 EUR
- **Start**: 17.10.2022
- **Available for**: 1 year + 1 year extension
UPCOMING EDUCATIONAL EVENTS

JULY 2022

16th World Immune Regulation Meeting
• When and Where: 6-9 Jul 2022, Davos, Switzerland
• Website: http://www.wirm.ch/

Ten Topics in Rheumatology
• When and Where: 07-08 Jul 2022, Hilton Tower Bridge Hotel, London
• Website: http://tentopics.com/

2nd PAFLAR Congress
• When and Where: 29 Jun- 1 Jul 2022, Virtual Event
• Website: https://paflar.org/2022-paflar-congress/

AUGUST 2022

24th Pan American Congress of Rheumatology (PANLAR 2022)
• When and Where: 10-13 Aug 2022, Miami, Florida
• Website: https://en.panlar.org/
EULAR Online courses:
- RMD: EULAR Course on Rheumatic Diseases
- US: EULAR Online Introductory Ultrasound Course
- IMG: EULAR Online Course on Imaging in RMDs
- PAED: EULAR / PRES Online Course in Paediatric Rheumatology
- HPR: EULAR Online Course for Health Professionals in Rheumatology
- SSc: EULAR Online Course on Systemic Sclerosis

The EULAR Educational Cooperation with National Societies (EULAR ECONS)
The EULAR Research Center

How does it work?

1. Select your support area and describe your needs in a short online form
2. Get matched with an experienced scientist
3. Obtain up to 10 hours of free consultation
4. Share your feedback upon service completion

Support Areas

- Basic/Translational Research (using patient/human materials, e.g. cells, serum...or Dedicated animal models of RMDs to address bedside-to-bench research questions)
- Clinical Research
- Epidemiology and Public Health
- Health Services Research
- Implementation Science

Study design
Statistical methods
Sampling strategy
Data collection and analysis
Patient involvement
Participant recruitment strategy
Access to patient and human materials
Access to equipment and technologies
Research reporting
EU grant writing support

The EULAR Research Consultation Service is offered through the EULAR Research Centre. The service is available for researchers based in EULAR-affiliated countries.
The **EULAR Outcome Measures Library** (OML) aims to be a comprehensive database of validated instruments (indices, questionnaires, scales, or others), with an emphasis on **patient-reported outcomes** (PRO) used in rheumatology. The EULAR OML was created by rheumatologists, health professionals, students and patients, all of whom are engaged in the field of rheumatology.

The database includes a detailed **description of each instrument**, including the instrument itself (and validated language versions, if available), useful **references**, a description of the population(s)/setting(s) where it has been validated, recommendations and rules for use, **guideline** for interpretation of the results in clinical practice or in research, information on the most relevant **psychometric properties** of each instrument. Instruments are categorized by disease or by topic. Also, guidelines for interpretation of results in both practice and research settings are provided. The OML is an ongoing project and is frequently updated with the most recent information on PROs in rheumatology.

For more information visit:

The European Alliance of Associations for Rheumatology (EULAR) is very concerned about the situation in Ukraine, and it condemns Russia's unacceptable act of aggression towards the country. As hospitals are being attacked and access to medical aid is interrupted, EULAR wants to respond to this humanitarian crisis and particularly support the Ukrainian people with rheumatic and musculoskeletal diseases (RMDs), who need urgent treatment and assistance.

Together with EMEUNET, EULAR has developed a support programme for young Ukrainian rheumatologists, enabling them to take up their profession, maintain and further develop their skills, and provide care to a range of patients, including particularly displaced Ukrainian RMD patients. Across Europe, Ukrainian rheumatologists or rheumatologists in training can apply for this programme, sponsoring their employment in one of EULAR's various partner hospitals or institutes. EULAR will fund up to 20 such positions, allowing for a stable income for a Ukrainian physician who had to flee their country, and securing medical treatment for Ukrainian refugees with RMDs. EULAR will provide € 500,000 for this purpose.

What: Funding programme for displaced Ukrainian physicians
Who can apply: Hospitals or medical institutions (employers) in countries with many displaced Ukrainian refugees
Target group: Ukrainian rheumatologists, focus on rheumatologists in training
How much: 20,000 – 30,000 EUR/year

Please send your application to eular@eular.org.
SHARE YOUR IDEAS!

Over the years EMEUNET has developed several projects covering different topics and areas of interest. However, we always 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!

For additional suggestions and ideas, 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

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