EULAR HIGHLIGHTS

- Oral presentations and posters
- “The young rheumatologist” sessions
  - Networking event
  - Mentor/Mentee meetings
  - Country Liaison Meeting
  - Educational Opportunities

EULAR 2021 VIRTUAL CONGRESS
Dear young rheumatologists and researchers in rheumatology,

We are excited to present you with a new issue of EMEUNES NEWS dedicated to the Highlights of this year’s EULAR annual meeting. Virtual once again this year due to COVID-19 pandemic-related restrictions, the event was excellently organized, incorporating all the essential elements that would typically be presented during the live event: 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 „2021 Virtual Congress“ in the congress list) giving a great opportunity to those who could not join live to check the presentations at your convenience.

In the current circumstances, social media became a great addition to the conventional networking opportunities usually available during the congress. 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 personally in Copenhagen.

Tadeja Kuret and Mikhail Protopopov, on behalf of the EMEUNET Newsletter Sub-Committee

DIRECTORY

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Tadeja Kuret
Mikhail Protopopov

EMEUNET Newsletter Sub-Committee
Maria V Sokolova

Maria is a PhD candidate and a translational researcher at the University Clinic Erlangen, Germany. Her current main research subject is autoimmunity in rheumatoid arthritis. She got her medical degree and clinical training at Moscow State University, Russia. Previously she had been working on research projects in vasculitis, biological DMARDs and biomarkers in psoriatic arthritis. Maria is a member of the Newsletter Sub-Committee.

BASIC RESEARCH I – GENETICS, CARTILAGE/SYNOVIUM, OSTEOIMMUNOLOGY, ANIMAL MODELS

Maria V Sokolova

Nikolopoulos et al (OP0040) investigated immunopathology of neuropsychiatric lupus in a lupus-prone mouse model of New Zealand Black/White (NZB/W) F1 strain. The mice exhibited depressive- and anxiety-like behaviour, cognitive impairment and motor disturbances, even prior to the development of nephritis. These changes were linked to the decreased synthesis of serotonin and noradrenaline, as well as immune cell infiltration and myeloid cell and microglia activation in hippocampus. A characterisation of synovial and blood Treg in spondyloarthritis was conducted by Simone et al. (OP0032). Synovial Treg were showing upregulation of interferon signature and signs of clonal antigen-driven expansion. The authors characterised a Th17-like Treg subset with IL-10 and LAG-3 expression. Symons et al (OP0036) described a new mechanism, by which IL-6 activates Yap-protein and its complexing with Snail in synovial fibroblasts (SF). The authors observed an overexpression of Yap and Snail in rheumatoid arthritis (RA) synovium. They demonstrated abrogation of inflammation in Yap-knockout mice with an antigen-induced arthritis. In vitro they showed that Yap and Yap-Snail complex formation could be induced by IL-6. Yap/Snail seemed to be important for the invasiveness of SF, but not for proliferation in the context of arthritis. Nasi et al (POS0041) investigated the role of hydrogen sulphide (H2S) and its producing enzyme CSE in the tendon calcification. H2S could inhibit calcification in vitro. CSE knockout mice exhibited higher Achilles tendon calcification. This connection was confirmed in surgery-induced model and in human samples. Rivellese et al (OP0011) studied T peripheral helper cells (CXCR5-negative, PD1-hi, ICOS-positive, CD4+ T cells) in the Pathobiology of Early Arthritis Cohort (PEAC), conducting a thorough analysis of peripheral blood and synovial tissue immunophenotypes by flow and digital cytometry in treatment-naïve RA patients. Circulating B cells were inversely correlating with inflammatory parameters, while peripheral helper T cells (Tph) correlated positively with activity scores and histochemistry and were elevated in patients with lympho-myeloid histological pattern and ACPA. Synovial Tph were also correlating with disease activity and were predictive of biologic use. Strikingly, there was an inverse association between peripheral and synovial lymphoid cells. These data are complemented by Floudas et al (POS0387), describing various gene signatures and immune cell profiles in ACPA-positive and -negative RA patients. ACPA-positivity was associated with increased Tfh cells. Interestingly, B cell subpopulations were distributed similarly between ACPA+ and ACPA-.
McInnes et al (OP0030) determined the biological pathways modulated by upadacitinib compared with adalimumab in patients with psoriatic arthritis (PsA) via the evaluation of approximately 100 plasma proteins associated with inflammation. The two drugs modulate both shared and distinct pathways. So, both treatments resulted in the down modulation of IFN-γ, IL6-, and TNF-related protein biomarkers. But in addition, upadacitinib resulted in distinct down modulation of T cell-associated and myeloid cell-associated proteins, whereas adalimumab resulted in a specific down modulation of a subset of neutrophil associated proteins. Gatto et al (OP0186) studied B cells in immune checkpoint inhibitor induced arthritis. The study included 6 patients with checkpoint inhibitor induced arthritis and 7 patients on the same immunotherapy not developing arthritis. By flow cytometry the researchers found a significant increase of circulating B cells and especially of transitional B cells in checkpoint inhibitor induced arthritis versus patients not developing arthritis. Houtman et al (OP0016) identified functional variants in the RA associated JAZF1 locus in fibroblast-like synovial cells using genetic fine-mapping of loci of credible variants driving GWAS signals in rheumatoid arthritis (RA). Specifically, the risk allele of rs2158624 seems to influence the binding of transcription factors controlling the expression of the long non-coding RNA HOTIP in fibroblast-like synovial cells. Parker et al (OP0034) demonstrated that inhibition of cytidine triphosphate synthase 1 (CTPS1) with the novel compound STP938 attenuates experimental arthritis. STP938 blocked proliferation of cell lines and primary human PBMCs and decreased T and B cell responses in the DTH-KLH rat model and the mouse collagen-induced arthritis (CIA) model. van Wesemael et al (POS0395) describe the prevalence of anti-acetylated protein antibodies (AAPA) isotypes in arthritis patients with and without RA and healthy persons. IgG AAPA was detected in one third of RA patients and mainly in ACPA-positive RA. IgM AAPA was also found in non-RA arthritis patients and healthy persons. This suggests that AAPA responses can occur in healthy persons, but that these responses do not mature past the IgM-stage. New molecular pathways of perifascicular fibers changes in dermatomyositis have been investigated by Debrut et al (OP0243). They identified a distinct transcriptomic profile of these fibers from endofascicular ones and revealed a potential role of autophagy and proteasome dysfunction.
Deshiré Alpizar-Rodríguez

Deshiré is a rheumatologist and clinical researcher. She got a PhD in clinical research at the University of Geneva. Currently, she is the head of the research unit in the Mexican College of Rheumatology. Her major research interests include female reproductive factors and pre-clinical phases in rheumatic diseases, particularly rheumatoid arthritis. Deshiré is a member of the Social Media Subcommittee.

Nguyen et al (OP0012) studied the association between passive smoking in childhood (PSc) or in adulthood (PSa) and the risk of incident rheumatoid arthritis (RA) in a large prospective cohort of healthy women (n=79,806) and found both were associated with increased risk of RA, principally among never smoking women (HR 1.27; 95% CI 1.02 to 1.57 and HR 1.16; 95%CI 0.93 to 1.44, respectively). Adami et al (OP0178), presented a study using longitudinal data of RA patients (n=888) and of the daily concentration of air pollutants in the Verona area. Patients exposed to greater concentrations of air pollutants were at higher risk of having CRP levels ≥5 mg/L (OR 1.69; 95% CI 1.24 to 2.31), in addition pollutants concentrations, such as CO, NO, NO2 and O3, were higher in the 60-day period preceding a flare. Gul et al (OP0182) assessed the rate of sustained remission over 12 months in RA patients (n=200). Of those who tapered, 64% remained in clinical remission vs 80% of those who remained on stable treatment. In the tapering group, the combination of clinical, patient reported outcomes, US and T-cell parameters demonstrated value for predicting sustained remission (85% accuracy, AUROC 0.872) compared to clinical parameters alone. Heckert et al (POS0097), described joint inflammation tends to recur in the same joints during the RA disease course in 508 patients, in which swelling was significantly associated with swelling in the same joint during follow-up (OR 2.37, 95%CI 2.30 to 2.43). Gwinnutt et al (OP0183), identified a subgroup of people with RA with low inflammation yet high disability over 10 years using data of cohorts NOAR (n=1001) and ESPOIR (n=767). At baseline, the high disability group in both cohorts were older (age(SD): NOAR: OR 1.07, 95%CI 1.05 to 1.08; ESPOIR: OR 1.04, 95%CI 1.01 to 1.06), had higher proportion of women (NOAR: OR 1.82, 95%CI 1.12 to 2.78; ESPOIR: OR 2.73, 95%CI 1.20 to 6.23), and had higher levels of fatigue (NOAR: OR 1.16, 95%CI 1.06 to 1.28; ESPOIR: OR 1.20, 95%CI 1.05 to 1.36). Flouri et al (OP0299), reported a higher number of comorbidities at baseline was an independent predictor of lower 6-month response to therapy with the first bDMARD among 501 RA patients (OR 4.1, 95%CI 1.5 to 11) and baseline predictors for difficult to treat RA were rheumatic disease comorbidity index ≥1 (OR 3.3; 95%CI 1.7 to 9.4), female sex (OR 3.1; 95%CI 1.01 to 9.5) and age (OR 0.97; 95%CI 0.94 to 0.99). Perez Garcia et al (OP0212), described the fertility rate of men with inflammatory arthritis (IA) (n=628). This study demonstrated men diagnosed with IA before and during their reproductive years (<30 and 31-40 years old) have a lower fertility rate than those diagnosed after their reproductive years (>40 years old), p<0.05.
RHUMATOMOID ARTHRITIS II – CLINICAL (THERAPEUTIC)

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Sapart et al (OP0119) showed data from the UCLouvain Brussels cohort suggesting that starting with a bDMARD induction therapy could be an effective option in severe case of early rheumatoid arthritis (RA). A randomized control trial (RCT) simulation study by Gianfrancesco et al (OP0117) highlighted that non-TNFi may have an important role as first-line agents in the treatment of Black and Asian, but not Hispanic patients. Buttgereit and colleagues (OP0115) conducted a successful 24-week RCT of ABBV-3373, a novel intravenous antibody drug conjugate composed of adalimumab linked to a proprietary and highly potent glucocorticoid receptor modulator. In a post-hoc analysis of the GO-AFTER and the SIRROUND-T trials, Kerschbaumer et al (OP0127) found that continued MTX therapy increased clinical responses and achievement of good clinical states in placebo arms. Therefore, insufficient background therapy in the placebo arms of RA trials can result in confounding effects. Barbulescu et al (OP0122) analysed data from the Swedish Rheumatology Quality Register in a comparative study of the efficacy of JAKi and bDMARDs. They found no statistically significant difference in effectiveness between the two treatments. Data from the German register RABBIT shown by Strangfeld et al (OP0116) provided evidence that treatment with either JAKi or bDMARDs was not associated with safety issues in elderly patients (>70 years). Galloway et al (OP0126) performed a pooled analysis of RCTs and long-term extension studies of filgotinib. They showed that the exposure-adjusted incidence rates of infections and serious infections for filgotinib were similar to placebo, adalimumab, and methotrexate. Curtis and colleagues (OP0118) assessed in the SEAM-RA trial whether etanercept monotherapy has a greater effect on maintaining overall patient assessment of disease and joint pain compared with MTX monotherapy Withdrawal of etanercept resulted in a greater worsening of PtGA and PtJP than withdrawal of MTX, and patients on ETN monotherapy restored these scores close to baseline towards the end of the treatment period. Kelly and colleagues (OP0124) interrogated data from the INBUILD trial to show that nintedanib slowed the rate of lung function decline in patients with progressive fibrosing RA-ILD, with adverse events that were manageable for most patients. A small study by Kalyoncu et al (OP0125) assessed the real-life efficacy and safety of tofacitinib in patients with RA-ILD from the TReasure registry. In majority of patients, pulmonary function remained stable during follow-up.
Xabier Michelena

Xabier is a Rheumatology and Emergency Medicine consultant at Vall d’Hebron University Hospital, Barcelona, Spain. He also holds a visiting research fellow position at the Leeds Institute of Rheumatic and Musculoskeletal Medicine (LIRMM), University of Leeds, United Kingdom. His main research interests are in the field of spondyloarthritis. Xabier is a member of the Country Liaison Sub-Committee.

Pina Vegas et al (OP0052) explored baseline factors associated with remission at 5 years of follow-up in early onset axial spondyloarthritis (axSpA) from the DESIR cohort. 111 patients (25%) were in remission at 5 years. Baseline factors associated with remission were a past history of arthritis (OR 2.1, 95%CI 1.0-5.3) and lower BASDAI (OR 0.9, 95%CI 0.8-0.9) in patients not exposed to TNF inhibitors (TNFi). In patients exposed to TNFi, there was a positive association with high education (OR 2.9, 95% CI 1.6-5.1) and a negative association with BASDAI (OR 0.9, 95%CI 0.9-0.9), BMI (OR 0.8 95% CI 0.7-0.9) and enthesitis (OR 0.8, 95%CI 0.7-0.9). Baraliakos et al (POS0038) analysed the influence of age on the prevalence of MRI changes in the sacroiliac joints of 309 patients with chronic back pain diagnosed with axSpA and non-SpA. Although the prevalence of BME was high in non-SpA patients (up to 65% in >50 years), it was still significantly more frequent in axSpA patients, especially when associated with erosions. Kampman et al (OP0046) evaluated to what extent patients with axSpA discern whether their pain is related to inflammation or structural damage. After adding 2 additional questions to the BASDAI, most patients (75%) were not able to discern the pain cause. Comparing between the “inflammation” and “damage” groups, the “damage” group of patients had worse spinal mobility and somewhat higher mSASSS index while in the “inflammatory” group the patients were younger and had higher ASDAS. Haddad et al (OP0219) identified no clinically relevant increase in mortality between psoriasis arthritis (PsA) patients (n=5275) and matched controls (HR 1.096, 95%CI 0.977 to 1.229 in a multivariate analysis). Mease et al (OP0049) compared patients with axial PsA (axPsA) and patients with axSpA from the Corevitas registry. Patients with axSpA were younger, more likely to be male and had an earlier symptom onset as well as more reported pain and spinal pain, uveitis and IBD compared to axial PsA. Benavent et al (POS0969) presented a similar analysis in the ASAS perSpA dataset. The authors confirmed that patients with axSpA were younger, male and had a higher BMI index compared to axPsA. Moreover, uveitis and IBD were more prevalent in the axSpA group whilst peripheral involvement was more frequent in the axPsA group. Moysidou et al (POS1078) presented a systematic literature review including all registries and longitudinal cohorts in PsA to explore if these reflected its worldwide prevalence. 16183 patients were included and found that most of the registries were based in Europe or North America concluding that cohorts do not cover the worldwide spectrum of the disease.
Skov Kragshaes et al (OP0010) presented the results of an interventional randomised controlled proof-of-concept study, which evaluated efficacy and safety of faecal microbiota transplantation (FMT) in psoriatic arthritis (PsA). 31 PsA patients underwent randomisation (16 to sham transplantation, 15 to FMT). Treatment failure occurred more frequently in the FMT group (9 [60%] vs 3 [19%]; RR 3.20; p=0.018). D’agostino et al (OP0226) shared the results of the ULTIMATE Study, a large double-blind, placebo-controlled phase IIIb study (12-week double blind, a 12-week open-label secukinumab and a 6-month extension) designed to demonstrate the effect of secukinumab vs. placebo on US detected synovitis in patients with PsA. Mean reduction in SPARCC enthesitis index was 3 for the secukinumab, as well as for placebo-switching-to-secukinumab group. Resolution of enthesitis was 46% for initial secukinumab and 54% for placebo-secukinumab groups. Mease et al (OP0227) provided data on the efficacy of deucravacitinib in PsA stratified to specific factors. Patients treated with deucravacitinib were more likely to achieve an ACR20 response at Week 16 compared with placebo, (TNF inhibition (TNFi) experienced: OR 2.00, 95%CI 0.34 to 11.92; TNFi naïve: OR 2.53, 95%CI 1.18 to 5.46). Ostör et al (OP0228) provided 24 weeks data of the KEEPsAKE 2 trial exploring the efficacy and safety of risankizumab in active PsA patients, who had inadequate response/intolerance to cDMARDs or bDMARDs. 443 patients were included, 51.3% of treated patients compared to 26.5% achieved the primary endpoint ACR20 improvement (p<0.001), while serious adverse events were reported for 4.0% of the risankizumab treated patients and 5.5% for the placebo-treated patients. Deodhar et al (OP0233) reported new findings from the SELECT-PsA 1 (1705 PsA patients) and SELECT-PsA 2 (642 PsA patients) studies, showing that upadacitinib in patients with axial PsA led to significantly greater improvements in ASDAS-CRP, BASDAI 50 or ASDAS inactive disease at weeks 12 and 24. Kiltz et al (SAT0234) provided data from an real-life observational SERENA study providing new insights into the treatment retention rate of secukinumab through 2 years in PsA/ankylosing spondylitis (AS) patients. High persistence rates were seen in PsA and AS (87.0%, 95%CI: 83.99 to 89.99; 84.8%, 95%CI: 81.39 to 88.21, respectively. In a post-hoc analysis of the EQUATOR study, Coates et al (POS1049) demonstrated that after 52 weeks of treatment with filgotinib 27.5% and 16.8% of randomized PsA patients achieved PASDAS LDA and very LDA, respectively, and those rates remained stable over the period of 100 weeks (26.0% and 17.6%).
Joseph et al (OP0154-HPR) presented a web-based, peer-supported exercise program for people with hip or knee osteoarthritis (OA). Of the 35 patients enrolled, 22 (63%) were retained. Primary efficacy results (n=8) have shown an increase on moderate-to-vigorous PA and VO2 peak. Thorup et al (OP0200) showed experimental results of testing the potential of ROR2 blockade as a disease-modifying treatment for OA. The ROR2 pathway was upregulated in OA cartilage, while blocking ROR2 with intra-articular (IA) injections of siRNA, resulted in induced articular chondrogenesis, suppressed expression of aggrecanases in a mesenchymal stem cell line, as well as increased cartilage formation in a human cartilage organoid model. Ma et al (OP0110) reported on a 15-year follow-up cohort study (n=144,788 periodontitis (PD) and n=144,788 propensity score-matched controls) to elucidate the relationship between OA and PD. Patients with PD had higher risk of OA (HR =1.15, 95% CI =1.12–1.17, P < 0.001) and severe OA that led to a total knee/hip replacement (HR =1.12, 95% CI =1.03–1.21, P < 0.01) than controls. Eun et al (OP0113) reported on a 8.2 years study on the association between reproductive factors and joint replacement arthroplasty of knee (TKRA) and hip (THRA) in a 1.36 million nationwide population-based cohort of postmenopausal women. They found that shorter estrogen exposure was associated with higher risk of joint replacement therapy due to severe OA, and this association is stronger in underweight and younger subjects. Maheu et al (POS0279) reported the results of a new wearable transcutaneous electrical nerve stimulation (W-TENS) compared to the use of weak opioids (WO) in the phase-3 ArthroTENS (n=110) for the treatment of knee OA (KOA). In this study, W-TENS was more effective and better tolerated than WO in the treatment of nociceptive KOA chronic pain. Vervullens et al (POS1096) reported the results of randomized controlled trial (n=61) to assess the effect of one Dry Needling (DN) session compared to one sham needling (SN) session on pain (processing), muscle activity and gait in patients with knee OA. They concluded that one DN session has no larger effect on all outcome measurements compared to SN. Adami et al (OP0112) showed the results on a retrospective analysis (n=4902) of a nation-wide cohort (DeFRACalc79 database) to define the factors associated with osteoporosis care in men. These factors were: the presence of comorbidities (OR 1.939, 95% CI 1.799-2.090), adjuvant hormonal therapy for prostate cancer (OR 1.482, 95% CI 1.315-1.670), the presence of vertebral/hip fractures (OR 1.490, 95% CI 1.378-1.611) and glucocorticoid treatment (OR 2.573, 95% CI 2.274-2.832).
SLE AND APS

Chris Wincup

The results of the BEAT-Lupus, a 52-week phase IIb, randomised, double-blind, placebo-controlled clinical trial investigating the safety and efficacy of intravenous belimumab vs. placebo after initial rituximab therapy were presented by Ehrenstein et al (OP0129). There was a significant reduction in IgG anti-dsDNA antibody levels in patients treated with belimumab compared to placebo at 52 weeks (p<0.001). Belimumab has also reduced the risk of severe flare (HR 0.27, 95%CI 0.07 to 0.97). There was no difference in adverse events between belimumab and placebo groups. Merrill et al (OP0131) presented pooled data from trials of Anifrolumab demonstrating improvement in both skin and joint manifestations of the disease. More anifrolumab-treated patients achieved rash improvement using SLEDAI-2K (complete resolution: difference 13.5%, p<0.001), BILAG (at least 1 severity grade lowering: difference 15.5%, p<0.001), and mCLASI (≥50% improvement, if baseline score >0: difference 15.6%, p<0.001), as well as SLEDAI-2K–defined resolution in arthritis (difference 8.2%, p=0.029), BILAG severity lessening (difference 11.8%, p=0.002), and ≥50% decrease in tender/swollen joint counts, when ≥6 at baseline (difference 12.6%, p=0.016). A study presented by Jesus et al (OP0297) reported on their experience using SLE-DAS, which was found to be both easy to use and also accurate (in particular when validated against BILAG). The SLE-DAS Boolean-based definition of remission (all SLE-DAS clinical items scores = 0 and prednisone ≤5mg/day) showed sensitivity and specificity of 100% in the derivation and validation clinical cohorts. Gu et al (OP0073) used single cell transcriptomics to study bone marrow derived B cells in patients with SLE and healthy controls. The authors found that early defective B cell development in lupus resulted in more severe disease. In a subset of lupus patients, the early B cells (proB and preB cells) were strongly decreased. Bone marrow B cells from these patients showed a strong proinflammatory signature revealed by pathway analysis. Faustini et al (POS0003) examined immune changes in 15 patients undergoing treatment with rituximab for active SLE and demonstrated the importance of the interaction between T and B cells as demonstrated by a reduction in T cell PD-1 expression follow B cell depletion therapy. In the field of antiphospholipid syndrome (APS), Qi et al (OP0290) presented data from a 10 year cohort study. They identified four clinical phenotypes of patients based on the cluster analysis. 1-, 5- and 10-year event-free survival rates were 92.6%, 79.8% and 66.8%, respectively. APS secondary to SLE was always aggregated with non-criteria manifestations. Male gender, smoking history and obesity played an important role in thrombosis events, and led to poor prognosis.
One of the major focuses of investigation this year was the association between gout and cardiovascular risk. In a large cohort from western Sweden (n=20,287 cases), Drivelegka et al (OP0192) reported that patients with incident gout had a 43% higher risk of first-time acute coronary syndrome. The risk was largely explained by the increased occurrence of comorbidities, however gout-related factors were suggested as an independent risk element/ contributor. In two US prospective longitudinal cohorts (n=18,512, n=10,917) maintaining healthy weight was found to be important as gout prevention strategy, independently form the genetic risk (Yokose et al, OP0202). In a group of 202 asymptomatic patients with gout, Hammer et al (OP0204) described a significant correlation between joint monosodium urate (MSU) crystal deposition assessed by ultrasound (US), serum inflammatory markers CRP and calprotectin, and carotid internal media thickness (cIMT). Of note, the 18% of patients with increased thickness of cIMT and the 53% with carotid plaque had the highest levels of aggregates on US (p=0.003 and p=0.037, respectively). Shorter exposure to endogenous estrogen was associated with an increased risk of incident gout in a large South-Korean nationwide population-based cohort study of 1 million of postmenopausal women (Eun et al, OP0206). Later menarche (adjusted HR 1.10, 95%CI 1.02 to 1.19), earlier menopause (adjusted HR 1.12), and shorter reproductive span (adjusted HR 1.10) were associated with a high risk of gout. With the aim to identify predictors of remission in gout, Cipolletta et al (OP0209) carried out a 12-month prospective study (n=70) that investigated with US the changes in the MSU burden in the protocolled joints. The baseline US MSU burden was significantly lower in patients in remission than in those not in remission at 12 months (total score 1.9±1.8 vs. 5.1±3.1, p<0.01), suggesting that the baseline estimation of the MSU burden is an independent predictor of gout clinical remission at 12 months. In a longitudinal study (n=211), Uhlig et al (POS0139) explored the role of Dual-energy computed tomography (DECT) in detecting the urate deposition in the joints of gout patients during urate lowering therapy (ULT), and showed that urate deposition was significantly reduced (p<0.001) in ankle and feet after 2 years of ULT, with the mean (SD) DECT sum score (0-12) reducing from 4.6 (6.4) on baseline to 1.5 (3.2) on the year 2. Qing et al (POS0136) have explored the autophagy in gout. Autophagy-related gene (ATG) were significantly increased in the peripheral blood mononuclear cells of gout patients, and correlated with inflammatory and metabolic indexes, suggesting a role for autophagy in the pathogenesis of gout.
OTHER CONNECTIVE TISSUE DISEASES AND VASCULITIS

Alvise Berti

Arnold et al (OP0057) demonstrated in a cohort of 60 patients treated with rituximab for an ANCA-associated vasculitis that AUROC for prediction of time-to-relapse was greater if guided by naïve B-cell repopulation than by ANCA and/or CD19+ return at 6 months, i.e. 0.82 and 0.52 respectively, leading to the conclusion that patients with incomplete response or absent naïve B-cells should be retreated at 6 months. Mahr et al (POS0254) shared 12 weeks results of the Behçet’s syndrome trial RELIEF in a prespecified subgroup of 52 patients. These findings showed that treatment with apremilast resulted in greater reduction in oral ulcer (OU) count (primary endpoint, -107.9, 95%CI –176.9 to -38.9), OU pain (~31.0 95%CI –44.7 to -17.3), and disease activity (BSAS –15.5, 95%CI –22.6 to –8.3) as well as to favorable effect on QoL (BDQoL –1.12, 95%CI –3.8 to 1.5) as compared to placebo. Quinn et al (POS0802) performed a longitudinal observational study comparing FDG-PET and angiography in 70 patients with giant cell arteritis (GCA) and Takayasu’s arteritis (TAK), showing that PET activity had a sensitivity of 80% and specificity of 74% in predicting arterial lesion changes. More importantly, a negative predictive value for PET achieved 99%, meaning that most arterial territories without PET activity at baseline remained unchanged over time. Similarly, Galli et al. (OP0069) showed that sensitivity and specificity of PET in detecting active disease in 101 patients with GCA and TAK is 60% (95%CI 51 to 69%) and 80% (95%CI 75 to 84%), respectively. The AUC for PETVAS score in differentiating between clinically active and inactive GCA/TAK was 0.73 (95%CI 0.68 to 0.79), concluding that PET was useful in discriminating GCA/TAK disease activity. Philip et al (POS0117) performed a retrospective multicentre study comparing 33 double-positive patients (DPP) for ANCA/anti-GBM antibodies, and 45 ANCA-positive only severe-renal-vasculitis (serum creatinine >300 μmol/L), all with biopsy-proven nephropathy. They found that anti-GBM component is the dominant phenotype in the DPP group, with more severe renal presentation i.e. higher serum creatinine (719 versus 501 μmol/L, p=0.006), higher renal replacement therapy (82% vs 36%, p=0.00007) and lower one-year survival 27% vs. 64%, p=0.0002) compared to AAV. Antovic et al (POS1230) assessed the risk of COVID-19 infection in a large cohort of patients with ANCA-associated vasculitis (AAV). Of the 20 COVID-19 positive cases (8.6% of the AAV cohort), 8 had severe COVID-19, and a higher proportion of patients had active disease in the severe group as compared to non-COVID-19 group.
Mizushima et al (POS1348) explored mortality and related factors for patients with IgG4-related disease (IgG4-RD) in a large Japanese cohort (179 patients, 69.3% male). The crude mortality rate was 11.1 per 1,000 person-years, similar to the Japanese general population. Major risk factors related to mortality (Cox-regression) were the number of affected organs at diagnosis (HR 1.45, 95% CI 1.02 to 2.05), serum creatinine levels (HR 1.82, 95% CI 1.06 to 3.12) and the presence of malignancy during the clinical course (HR 3.93, 95% CI 1.10 to 14.02). Mancuso et al (POS1356) studied the effects of rituximab on circulating T follicular helper (Tfh) cells and on the levels of CXCL13 in patients with IgG4-RD, showing that rituximab does not affect circulating Tfh cells numbers. The serum level of CXCL13 was significantly higher in active untreated IgG4-RD patients compared to healthy controls (151.94 vs 66.98 pg/ml, p=0.0026), but was not affected by rituximab treatment (p= 0.41)

Ferrada et al (OP0090) determined the presence of VEXAS (vacuoles, E1 enzyme, X-linked, autoinflammatory, somatic), a newly defined syndrome linked to somatic mutations in ubiquitin activating enzyme 1 (UBA1) in a cohort of patients with relapsing polychondritis (RP), finding 7 of 92 patients with RP (7.6%) to have UBA1 mutations. VEXAS patients were all male, older at disease onset, and commonly had fever, ear chondritis, skin involvement, deep vein thrombosis, and pulmonary infiltrates. Kaya-Akca et al (OP0168) suggested higher concentrations of Tie-1, Tie-2, sFlt-1, sRAGE, and TNF-α can be helpful for distinguishing deficiency of adenosine deaminase 2 (DADA2) patients (with Polyarteritis nodosa[PAN]-like features) from PAN patients without DADA2 mutation. Kuehmerle-Deschner et al (OP0092) demonstrated in a 30-month interim analysis of the RELIANCE study including 91 patients with Cryopyrin-Associated Periodic Syndrome (CAPS) that canakinumab was both effective (remission rate 68%) and safe (11 drug-related severe adverse events in 100 patient-years). In the same cohort, Henes et al (POS1379) showed that canakinumab treatment led to remission in 62% of patients with Familial Mediterranean Fever (FMF) (n=54, 46% female). Crisafulli et a. (OP0093) showed in a multicenter Italian Schnitzler’s Syndrome cohort (24 treatment courses of 15 patients) that retention rate of IL-1 inhibitors was 73.4% (SE 9.4) at 1 year and 63.6% (SE 10.4) at 2 years (no significant difference between anakinra and canakinumab, although canakinumab have slightly higher drug-retention rates). Herrera-Morant et al (POS1362) presented data of 30 patients with neuro-sarcoidosis (7.8%; mean age 41.8±15.8; 11 men) from 20-years large single center cohort (n=384). Peripheral neuropathy, cranial neuropathy, spinal cord abnormalities and aseptic meningitis were seen in 6, 5, 3, and 3 patients, respectively. Anti-TNFα (n=10) agents was the most used biologic and there was no severe adverse effects registered.
Ponte et al (OP0055) presented the results of a prospective study on the value of ultrasound (US) assessment of temporal arteries to define disease activity and monitor patients with giant cell arteritis (GCA). A halo sign was found in 94.1% of GCA patients after a relapse, all showing an increase in the artery wall width in relation to a previous US exam, while weak to moderate correlations between the artery wall width were found with disease markers such as CRP (r=.41) and glucocorticoid cumulative doses (r=-.32). Conticini et al (POS0832) showed that muscle edema and power doppler activity assessed in patients with inflammatory myopathies via US are associated with physician global assessment and serum myoglobin. Baraliakos et al (POS0038) reported the results of a cross sectional study, reporting that MRI of patients with axSpA more frequently shows bone marrow edema and erosions compared to patients without SpA, while fat lesions and erosions were often also found in healthy individuals. Kisten et al (OP0146) found that in patients at-risk for developing rheumatoid arthritis (RA) (musculoskeletal symptoms and pos. ACPA), US signs of inflammation, such as tenosynovitis, were more frequently seen in patients finally being diagnosed with RA (44%) compared to patients not developing RA (13%, p<0.0001). Stoenuiu et al (POS0259) prospectively studied the results of an US exam in treatment naïve patients with very early RA starting a treatment with methotrexate and tocilizumab. Grey scale and results from the global OMERACT-EULAR synovitis score (GLOESS) were found to detect the earliest treatment response at two weeks (p<0.05), while power doppler was useful to detect a response four weeks after treatment initiation (p<0.05). González-Mázón et al (POS0342) performed a retrospective analysis of US images of patients with and without large vessel GCA. Intima media thickness in acute large vessel GCA was bigger in large vessels such as the axillary artery (1.03mm±0.33) compared to patients without GCA (0.67mm±0.19) or patients with atherosclerosis (0.70mm±0.18). Sebastian et al (POS0337) reported in an interim analysis of a prospective multicenter study that using a cut-off value of ≥12 of the Southend GCA clinical pre-test probability score patients with GCA could be discriminated from healthy controls (sensitivity 93%, specificity 86%). Van de Stadt et al (POS0258) compared real-time versus static scoring of US images of the joints. While at baseline agreement between the methods was good to excellent at joint (kappa 0.72-0.88) and patient level (ICC 0.59-0.86), agreement for change after treatment was poor to fair for synovial thickening and effusion (ICC 0.18 and 0.34 respectively).
Eulert et al (POS1321) described mental health screening of 276 adolescents with juvenile idiopathic arthritis (JIA). More than 1 in 5 reported mental health problems, but fewer than one third of these received psychological support. Critical mental health screening values associated with higher disease activity, disability and female gender. Lee et al (POS1490) investigated pain curricula for healthcare professionals treating paediatric rheumatology patients in the UK. Only 1.5% of training document content referred to pain, with no reference to the multi-dimensional nature of pain, how to assess pain, or the psychosocial aspects of pain, demonstrating an unmet need for pain education across specialties. Spekking et al (POS1300) reported significant improvement in pain scores across all three arms of a randomised treat-to-target trial in children with JIA, regardless of DMARD monotherapy, methotrexate with 6-week prednisolone bridging or concurrent methotrexate/etanercept. In children with dermatomyositis, Appenzeller et al (OP0167) demonstrated the utility of transthoracic ultrasound (US) in the diagnosis and progression of interstitial lung disease. Compared with high-resolution chest computed tomography, the sensitivity and specificity were 96.4% and 83.3% respectively. Mazzoni et al (OP0161) reported US subclinical synovitis in 61% with doppler signals in 19% and subclinical tenosynovitis in 15% of children in JIA remission. Subclinical tenosynovitis confirmed by power doppler signal was independently associated with flare over the following three years (HR: 4.8, p=0.04). Foeldvari et al (POS0079) identified differences between diffuse cutaneous and limited cutaneous juvenile systemic sclerosis in an inception cohort of 175 children and young people. While demographics were similar between subtypes, those within diffuse cutaneous disease had significantly higher physician global and disease damage scores, cutaneous features and ulceration activity, and those in the limited group had higher cardiac involvement. Iaremenko et al (POS0725) identified significant differences in clinical manifestations of systemic lupus erythematosus depending on age at onset. Those with onset up to 18 years had higher proportions of molar rash, nephritis and anti-dsDNA positivity, lower CRP and lower proportions of alopecia and serositis than their adult counterparts. Tordoff et al (OP0014) analysed 7425 markers of the HLA region for association with uveitis in JIA. Two amino acids in HLA-DRB1 and another in HLA-DPB1 were significantly associated, highlighting the utility of genetics in uveitis risk classification.
HEALTH PROFESSIONALS IN RHEUMATOLOGY (HPR) SESSIONS

Fernando (Fer) Estévez-López

Berdal et al (OP0153-HPR) conducted a pragmatic stepped-wedge cluster-randomised controlled trial testing the effectiveness of the BRIDGE program – a new rehabilitation program designed to improve the quality and continuity of rehabilitation across levels of care. In general, the BRIDGE intervention was not more effective than traditional rehabilitation in people with rheumatic and musculoskeletal diseases (RMDs).

McCready et al (OP0258-HPR) presented a scoping review in people with Sjögren's syndrome showing that younger women (≤50) with more severe symptoms of fatigue, pain, oral or ocular dryness, anxiety and depression are at increased risk of experiencing sexual dysfunction and sexual distress. Joseph et al. (OP0154-HPR) conducted a single-group feasibility study exploring the feasibility and preliminary efficacy of a web-based peer-supported exercise for people with hip or knee osteoarthritis (OA). The 12-week intervention showed benefits on moderate-to-vigorous physical activity (mean change: 16.4 minutes/day; 95%CI 6.9 to 25.9), cardiorespiratory fitness (VO2peak mean change: 1.83ml/kg/min; 95%CI 0.29 to 3.36) and other outcomes. In a systematic review and meta-analyses, Ismail et al (OP0302-HPR) identified modifiable contextual factors that can improve clinical outcomes. Their conclusion was that empathy, patient involvement and positive communication were found to be effective for patient experience i.e. satisfaction. O'Shea et al. (POS0161-HPR) carried out a systematic review exploring barriers and facilitators related to self-management of shoulder pain. They found that, from the perspective of patients, self-management was influenced by support for self-management (e.g., patient-centred support), personal factors (e.g., patient beliefs) and external factors (e.g., influence of the clinician). Hilberdink et al. (OP0071-HPR) evaluated a (pilot) enhanced version of a supervised group exercise program for people with axial spondyloarthritis widely implemented in the Netherlands. The implemented enhancements involved exercise personalisation, inclusion of high intensity aerobic exercise and group education on home exercise. The implementation consisted of one-day training for the supervisors and bimonthly telephone support for one year. Most of the participants were satisfied with these enhancements yet they did not engage in physical exercise at home.
Ilaria Bini is Italian patient advocate and psychologist, member of the Young PARE working group. She’s one of the persons responsible for the Italian youth group of people with RMDs and she’s very passionate about involving the psychological components in the treatment process.

Perez-Garcia et al (OP0303-HPR) interviewed 30 male patients (mean age 43.2 years) with inflammatory arthritis (IA) (rheumatoid arthritis of juvenile idiopathic arthritis (JIA)) to describe the viewpoints of adult men with IA on the impact of IA on their sexual health, identifying three viewpoints on the impact of IA on male sexual health, 2 of them revealing a negative influence that goes beyond the physical act of sex. The conclusion was that inflammatory arthritis can severely affect the emotional, mental and social components of sexual health. Larkin et al (OP0191-PARE) described the first steps in creating of a formal public and patient involvement (PPI) panel at Arthritis Research Limerick to engage with people living with rheumatic and musculoskeletal diseases and their families and to identify collaborative research opportunities. Mingolla et al (OP0082-PARE) reported that COVID-19 has had an important impact on mental health condition of people living with rheumatic musculoskeletal diseases (RMDs). A qualitative-quantitative survey was carried out through a questionnaire administered to 1001 patients. 44.2% of responders declared that the emergency period has somehow caused a worsening of their health condition. The psychological stress caused direct effects in worsening the symptoms of RMDs as well as other related effects, for example insomnia. The forced isolation has made people lack the social support that is fundamental for the psychological well-being for chronically ill people. Bakker et al (OP0324-PARE) evaluated key aspects of crisis communication and (b) explicit consideration of people’s health literacy needs in communication to people with RMDs during the first wave of COVID-19 in the Netherlands, by conducting an explorative qualitative study, proposing concrete learnings for patient organizations how to communicate in times of crisis. He recommended to be prepared, train staff and management in crisis communication, have clear strategy and remain transparent about uncertainty, use different communication channels and work with the content and combat fake news. And overall to explicitly consider people’s health literacy needs throughout. Stones at al (POS0057-PARE) summarized the existing patient/parent organization services promoting self- and shared- management of JIA in the UK and Ireland. In total, 48 services were identified across the twelve organisations. Even though various services are offered by several organisations with an interest in JIA, no single organisation provides a comprehensive package of services addressing the spectrum of information, education and support needs.
COVID-19 AND RHEUMATOLOGY

Silvia Piantoni

Alunno et al (OP0287) summarized the available information on the use of immunomodulatory agents in severe COVID-19 performing a systematic literature review to back up the EULAR points to consider, identifying 401 studies on the topic. In another systematic literature review, Najm et al (POS0052) summarised the available data on COVID-19 pathophysiology (85 articles) highlighting that SARS-CoV-2 infection affects both innate and adaptive immune responses in a variable way, according to both disease severity and individual parameters. Vieira et al (POS0055) presented the results of the prospective multicentre cross-sectional study among patients with five rheumatic diseases (systemic lupus erythematos, Sjögren’s syndrome, rheumatoid arthritis, axial spondyloarthritis, giant cell arteritis; 3028 patients, median age 58 years, 73.9% females) showing similar SARS-CoV-2 prevalence in patients with those conditions (4.0%, 95% CI 3.4-4.8%) with that of the general population. Symptomatic COVID-19 was associated with higher CRP levels (OR 1.18; 95%CI 1.05 to 1.33) the number of flares (OR 1.27; 95%CI 1.02 to 1.58) and rarely occurred in patients treated with biologics (OR 0.51; 95%CI 0.32 to 0.82. Collins et al (POS0047) compared COVID-19 outcomes in 86217 patients with or without inflammatory arthropathy. Patients with inflammatory arthropathy had a higher risk of death (OR 1.37, 95%CI 1.09 to 1.71) and mechanical ventilation, as well as longer length of hospitalization. The data on patients with systemic sclerosis (SSc) from the EUSTAR database with COVID-19 were presented by Hoffman-Vold et al (POS0054). SSc patients at older age (OR 1.03, 95%CI 1.01 to 1.07), with non-SSc comorbidities (OR 2.52, 95%CI 1.16 to 5.47), SSc related renal disease or ILD are at risk of a more severe outcome in case of COVID-19. Machado et al (LB0002) evaluated the safety profiles for COVID-19 vaccines in RMD patients. Most adverse events were the same as in the general population, they were non-serious and involved short term local and systemic symptoms. Majority of patients tolerated their vaccination well with rare reports of flares of rheumatic diseases (5%; 1.2% severe). Izadi et al (OP0288) developed a prediction model for acute respiratory distress syndrome (ARDS) in patients with COVID-19 and pre-existing rheumatic disease using machine learning approach. A total of 5,931 COVID-19 cases from 67 countries were included in the analysis. A machine learning model was able to predict the onset of ARDS with 81% sensitivity using baseline information (hypertension, interstitial lung disease, kidney disease, diabetes, older age, glucocorticoids, and anti-CD20 monoclonal antibodies) obtained at the time of COVID-19 diagnosis.
Congratulations to this year’s EULAR Abstract Award winners for their outstanding contribution in the field of rheumatology! Winners were announced during the Opening Plenary Session.

**BASIC AND TRANSLATIONAL RESEARCH**

- **Felice Rivellese**, UK; Integration of flow and digital cytometry in early treatment-naïve rheumatoid arthritis identifies distinct immunophenotypes in peripheral blood and disease tissue ([OP0011](#))
- **George Robinson**, UK; Sex differences in autoimmune disease susceptibility; a multi-omic approach ([OP0013](#))
- **Chary Lopez-Pedrera**, Spain; Spliceosome alterations in leucocytes from APS, SLE and SLE+APS patients are closely related to their main clinical features ([OP0038](#))
- **Stacey R. Dillon**, USA; ALPN-303, an Enhanced, Potent Dual BAFF/APRIL Antagonist Engineered by Directed Evolution for the Treatment of Systemic Lupus Erythematosus (SLE) and Other B Cell-Related Autoimmune Diseases ([OP0039](#))
- **Valeria Rios Rodriguez**, Germany; Shared and distinct gut microbiome signatures in patients with axial spondyloarthritis and its related immune-mediated diseases ([OP0031](#))
- **Léa Debrut**, France; An approach combining transcriptomic and topographic analysis reveals a potential role of proteasome and autophagy deregulation in the pathophysiology of dermatomyositis ([OP0243](#))

**CLINICAL**

- **Jeffrey Sparks**, USA; Associations of baseline use of biologic or targeted synthetic DMARDs with COVID-19 severity in rheumatoid arthritis: Results from the COVID-19 Global Rheumatology Alliance ([OP0006](#))
- **Antti Palomäki**, Finland; MUC5B promoter variant and long-term incidence of interstitial lung disease in patients with rheumatoid arthritis: a population biobank study of 250,000 individuals ([OP0007](#))
- **Maja Skov Kragsnaes**, Denmark; Efficacy and safety of faecal microbiota transplantation for active peripheral psoriatic arthritis: a randomised sham-controlled trial ([OP0010](#))
- **Yann Nguyen**, France; Association between passive smoking in childhood and adulthood, and rheumatoid arthritis: results from the French E3N-EPIC cohort study ([OP0012](#))
- **Diogo Jesus**, Portugal; The SLE-DAS enables accurate and user-friendly definitions of remission and categories of lupus disease activity: Derivation and validation study in 1190 SLE patients ([OP0297](#))
- **Giovanni Adami**, Italy; Association between environmental air pollution and rheumatoid arthritis flares ([OP0178](#))
Congratulations to this year’s EULAR Abstract Award winners for their outstanding contribution in the field of rheumatology! Winners were announced during the Opening Plenary Session.

**PARE**

- **Serena Mingolla**, Italy; The effect Covid-19 has on the mental health of people living with Rheumatic diseases. From data to interventions (OP0082-PARE)

**UNDERGRADUATE**

- **Wanting Qi**, China; Clinical characteristics and prognosis of antiphospholipid syndrome patients based on cluster analysis: a 10-year cohort study (OP0290)
- **Florian Lucasson**, France; Are patients with psoriatic arthritis being treated optimally across the world? Disparities in health care for patients with psoriatic arthritis across countries with different GDP’s, an analysis of 429 patients from 13 countries (OP0298)
- **Erik Kemper**, the Netherlands; Analyzing cord blood levels of TNF inhibitors to validate the EULAR points-to-consider for TNF inhibitor use during pregnancy (POS0202)

**HPR**

- **Gunnhild Berdal**, Norway; Bridging gaps across levels of care in rehabilitation of patients with rheumatic- and musculoskeletal diseases: results from a stepped wedge cluster randomised controlled trial (OP0153-HPR)
- **Jemma McCready**, UK; Is there a subset of patients with Sjögren’s syndrome who are more at risk for sexual dysfunction? Results from a scoping review (OP0258-HPR)
- **Kenth-Louism Joseph**, Norway; Feasibility of a web-based, peer-supported exercise program for people with hip or knee osteoarthritis (OP0154-HPR)

**Foreum**

- **Karin Hellgren**, Sweden; Pregnancy outcomes in relation to disease activity and anti-rheumatic treatment strategies in women with rheumatoid arthritis - a matched cohort study from Sweden and Denmark (OP0210)
- **Anne-Sophie Thorup**, UK; Blocking ROR2 improves cartilage integrity and provides pain relief in osteoarthritis (OP0200)
THE MENTOR-MENTEES MEETINGS AT EULAR 2021

The 16th edition of the Mentor-Mentees meeting was organized as teleconference at the e-EULAR Congress with Rene Westhovens, Lars Erik Kristensen, Laura Andreoli and Ioannis Parodis. 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 and positive feedback has been recorded in video by mentees as well as mentors.

Stay tuned with EMEUNET to see these videos!

Didem Sahin Eroglu. "I am very glad to have attended this wonderful meeting and I appreciate the efforts of the subcommittee. There was a very relaxed atmosphere in the meeting. Prof. Andreoli and Dr. Parodis were sincere about the pros and cons of an academic career. They clearly explained how to make our own way and I think, now, I have more courage and enthusiasm for shaping my path forward. I believe these kinds of meetings in small groups with mentors are important for all young scientists who seek for their research interest."

Latika Gupta. "It was truly refreshing to meet Prof. Andreoli and Dr. Parodis and listen to their academic and personal journeys. The discussion brought in fresh perspectives including equity, equality, and building one's path up from scratch. A mentor's guidance and support can be instrumental in determining career choices, and I am glad to have connected with both of them for an honest account of their experiences. I would like to congratulate the EULAR for this wonderful initiative; and hope to stay connected with both mentors and even work together at some point over shared interests like gender equality and CTDs."

Liubov Petelytska. "It was a pleasure to participate in mentor/mentee meeting during EULAR 2021 with Dr. Parodis and Prof. Andreoli. Both mentors shared with us their own way for a successful professional career in Rheumatology and gave us helpful clear advice for future steps in developing as a researcher. Thank you EMEUNET for the possibility to take part in this amazing online meeting and communicate with experienced professionals."

Arani Vivekanantham. "I was a truly inspiring experience to participate in the EMEUNET mentor-mentee meeting in EULAR 2021 with Prof. Westhovens and Prof. Kristensen. I really enjoyed hearing about their clinical academic journey in Rheumatology and learnt from the excellent advice they gave for future aspiring clinical academics. It was a great event to be part of- thank you to EMEUNET, Prof. Westhovens and Prof. Kristensen!"

Mohammed Hassan Abu-Zaid. "It was my pleasure to attend an informal interesting meeting with Professor Rene Westhovens & Prof Lars Erik Kristensen and with dear colleagues from different places. It gave me more experiences, and this was a great opportunity to get informations about research career and future plans. Really It was amazing, fruitful meeting I'm looking forward to meeting with you all in future EMEUNET events."
UPCOMING EDUCATIONAL EVENTS

AUGUST 2021

11th International Conference on Reproduction, Pregnancy and Rheumatic diseases
- When and Where: 26-28 Aug 2021, Virtual Event
- Website: https://www.rheumapreg2021.com/

World Congress On Osteoporosis, Osteoarthritis And Musculoskeletal Diseases
- When and Where: 26-28 Aug 2021, Virtual Event
- Website: https://virtual.wco-iof-esceo.org/

23rd APLAR Congress 2021
- When and Where: 28-31 Aug 2021, Kyoto, Japan + Virtual Event
- Website: https://aplar2021.com/

SEPTEMBER 2021

The 38th Scandinavian Congress of Rheumatology
- When and Where: 01-04 Sep 2021, Ålesund; Norway
- Website: https://scr2020.no/

6th European Congress of Immunology
- When and Where: 01-04 Sep 2021, Virtual Event
- Website: https://eci2021.org/

12th International Congress on Spondyloarthritides
- When and Where: 9-11 Sep 2021, Ghent, Belgium + Virtual Event
- Website: https://spa-congress.org/welcome-address

27th European Paediatric Rheumatology Congress
- When and Where: 19-21 Sep 2021, Virtual Event
- Website: https://www.pres.eu/pres2021/index.html

7th British Society of Spondyloarthritis annual meeting
- When and Where: 22 Sep 2021, Virtual Event
- Website: https://britspa.co.uk/annual-scientific-meeting/annual-scientific-e-meeting-2021/

27th European Paediatric Rheumatology Congress
- When and Where: 19-21 Sep 2021, Virtual Event
- Website: https://www.pres.eu/pres2021/index.html
Compilation of EULAR Online Modules
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

10th 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:** 14 October 2021
- **Available for:** 1 year + 1 year extension

10th 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:** 14 October 2021
- **Available for:** 1 year + 1 year extension

16th 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. Each module corresponds to approximately 5 - 8 hours of study for the student, totalling around 275 - 440 hours of educational training. Knowledge and skills are targeted to suit a level of knowledge appropriate for the final years of training as a rheumatologist. It will finish with an online examination and upon passing, with a EULAR Certificate.
- **Fee:** 150 EUR
- **Start:** 14 October 2021
- **Available for:** 2 years + 1 year extension
EULAR ONLINE COURSES AND MODULES

13th 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**: 14 October 2021
- **Available for**: 1 year + 1 year extension

1st 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**: 14 October 2021
- **Available for**: 1 year + 1 year extension

3rd 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**: 14 October 2021
- **Available for**: 1 year + 1 year extension

4th 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**: 14 October 2021
- **Available for**: 1 year + 1 year extension
EULAR ONLINE COURSES AND MODULES

7th 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: 14 October 2021
- Available for: 1 year + 1 year extension

8th 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: 14 October 2021
- Available for: 1 year + 1 year extension
An overview of several useful online resources:

- **EMEUNET “What Is New” initiative.** Discussion of recent papers in the field of Rheumatology, aimed at helping EMEUNET members up to date with the latest scientific and clinical findings in different areas of rheumatology. Sorted by disease topic.

- **EMEUNET Podcast.** Recently launched, this podcast is meant for clinicians and researchers in the field of rheumatology who want to keep up to date on recent publications and events.

- **EULAR School of Rheumatology.** EULAR offers a wide variety of online courses and other learning resources to contribute to the training and education of rheumatologists-in-training and rheumatologists.

- **EULAR Imaging Library.** An online gallery of a wide spectrum of imaging modalities and rheumatic and musculoskeletal diseases in adults and children.

- **EULAR Ultrasound Scanning App.** A comprehensive digital technical manual of ultrasound (US) in rheumatology. Designed as an illustrated tool for use on tablets and smartphones, it displays the procedures for US assessment of the principal joint areas and other relevant anatomic regions.

- **EULAR Outcome Measures Library.** A comprehensive database of validated instruments (indices, questionnaires, scales, or others) that are used in rheumatology, with an emphasis on Patient Reported Outcomes. Instruments are categorized by disease or by topic.

- **ACR Virtual Rheumatology Learning Collaborative.** A free 8-week lecture series of over 20 live lectures on a variety of topics in rheumatology. Previous recordings are available to watch as well.
Experts at EULAR offer hands-on advice for scientists investigating rheumatic and musculoskeletal diseases (RDMs) helping them optimise their research.

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
- Clinical Research
- Translational Research

Service Examples:
- Study design
- Research reporting
- Statistical methods
- Data collection and analysis
- Ethical and regulatory issues
- Patient involvement
- Sampling strategy
- Access to patient and human Materials
- Access to equipment and technologies

The EULAR Virtual Research Centre (VRC)
The EULAR Research Consultation Service is offered through the EULAR Virtual Research Centre under the umbrella of EULAR Research. It is available for researchers based in EULAR-affiliated countries. For more information, please visit the EULAR VRC web-page.
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: [http://oml.eular.org/](http://oml.eular.org/)
The EULAR | EMEUNET Webinar “Improve your poster presentations”, hosted by Felice Rivellese, Sebastián Rodríguez-García, Manouk De Hooge, starring Catherine Haines and Loreto Carmona, was held on March 16th at 8 pm (CET) and was a great success. The webinar aimed to provide tools for creating posters from scratch and present them at scientific congresses. It was designed as an interactive exercise where attendants could share their views and doubts with the faculty. The seminar explores the basics of poster presentations, overviewing how poster presentations work, common weaknesses and mistakes, the way people interact with posters, reviews and critiques a range of posters and appraises the posters created by the attendees on breakout rooms. Watch closely to improve your own presentation skills and make our next poster presentation stand out!

The recording is now available on our YouTube channel!
EULAR continues to provide valuable content and guidance for clinicians and patients with Rheumatic Musculoskeletal Diseases (RMDs) around the world during the COVID-19 pandemic.

Access the EULAR COVID-19 Repository for clinicians - a dedicated space for clinicians and patients where all COVID-related resources and guidelines are concentrated.

- EULAR guidelines:
  - COVID-19 Clinic visit guidelines
  - EULAR provisional recommendations for the management of rheumatic and musculoskeletal diseases in the context of SARS-CoV-2

- Factors associated with COVID-19-related death in people with rheumatic diseases

- Plain Language Summaries of the COVID-19 Global Rheumatology Alliance

- EULAR - COVID-19 Reporting database for rheumatologists and other clinicians.
  - The EULAR - COVID-19 Database is a European pediatric and adult database to report on outcomes of COVID-19 in patients with RMDs. It has been updated with Module 2 – reports on cases of vaccination against SARS-CoV-2 of patients with RMDs are now being collected. The page also contains national registries.

- Information on vaccination against SARS-CoV-2 in patients with RMDs:
  - EULAR December 2020 View points on SARS-CoV-2 vaccination in patients with RMDs by Prof. Johannes Bijlsma.
  - EULAR PARE Webinar on COVID-19 and vaccination in RMD patients: What we know so far

The EULAR points to consider on pathophysiology and use of immunomodulatory therapies in COVID-19 have been published in Annals of Rheumatic Diseases. They summarize information that has been gathered so far on available treatment options and pathogenic mechanisms in COVID-19, based on published studies. These are the points to consider for finding optimal management options in patients with SARS-CoV-2 infection.
Dear EMEUNET Members,

The EULAR Task Force on Standards in Rheumatology Training developed a list of competences with the aim to harmonise Rheumatology Training across Europe. In this phase, we are gathering the input of all relevant stakeholders in order to shape the document incorporating the perspective of trainees, trainers and people with rheumatic diseases among others.

The first few questions of the survey will allow to identify which stakeholder category you belong to, and to collect your demographic data (e.g. age). The second part of the survey contains the 29 proposed competences and we ask you to state whether: 1) you agree with each statement, 2) you disagree and suggest an alternative phrasing or 3) you disagree and suggest removing that competence from the list. In addition, you can share thoughts and comments on individual competences.

The survey will take about 15 minutes to be completed and it is anonymous.

Thank you very much in advance for your contribution to the shaping of rheumatology training!

The survey is available here:

https://www.soscisurvey.de/rheumatology/

Best wishes
The EULAR Task Force on Standards in Rheumatology Training
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!

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