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EMEUNET Observerships
Dear young rheumatologists and researchers in rheumatology,

We are excited to present you with a new issue of EMEUNews dedicated to the Highlights of this year’s EULAR annual meeting. The EULAR 2019 Congress was an outstanding scientific event and, in this issue, we provide a selection of oral presentations and posters that have been presented in the various clinical and research areas of rheumatology. The selection reflects personal views of the contributors and thus is inevitably incomplete; nevertheless, it provides an overview of hot topics that were discussed in each field. Similarly to last year, the issue also includes selections from health professionals in rheumatology and PARE members. In addition, we provide an overview of all events and activities organized by EMEUNET during the EULAR congress. This year, the EMEUNET booth was again integrated in the EULAR village, thus attracting a high number of delegates. To celebrate the 10-year anniversary of EMEUNET, a special networking event including a dinner was organized with the EULAR family to further promote interaction between EMEUNET members. EMEUNET is immensely active in social media networks, such as Facebook and Twitter, while maintaining its original website and its robust visibility in major rheumatology scientific events. If this is your first contact with EMEUNET, we invite you to explore more and join us. If you are already part of our community, we kindly remind you that “sharing is caring”. Spread the word about our activities and work, in order to help us reach more young rheumatologists and researchers. We hope that you enjoy reading this Newsletter and would be happy to receive any comments or contributions for future issues. With this editorial, we wish you restful and enjoyable summer holidays.

Sarah Wade and Casper Webers, on behalf of the Newsletter Subgroup

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EMEUNews July 2019

EDITORIAL

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Sarah Wade and Casper Webers, on behalf of the Newsletter Subgroup
Year after year, the EULAR programme is full of cutting-edge discoveries on genetics and epigenetics in rheumatic diseases. Important messages were shown, which will impact clinical practice and boost the knowledge on the pathogenic mechanisms underlying these complex conditions. A number of presentations focused on the interferon (IFN) signature. Ibañez et al (OP0190) addressed the study of shared genetic susceptibility profiles across 4 diseases (celiac disease, rheumatoid arthritis, systemic sclerosis and type 1 diabetes) in one of the largest studies across European countries (37,159 patients and 22,308 controls). A total of 38 genetic variants were found, mostly related to T cell activation, also informing on potential new therapeutic strategies by means of drug repositioning. A novel risk locus in juvenile idiopathic arthritis (JIA) was identified by Bowes et al (OP0189), located at chromosome 16 in the CCDC101 gene, in the largest JIA case-control study to date. Additionally, 6 further loci were confirmed from previous studies. In an elegant study, Ge et al (OP0191) mapped different enhancers with their target genes in synovial fibroblasts from RA patients. Using this approach, a link between the 6q23 region and TNFAIP3 expression was demonstrated under activating conditions, deciphering the underlying mechanism of the previous GWAS findings. In a series of thorough in silico, in vitro and in vivo experiments, Malaise et al (OP0071) addressed the study of the link between mesenchymal stem cell senescence and OA. Strong messages for future therapeutic targets in OA were found in the Wnt pathway (CLK2 and DRYK1A) by Deshmukh et al (OP0072) using in vitro and mouse models of OA. Gooyear et al (OP0075) also presented very interesting findings supporting the role of targeting proteinase-activated receptor 2 (PAR2) as a therapeutic strategy for OA in mouse models. CRISPR technology was also present in the scientific programme. Duffus et al (OP0192) used CRISPR activation and interference approaches to dissect the role of the enhancers within ANKRD55 and its association with several SNPs associated with RA susceptibility, hence making a step forward to translate GWAS findings into practice. Moreover, CRISPR approaches were also used to investigate the type I IFN activation by Zhizhong et al (FRI0003), the effect of CREMα in IL-17 and IL-2 expression by Hofmann et al (OP0193), and the role of TBX3 in B-cell activation in mouse models of RA by Andersson et al (FRI0011).
As expected, this EULAR edition was marked by excellent basic immunology posters and oral presentations. Gut microbiota has been the centre of several presentations. Bai et al (OP0009) demonstrated that in a collagen-induced arthritis (CIA) murine model of arthritis, high fibre diet drove marked modifications of the gut microbiota composition, and subsequently triggered Treg via short chain fatty acids production, resulting in improvement of RA. Interestingly, Bracaglia et al (OP0255) demonstrated that, in an infant with recurrent haemophagocytic lymphohistiocytosis (HLH) secondary to de novo missense mutation in NLRC4, fecal microbiota transplantation controlled gut inflammation and subsequent HLH episodes. Further, Bertoni et al (OP0106) showed that PPI treatment in a mouse model for cryopyrin-associated periodic syndrome (NLRP3 knock-in mice) reduced the secretion of pro-inflammatory cytokines and regression of amyloid deposits. IL-17 was also a hot topic this year. In SLE, expansion of pathogenic Th17 cells was shown to be induced by STAT3-mediated IL-23 stimulation by Seunghyun et al (SAT0008). In addition, miR-326 overexpression in lupus prone MRL/lpr mice increased Th17 cell differentiation and accelerated renal injury, as shown by by Xia et al (THU0242). In RA patients, IL-25 was upregulated in the serum and synovial fluid, and inhibited the differentiation of pathogenic IL-17, an observation made by Liu et al (THU0043). The same group showed that CIA mice treated with IL-25 presented attenuated arthritis. The above findings represent crucial steps for a deeper understanding of T cell biology and for developing new targeted treatments. New insights into the function of B cells were illustrated by Stefanski et al (OP0214), who described how anergic SLE B cells are characterised by a diminished PD-L1 and CD86 upregulation following *in vitro* stimulation. Sherina et al (SAT0030) explored the association between P. Gengivalis (Pg) periodontitis and production of ACPA production. Pg expressed a PAD enzyme that can citrullinate human and bacterial proteins. They showed that gingival tissue, lungs, bone marrow, and joints host B cells that are reactive with citrullinated peptides derived from Pg, shedding light on the origin of autoantibodies in RA. Complement has also been at the centre of the attention this year. Assirelli et al (OP0332) identified complement activating fragments in chondrocytes and synoviocytes of patients with osteoarthritis, suggesting a role for complement in in these conditions. Finally, Xue et (SAT0673) described a positive correlation between the activity of lupus nephritis and levels of anti-C1q antibodies.
Matthijssen et al (OP0023) presented interesting results from a 25 years longitudinal cohort study (n=1291) showing that improvements in treatment strategies resulted in lower disease activity, less mortality, more drug-free remission and better physical function in RA patients, in particular ACPA+ patients. Traditionally the most severe subset, these patients benefited more from these improvements in comparison to ACPA- patients, who did not improve as much during this period. Regarding effects of RA outside of the joints, Cook et al (OP0265) presented data suggesting elevated risk of being, or becoming, frail, disabled, or work disabled in patients with RA and osteoarthritis compared to subjects without these diseases in the UK Biobank cohort even after accounting for age, sex, smoking status and deprivation. McBain et al (SAT0703) did not find higher prevalence of severe mental illness in RA patients compared to the general population. However, patients with RA and a severe mental illness experienced significantly poorer clinical outcomes such as pain, disease activity and quality of life than patients with RA only. Predicting development of RA in persons at risk is a current challenge. Costello et al (OP0123) presented interesting results of the use of the SPARRA questionnaire in first degree relatives of people with RA, showing higher joint stiffness, symmetrical joint pain or small joint pain in high-CRP subjects (difference in proportion compared with low-CRP subjects 11.5%, 10.7% and 9.7%, respectively). Concerning methotrexate, a post-hoc analysis of two randomised controlled trials of vaccination presented by Kim et al (OP0027) showed that short-term discontinuation of methotrexate for 2 weeks seems well tolerated. Four weeks discontinuation was associated with transient increase in disease activity but did not affect long term-outcomes. Several new small molecules are under study. Two phase 3 randomised controlled trials were presented, showing the efficacy of the JAK-inhibitor, filgotinib, in methotrexate (LB0003) and biologic (LB0001) naïve patients with RA. A phase 3 study of another JAK-inhibitor, peficitinib, showed its efficacy in reducing RA symptoms and suppressing joint destruction (OP0026). A phase 2 trial of the Bruton’s tyrosine kinase (BTK) inhibitor, februtinib, showed higher efficacy rates compared to placebo and adalimumab for ACR50 after 12 weeks (OP0025). Alternative methods for treatment are also under development. Genovese et al (LB0009) presented the first study in humans of a novel implanted vagus nerve stimulation device comparing it to sham and aiming to reduce signs and symptoms of RA in patients with active disease and insufficient response to bDMARDs or JAK-inhibitors. This novel treatment reduced symptoms of RA, while no clinical improvement was observed in the sham group.
Several abstracts focused on biomarkers of response, biosimilars and safety data from the real-world perspective. Lliso-Ribera et al (OP0120) evaluated the use of baseline synovial and molecular signatures from a cohort of DMARD-naïve early RA in predicting subsequent response to a TNFi. Of 35/186 (19%) RA patients who were subsequently treated with TNFi at 12 months, baseline lymphoid and myeloid pathotypes but not the fibroblasts were significantly associated with improvement in clinical outcomes. Avouac et al (OP0227) investigated the effects of successive switches from innovator infliximab (IFX) to a first then second IFX biosimilars with respect to immunogenicity. The incidence of anti-drug antibody was low, 3/100 per year (PY) and was not associated with the number of biosimilars exposed. However, retention rate of IFX at 3 years was moderate (58%) and mostly consisted of patients treated with a second biosimilar. From the perspective of safety, Kopp et al (OP0261) investigated the association between new-onset neurological events and TNFi exposure using the DANBIO and ARTIS registries. The incidence of demyelinating disease or inflammatory neuropathy was rare, 0.03/100 PY. However, TNFi-treated PsA and AS patients had increased risk of neurological events (HR 2.6 [95%CI 1.2-5.7] and 2.2 [0.9-5.4] for DANBIO and ARTIS respectively). TNFi therapy itself was not associated with an increased risk (HR 1.1 [95%CI 0.6-2.0] and 0.8 [0.5-1.4] for DANBIO and ARTIS respectively). Medeiros et al (SAT0123) presented data from the BIOBADABRASIL registry pertaining to incidence of tuberculosis (TB) in bDMARDs-treated patients, which was 1.9/100 PY. Multivariable analysis showed that both the use of monoclonal TNFi antibodies and a previous exposure/diagnosis of TB were independent risk factors for TB development during therapy. TB occurred both early and late during therapy, which could suggest either failure of latent TB screening, non-adherence to anti-TB drugs or re-exposure. For infection prevention, Adami et al (OP0230) compared effectiveness of influenza vaccine between TNFi-treated RMD patients and healthy controls (HCs). The number needed to vaccinate (NNV) to prevent one influenza case was 10, which was lower than 71 for HCs. The annual vaccination cost to prevent influenza was also lower in TNFi-treated group than HCs, ranges between $200-400 and $1420-2840 respectively. Lastly, Gerardi et al (SAT0127) conducted a case-control study and provided further safety evidence of TNFi in pregnancy. No significant differences were observed in both growth parameters and developmental milestones for children whom mothers were or were not exposed to TNFi during pregnancy.
From the opening plenary abstract session until the last day, EULAR congress 2019 had exciting news about non-TNF-inhibitor biologics and non-biologics. A study by Yusof et al (OP0021) showed that immunoglobulin should be monitored at baseline and before each rituximab (RTX) cycle to identify patients at risk of severe infection events (SIEs). Patients with lower IgG need vigilance as this was a consistent predictor of SIEs (16.4 per 100 patient-years for low IgG versus 9.7 per 100 patient-years for normal IgG). Cohen et al (OP0025) presented the result of a study phase 2 of oral fenebrutinib (FEN), a small molecule inhibitor of Bruton’s Tirosine Kinase (BTK), that demonstrated higher efficacy rates (ACR50 28-35%) than placebo (ACR50 15%) at week 12, in both patients with inadequate response to methotrexate (MTX-IR) and inadequate response to TNF (TNF-IR). FEN was similar to ADA in MTX-IR, with an acceptable safety profile. Genovese et al (FRI0092), studied the efficacy and safety of oral filgotinib (FIL), a selective JAK1 inhibitor, in patients with active RA and bDMARD-IR. FIL treatment for 24 weeks significantly improved the signs and symptoms of RA with a favorable safety profile. Takeuchi et al (OP0026), presented the results of a phase 3 study of peficitinib, a new oral JAK inhibitor. Peficitinib was superior than placebo in reducing RA symptoms and suppressing joint destruction in patients with MTX-IR, with no safety signals compared to other JAK inhibitors. Kremer et al (OP0028) investigated the rate of adverse events for tofacitinib and bDMARDs using 5-year data from a US-based RA registry (Corrona). This study showed that RA patients starting Tofacitinib (n=1544) or bDMARDs (n=7083) had similar rates of major adverse cardiovascular events (MACE) and SIEs. Of note, tofacitinib initiators had higher herpes zoster incidence rates compared to bDMARD initiators. Genovese et al (OP0029) reported for the first time on the effectiveness of a TNF inhibitor following failure of a JAK inhibitor. Patients with initial non-response to ADA can benefit to use the JAK1-selective inhibitor upadacitinib and vice versa, without no additional safety concerns. Burmester et al (OP0030) showed patients achieving low disease activity or remission with tocilizumab and receiving long-term low-dose glucocorticoids (GC) should be considered for GC tapering, targeting discontinuation. Vinet et al (OP0025) reported very few serious infections in children exposed to non-TNF biologics or tofacitinib in a large cohort of inflammatory disease offspring. Using data from four large cohorts, Simon et al (OP0226), showed that the risk of overall malignancy and breast, lung or lymphoma cancers were not significantly increased in patients treated with abatacept.
At EULAR 2019, many interesting abstracts were presented about psoriatic arthritis (PsA). Many of them pertained to lifestyle and comorbidities as well as to results for new therapeutic modalities. Siebert et al (OP0007) presented some of the results from the PsABio study. In this study, it was shown that obesity is linked to worse disease outcomes in terms of disease activity, patient-reported impact and disability. The role of obesity in PsA was also discussed by Klingberg et al (OP0008), who showed that low disease activity was sustained at 12 months in PsA patients who lost weight (16% from baseline) following a specific diet. In the field of comorbidities in PsA, Natalello et al (SAT0362) showed that depressive symptomatology was associated with a higher prevalence of cardiovascular risk factors (e.g obesity, smoking) in PsA patients. Consequently, the predicted risk for cardiovascular events was greater for PsA patients with depressive symptoms. Cardiovascular risk was also highlighted by Landgren et al (SAT0361), who, in a cross-sectional study, showed that risk factors for cardiovascular events (e.g obesity, diabetes) were more common in PsA compared to RA patients or to the general population. Promising results were presented by Ritchlin et al (OP0108) for bimekizumab (IL-17A and IL-17F dual blockade) in PsA. In a phase 2b study, treatment responses were achieved from week 12. Response rates continued to increase between week 12 and week 24 and were sustained throughout the study (week 48). Another IL-17A inhibitor, ixekizumab, was found to be efficacious in difficult to treat PsA patients who were resistant to 1 or 2 anti-TNF regimes were randomized to receive ixekizumab or placebo. A significantly greater number of patients treated with active drug achieved several endpoints at week 24 compared to placebo, with improvement persisting throughout week 52 (OP0110). For PsA patients with axial manifestations, Baraliakos et al (OP0235) presented initial results from a phase 3b, placebo-controlled study. In this study, patients responded to secukinumab, as ASAS20 was achieved at week 12 in about 65% of those received the active drug, versus 31% for those who received placebo. In another phase 3 trial, by Mease et al (OP0111), it was shown that for biologic-naive PsA patients, addition of methotrexate on treatment with etanercept did not improve the efficacy of the latter. Finally, McInnes et al (OP0114) presented results of a study which followed a machine-learning approach analyzing data from 5 phase III trials. Specific clusters based on tender and swollen joints at baseline were identified. Additional phenotypes and associations with other PsA manifestations (e.g nail involvement) might be recognized in the future following this approach.
This year’s EULAR conference was filled with many exciting findings regarding axSpA. Beginning with definitions, Boel et al (OP0031) showed, with 8 years data from several cohorts, that ankylosing spondylitis (AS) and r-axSpA can be used interchangeably to describe the same patients. Regarding lifestyle, Nikiphorou et al (OP0034) found a possible role of mechanical stress (blue collar jobs) amplifying the effect of smoking on axial inflammation in axSpA. As usual, there were numerous updates with respect to the field of imaging. Maksymowycz et al (THU0359) showed us that local readers overestimate the presence of active lesions and underestimate structural lesions, compared to central readers, reinforcing the need to further educate local readers on MRI. Stal et al (SAT0529) used low dose computer tomography (ldCT) to assess facet joint ankylosis (hardly observed on radiography) in 53 patients with r-axSpA, showing progression over 2 years was most frequent in the thoracic spine (progression > smallest detectable change [SDC] in 15-18% of patients) as compared to cervical and lumbar spine (progression > SDC in 4-7% and 6-8%, respectively). According to Ochoa et al (THU0615), adding a positive MRI-spine as an imaging criterion to the current ASAS-criteria for axSpA added no benefit. Sepriano et al (FRI0410) showed that, in r-axSpA, TNFi reduced spinal radiographic progression in axSpA by decreasing disease activity and by a direct inhibition of progression (regardless of disease activity). With regard to treatment, IL17i had the spotlight this year. Van der Heijde et al (OP0231) presented the phase 2 BE-AGILE trial where bimekizumab showed positive results compared to placebo regarding PROs and QoL, and a dose-response to this drug was established. Baraliakos et al (OP0235) presented results from the phase 3 trial with secukinumab, MAXIMASE (first study to address axial disease in psoriatic arthritis), with positive results compared to placebo (ASAS20 at week 12) in patients who failed NSAIDs. Still in the area of IL17i, two new molecules were presented: netakimab by Gaydukova et al (OP0232), and brodalumab (OP0234) by Wei et al. Both had positive results compared to placebo in phase 3 trials. Boonen et al (OP0238) presented data on ixekizumab showing improved work productivity (WPAI subdomain: -23.5 versus -9.8) and activity impairment (WPAI subdomain: -18.4 versus -10.1) in the ixekizumab treated group compared to placebo respectfully, regardless of previous TNFi use. Finally, Ciurea et al (OP0237) showed comparable drug survival for TNFi and IL17i after withdrawal of at least one TNFi (adjusted HR for secukinumab versus TNFi 1.05 [95%CI 0.42-2.61]).
Ivan Padjen

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

In their systematic review of the effect of cyclophosphamide on premature ovarian failure, Luong et al (OP0044) showed that gonadotropin releasing hormone analogues should be considered in all women of child-bearing age receiving cyclophosphamide. Argolini et al (OP0046) showed results of their 10-year follow-up study of remission maintenance in lupus nephritis: all of the three analyzed drugs – azathioprine, mycophenolate mofetil and cyclosporine – were effective and the three patient groups did not differ in the number and type of flares or side effects. Zarrabeitia et al (OP0124) evaluated the association between different antiphospholipid antibodies and lupus manifestations in n=3651 patient, showing that anticardiolipin antibodies and especially lupus anticoagulant carry an increased risk of severe organ manifestations. They also demonstrated a higher risk in patients with IgG isotypes and increased titres of anticardiolipin antibodies. Nahia et al (THU0244) presented an analysis of pulmonary/pleural manifestations in SLE, showing that these are prevalent (23%) but mostly asymptomatic. Kallas et al (THU0251) evaluated the association of smoking and different aspects of damage in patients with SLE. They showed that smoking increases the risk of cutaneous damage, but also of gastrointestinal damage, cataracts, pulmonary hypertension, pancreatitis and diabetes. Hanly et al (OP0252) evaluated neuropathies in SLE patients included in an international inception cohort, showing that 7.6% experienced peripheral nervous system events, most of which were attributed to SLE. Although 41% of these events were polyneuropathies, about one fourth were mononeuropathies (27%) and cranial neuropathies (24%). Collinson et al (FR10173) evaluated trial eligibility of lupus nephritis patients from a large registry from the United Kingdom. They demonstrated that 51% would not be eligible for trial entry using existing (published) trial entry criteria. Alase et al (FR10179) investigated whether two different interferon scores predicted the BILAG response to rituximab at six months, showing that a novel score (score “B”) is more predictive than the more commonly used score “A”. Petri et al (FR10182) analysed the frequency of hydroxychloroquine retinopathy in the Hopkins Lupus Cohort. Less than 1% had retinopathy within 5 years of treatment start, while 1.8% had retinopathy within 6-10 years. The authors concluded that stopping the drug based on an abnormal test without consulting a retinopathy expert could needlessly deprive a SLE patient of an important treatment.
In an open-label prospective non-randomized study, Koneva et al (OP0187) compared impact of cyclophosphamide (CyP) and rituximab (RTM) on systemic sclerosis (SSc). Both agents effectively alleviated skin induration and disease activity (EScSG), and significantly improved FVC. However, treatment CyP more frequently resulted in a clinically significant increase in FVC, probably due to low RTM cumulative dose. RTM was better tolerated. Considering the severity and the complexity of SSc pathogenesis, the treatment might involve combination of immunosuppression and antifibrotic therapies. Innate lymphoid cells (ILC) are emerging as an important cellular source of type 2 and type 3 cytokines triggering fibrotic tissue remodelling independently of the adaptive immune system. Increased levels of ILC2 were found in patients with SSc, and Soare et al (FRI0305) provided first evidence for a role of ILC2s as potential prognostic marker of disease progression. ILC3s showed strong cytokine production in the fibrotic skin of SSc patients. Mahler et al (THU0346) evaluated a novel particle-based assay for detection of myositis specific antibodies (MSA), which showed good sensitivity and specificity. The individual markers helped to stratify patients into idiopathic inflammatory myositis subtypes. Xeng et al (THU0332) observed a decrease of Treg cells in PM/DM accompanied with lower serum IL-2, which should be associated with the pathogenesis of PM/DM. Various pro-inflammatory T-cells also showed a downward trend, indicating PM/DM is caused by immunodeficiency rather than hyperimmunism. Low-dose IL-2 combined with conventional therapy could restore the reduction of CD4 Treg cells and help to alleviate disease activity. Results of a systematic literature review presented by Monti et al (FRI0284), informing the 2018 update of the EULAR recommendations for the management of large vessel vasculitis, confirmed the benefit of a prompt diagnosis and rapid initiation of glucocorticoids (GC) therapy. Patients with giant cell arteritis (GCA) are at an increased risk for GC-related comorbidities. Methotrexate (MTX) and tocilizumab (TCZ) can reduce GC exposure and relapse rates. Vision disturbances and ischemic stroke represent severe ischemic complications of GCA. Hocevar et al (OP0143) showed that increasing age and jaw claudication predicted severe cranial ischemic complications with atrial fibrillation being a potential additional risk factor. As shown by Guillén-Astete et al (THU0307), the application of the GCA classification criteria has insufficient specificity and low positive predictive value, but when adding ultrasound of the temporal artery, specificity exceeded 93% and PPV exceeded 93% when combined with 4 criteria. The routine use of this technique would contribute to improving the diagnostic accuracy and timely treatment of this disease.
The concept of clinically suspect arthralgia (CSA) has gained attention as a preclinical phase of RA, potentially suitable for early therapeutic interventions. Wouters et al (OP0022) examined whether erosions detected in MRI in patients with CSA can predict progression to clinical RA. In a longitudinal study of 491 patients, with a median follow-up of 197 months, MRI-detected erosions (present in 20.6% of patients) were not predictive of subsequent development of inflammatory arthritis. These results warn against overinterpretation of such findings, which can lead to respective overdiagnosis. In a similar study yielding different results, Ziegelasch et al (OP0116) examined 82 ACPA-positive individuals with arthralgia but no arthritis for a median 68 months, using ultrasound (US). Subjects with US-erosions at baseline were significantly more likely to develop definite RA during follow-up versus those without erosions (10/13 [77%] vs. 29/69 [42%], respectively), supporting a role for US in the risk stratification of subjects at risk for RA. In spondyloarthritis (SpA), Baraliakos et al (OP0032) examined 200 patients younger than 45 years with chronic back pain (100 with axial SpA and 100 with non-SpA conditions), to decipher whether specific MRI findings of the sacroiliac joints (SIJ) can distinguish between the two conditions. The group found that, albeit bone marrow edema (BME), fat metaplasia and erosions, can all be found in both axial SpA and non-SpA, the former group still exhibits an anatomic pattern of SIJ involvement (more quadrants involved, more erosions, among others), which could be used to distinguish subjects with axSpA from those with non-inflammatory back pain. Renson et al (OP0038) confirmed that BME is not specific for axial SpA, as 20/25 (80%) postpartum women within 10 days from vaginal delivery had evidence of BME on MRI of the SIJ. This percentage dropped to 45.8% after 6 months, indicating the temporary nature of this phenomenon. In crystal arthropathies, Gamala et al (OP0050) assessed the additive value of dual energy computed tomography (DECT) for the diagnosis of gout in a prospective study of 100 patients with unclassified arthritis. Overall, DECT did not seem to be of value in addition to clinical criteria and sUA (AUC for diagnosis of gout using clinical criteria and serum uric acid did not improve after adding DECT results). However, the authors found that, among patients with negative microscopy for monosodium urate (MSU) crystals, 37% (14/38) met the 2015 EULAR/ACR classification criteria for gout, but only after a positive DECT result. This finding supports the value for DECT in patients with mono- or oligoarthritis where analysis of synovial fluid fails to show the presence of MSU crystals.
Casper Webers

Casper is a PhD candidate and Rheumatology trainee at the Maastricht University Medical Center, Netherlands. His major research focus is axial SpA. His past work involved gender-attributable differences in radiographic axial SpA and willingness-to-pay for biologicals, as well as socioeconomic outcomes, such as employment and sick leave. Currently, he is researching comorbidity in axial SpA and economic evaluations of axial SpA. He is also involved in a Dutch registry for SpA. Casper is the leader of the Newsletter Subgroup.

The link between uric acid, gout and comorbidities, such as cardiovascular (CV) disease, was a frequent topic of discussion. In a double-blinded cross-over trial in 99 young, pre-hypertensive adults without gout, Gaffo et al (OP0208) observed that one month of treatment with allopurinol was not associated with a significant reduction in blood pressure compared with placebo. Perez-Ruiz et al (OP0052) investigated whether reaching low serum uric acid (sUA) levels would impact the risk of mortality in patients with gout. In their survival analysis with a median 2.5 years of follow-up, failure to reach a sUA level of 0.36 mmol/L or lower was an independent predictor for both overall (HR 2.4, [95%CI 1.6-3.5]) and CV mortality (HR 2.5 [95%CI 1.2-5.2]). Interestingly, the extent of structural damage on radiographs also predicted CV mortality (HR 2.5 [95%CI 1.0-2.5]), possibly via chronic inflammation. Initiation of urate lowering therapy (ULT) in gout can trigger flares. Richette et al (OP0049) conducted a post-hoc analysis of data from three trials of lesinurad to investigate which factors were associated with these flares. They found that factors that were associated with flares after initiation of lesinurad were female gender (OR 1.8, [95%CI 1.0-3.4]) and presence of tophi at baseline (OR 2.0 [95%CI 1.5-2.6]). Of note, neither the baseline sUA level nor change in sUA level were associated with flares. Wanten et al (SAT0403) investigated sex differences in gout, with regard to clinical characteristics and response to ULT. While female patients were older and had more comorbidities, ULT drug survival and the probability of reaching sUA target level over time (around 70-80% depending on agent) did not differ significantly between male and female patients. Not all patients with hyperuricemia develop gout. This suggests that additional risk factors are at play, such as occupational exposure to inorganic dust (asbestos, silica, coal). In a Swedish case-control analysis (approx. 6000 cases and 25000 controls) by Sigurdardottir et al (OP0054), occupational exposure to inorganic dust (present in 30% of both groups) was associated with increased risk of incident gout in females (OR 1.27 [95%CI 1.07-1.51]), but not males (OR 1.03 [95%CI 0.97-1.11]). Finally, in a session on calcium pyrophosphate deposition disease (CPPD), Chotard et al (OP0003) presented their study on the features of CPPD in Gitelman syndrome (GS). GS is a disorder associated with electrolyte disturbances and CPPD. In their GS cohort, almost 80% had CPPD, and in over 50% of these patients ≥3 joints were involved. Of note, lower serum magnesium levels were associated with a higher number of joints affected, which might be explained by the effect of magnesium on alkaline phosphate and the solubility of CPP crystals.
OSTEOARTHRITIS AND OSTEOPOROSIS

Tue Wenzel Kragstrup

The annual EULAR 2019 congress offered many insights into the treatment of osteoarthritis (OA) and osteoporosis. In OA, data from the phase 3 study of the monoclonal antibody against nerve growth factor tanezumab was presented as a late breaking abstract by Berenbaum et al (LB0007). The patient population included individuals with moderate to severe pain with intolerability to, or inefficacy of, NSAIDs, acetaminophen and opioids. Treatment with tanezumab 5 mg (n=284) was found to improve pain and physical function as well as PGA-OA compared with placebo at the 24-week follow-up. Joint safety events (including rapidly progressive osteoarthritis, subchondral insufficiency fracture, and primary osteonecrosis) were reported in 3.2% of participants treated with tanezumab 5 mg compared with none reported in the placebo group. Kroon et al (OP0180) reported a study of low-dose prednisolone in hand OA. Six-week treatment with low-dose oral prednisolone led to improvement of symptoms in patients with painful hand OA and signs of inflammation. In contrast, MTX did not show effect on pain and function in subjects with erosive hand OA, as reported by Roux et al (OP0175). Kristensen et al (OP0011) reported on the effects of the glucagonlike peptide–1 receptor agonist liraglutide on body weight and pain in the treatment of overweight and knee osteoarthritis. Liraglutide appeared to be effective for controlling the weight loss following an intensive weight-loss program in patients with knee osteoarthritis. Data from initial studies with the investigational synthetic trans-capsaicin drug CNTX-4975 were reported by Stevens et al (THU0455). CNTX-4975 is designed to be administered directly into the joint where the pain stimulus originates and to selectively and locally target and disrupt the signaling of pain-sensing nerve fibers. This drug has shown promising results and now pharmacokinetics and injection cooling methods for procedural pain were presented. Trans-capsaicin from CNTX-4975 injection was rapidly absorbed and eliminated. In osteoporosis, upon discontinuation of denosumab (DD), there can be a marked rebound effect, with an increase in bone turnover and a decrease in bone mineral density (BMD). Aubry-Rozier et al (OP0085) assessed bone parameters after DD and investigated which factors were associated with loss in BMD after DD. In their cohort study (the REOLAUS Bone Project), at 18 months after DD, 42% of patients had significant loss of spinal BMD. Besides younger age and higher bone turnover, not having received zoledronate before denosumab was associated with BMD loss after DD. These results support the use of denosumab in second line after bisphosphonate therapy to restrain the BMD loss at its discontinuation.
Erdal Sag

Erdal is a Clinical Research Fellow at Department of Pediatric Rheumatology, Hacettepe University, Ankara, Turkey. He has finished his MSc on Pediatric Autoinflammatory Diseases. His major research interests include T-cell exhaustion in JIA, childhood vasculitis and autoinflammatory diseases. He is also the lead for Educational Activities Subcommittee of EMERGE group.

This year, a joint congress with PReS and EULAR was held in Madrid. It was fascinating to hear about transition from the presidents of both EULAR and PReS in the same session. Prof Prakken claimed that everything starts in childhood (SP0057), while Prof McInnes tried to convince the pediatric audience that growing up changes everything (SP0058). With the development of better health care, five-year survival increased in many childhood rheumatic diseases, such as SLE. Transition of neurolupus patients from pediatric to adult care was discussed by both pediatric and adult rheumatologists in an afternoon session in the light of real-life case scenarios. Not only the medical aspects of the disease were prioritized but also the impact of the diagnosis on the child, family, education and social activities were discussed lively (SP0075-SP0078). Another important topic which was covered during this congress was about the recent advances in treatment of JIA. Klotsche et al (OP0060) reported on the safety profile of etanercept, the usual first-line biologic agent in JIA treatment, in about 1765 patents from the BiKeR registry. They reported that 5.8% of patients had autoimmune events, 0.4% had other immune side effects and 11 patients had malignancies. Krol et al (OP0058) presented data from the Pharmachild registry showing that 40.4% of patients who developed inflammatory bowel disease (IBD) had enthesitis-related arthritis and 71.4% of them were using etanercept at IBD onset. Brunner et al (OP0056) presented a subgroup analysis from a phase III trial of abatacept in poly-JIA patients, showing that the majority of individuals who achieved precise efficacy endpoints by day 113, especially the patients who had prior biologic DMARD use, had sustained that clinical end point over 2 years. Pardeo et al (OP0057) stressed the “window of opportunity” in systemic JIA, as early anakinra treatment (median time from disease onset 2 months) provided higher rates of clinical inactive status (93.1% vs 44.4%) at 6 months and lower risk of non-response. Quartier et al (OP0055) observed that sJIA patients with inactive disease for 24 weeks on canakinumab monotherapy can taper canakinumab, either reducing the dose or prolonging the dosing interval. However, only 33% successfully discontinued treatment. De Benedetti et al (OP0204) demonstrated that a novel IFN-gamma blocking antibody, emapalumab, was effective in controlling macrophage activation syndrome in 6 sJIA patients with a favorable safety profile. Lastly, although Mendonca et al (OP0260) reported that vaccines may more frequently trigger attacks in auto-inflammatory diseases, Bergonzo et al (OP0205) presented a large retrospective international cohort showing that live attenuated vaccines were safe in patients with different pediatric rheumatic diseases who are on DMARD, steroid or biologic agent treatment.
RARE AND AUTOINFLAMMATORY DISEASES

Peter Korsten

While never a major focus of the EULAR congress, there were several interesting contributions in the field of Rare and Autoinflammatory Diseases. IgG4-Related Disease (IgG4-RD), was covered in a range of abstracts. An open-label trial from China by Wang et al (OP0164) assessed the difference of relapse rates in a trial of glucocorticoids (GC) vs. GC and leflunomide (LEF). They found a lower relapse rate (21.2% vs. 50%) in the GC/LEF group compared to the GC group (P=0.023). In the same light, Yoshida et al (THU0592) retrospectively sought to identify predictors of relapse in 57 patients. They found hypocomplementemia to be predictive of relapse, but the total number of relapses was very small (n=6). The efficacy of rituximab in IgG4-RD, which is used frequently after GCs, was analyzed in an Italian study of 14 patients by Campochiaro et al (FRI0584). It was effective as induction therapy, but also as maintenance therapy and led to significant GC dose reduction. Another disease with similar clinical features is sarcoidosis. It mainly affects the lungs, but major organ complications associated with mortality include cardiac and central nervous system sarcoidosis. In a case series, Pillarisetty et al (FRI0609) described the effect of biologics in refractory/relapsing cardiac sarcoidosis despite treatment with GC and other DMARDs. They found that adalimumab (n=5), infliximab (n=3), and rituximab (n=1) have a role as salvage therapy, with clinical improvements observed in 75% of the patients. In a large analysis (n=381) from Spain from 1999-2019, Martin-Varillas et al (FRI0604) found that the most frequent manifestations in patients with sarcoidosis were lungs (72%), general symptoms (37%), and skin and joint manifestations (about 30% each). These data were similar to other studies. They also observed an increasing use of biological therapies for sarcoidosis in almost 10% of patients (36/381), most frequently infliximab and adalimumab, which indicates that physicians have become more comfortable using these drugs over the years. A potentially devastating complication of autoimmune/autoinflammatory diseases is macrophage activation syndrome/hemophagocytic lymphohistiocytosis (MAS/HLH). A retrospective study from South Korea by Jung et al (THU0576) found a mortality of 35% (43/123 patients) in MAS/HLH. Cytopenias, insufficient ferritin decrease, and non-response to GCs were predictive of mortality. In a small series from China, Liao et al (FRI0594) compared MAS/HLH as a result from rheumatic disease or tumor (n=12). In general, clinical features were comparable, except for hypofibrinogenemia and lung affection, which were more frequent with tumors. Also, tumor patients had a worse overall prognosis (40% vs 71% survival).
Health professionals in rheumatology (HPRs) presented advancing and clinically meaningful studies at EULAR Congress 2019. The three following were the awarded ones. Wilkie et al (OP0155-HPR) aimed to identify potential mechanisms of the impact of osteoarthritis on mortality and examine the role of modifiable targets for HPRs. They conducted a population-based prospective cohort study of adults aged 50 years and over (n=8066), of which 30% had osteoarthritis (OA). During the follow-up time (>10 years), 1188 (14.7%) participants died and OA was significantly associated with mortality (HR 1.14 [95%CI 1.00-1.28]). Furthermore, walking frequency, depression and insomnia were the main mediators of the association between OA and mortality, highlighting the importance of intervening in these potentially modifiable factors, core to HPRs practice. A randomized controlled trial (RCT) performed by Gravás et al (OP0160-HPR) showed that patients with thumb carpometacarpal OA receiving occupational therapy (OT) (n=84) had a clear, but not statistically significant trend towards reduction and delay in thumb surgery as compared to the control group (n=82). This underlines the importance of early referral of these patients to providers of OT, who can provide patient education, hand exercises and provision of assistive devices, among other specialized interventions. Bearer et al (OP0268-HPR) explored the prevalence, relationships, and impact of fatigue in adults with primary antiphospholipid syndrome using both quantitative (n=87) and qualitative methods (n=20). Fatigue was confirmed as a common and overwhelming symptom (severe levels in 62% of patients), with social support, mood and physical activity being its main predictors. Very importantly, this symptom was usually not discussed with clinicians due to the lack of empathy or acknowledgement on behalf of the clinician. Participants perceived the physical activity as important, but found it difficult to complete regularly. Lastly, two systematic reviews of the effectiveness of non-pharmacological interventions were presented. Estevez-Lopez et al (FRI0710-HPR) presented their review of the role of exercise in the management of fatigue (17 RCTs, n=1003) and sleep quality (12 RCTs, n=731) in patients with fibromyalgia, showing that, in comparison to usual care, exercise had beneficial effects on fatigue but not on sleep quality. Of note was the moderate risk of bias in most studies. Santos et al (FRI0721-HPR) conducted an overview of reviews (8 reviews, 91 RCTs, 6740 participants), and found that only multicomponent or single exercise/physical activity interventions, psychosocial interventions and custom orthoses appeared to have good evidence of effectiveness to reduce the impact of rheumatoid arthritis (RA) in domains such as pain, fatigue, or physical function.
We have heard excellent presentations during this year’s sessions that included updates on medication, sessions on pain, sleeplessness, tiredness, showing non-pharmacological options like natural medicine, nutrition, mental training and digital tools. Some of the most discussed transversal ideas were: the need for highlighting the importance of trust, time, well-being, work, relationships, involvement and communication. I. Beer (SP0043) presented her ideal transition, portraying the barriers she encountered and recommendations based on trust and communication to overcome them. Casteñeda et al (OP0348-PARE) presented their study on the situations that affect the patient emotionally and some coping strategies like proactivity and emotional expression to resolve them effectively. N. Bere (SP0127) came with examples where patients made a difference at the assessment of medicines at European Medicines Agency (EMA). Kvien et al (PARE0018) presented results from the registry DANBIO, which contains patients in Denmark who are receiving biological treatments. DANBIO allowed the observation of 802 patients who were switched to biosimilars and showed no difference in the evaluation before and after, except if we look at the “patient global” of a few patients that asked to be switched back to the originator (around 24% and this may be related to the nocebo effect). P. Studenic (SP0027) from Austria presented how e-health redefines the relationship between patients with RMDs and health care professionals and how e-health strategies can help to achieve universal health coverage but will require continued education training for both patients and health professionals. As this has not yet been sufficiently explored systematically, the real benefits cannot be assessed currently. B. Lynch (OP0341-PARE) presented the very successful campaign #SeeMe, aimed at improving health services for children and young people with rheumatologic disorders in Ireland, by raising awareness in social media on the fact that 80% of children were waiting more than 12 months to be seen by the specialist avoiding early diagnosis and access to treatment. E. Philippou from Cyprus showed the relation between nutrition and RMDs (SP0063), highlighting the benefits of mediterranean diet including eating with family and friends, having long walks and taking “siestas”. Vieira et al (PARE0014) presented a poster on the findings of the European survey “Patient Voice in Gout” which clearly showed the high impact that this disease has in the life of patients and their family, making them retire or lose their job in over 10% of cases because of their gout.
Congratulations to this year’s EULAR Abstract Award winners for their outstanding contribution in the field of rheumatology! Winners received their award during the Opening Plenary Session.

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The 12th edition of the Mentor-Mentees meeting was held at the EULAR Congress in Madrid with 3 pairs of mentors: Prof. Kimme Hyrich & Dr. Sofia Ramiro, Prof. Denis Poddubnyy & Dr. Victoria Navarro-Compán, Prof. Jiri Vencovsky & Dr. Lisa van Baarsen and 24 mentees. The meeting gave mentees the opportunity to discuss possible career options, their research, and their involvement in EULAR with leaders in the field. The meeting was a great success and positive feedback has been recorded in video by mentees as well as mentors. Stay tuned with EMEUNET to see these videos, which will be released soon on EMEUNET’s YouTube channel EMEUNET TUBE.

EMEUNET Peer Mentoring Subgroup
THE EULAR-EMEUNET AMBASSADOR PROGRAMME

The EULAR/EMEUNET Ambassador programme ran for its fifth year in 2019, having been established by the EMEUNET education subgroup in 2015. The aim of the programme is to support first and sometime second time attendees to the EULAR conference, integrate them into the EMEUNET community, establish potentially useful collaborations in their areas of interests, as well as hopefully form new professional links for the future. This year, 20 mentees who expressed their interest were selected to participate, and were matched with EULAR ambassadors with similar interests (members of the EMEUNET working group). Our EULAR ambassadors this year were Diederik De Cock, Manouk de Hooge, Deshiré Alpizar-Rodriguez, and Simon Stones. We had lots of positive feedback from those who had the opportunity to participate in the programme this year. Also thank you to our enthusiastic EULAR ambassadors who did a wonderful job!

EMEUNET Education Subgroup

PARTICIPANT FEEDBACK

"I was so appreciative of the opportunity to have extra guidance on how to capitalize on my first EULAR experience. It was really nice to have that extra support. The dinner was a great networking opportunity too, and I really appreciated the way you (as my mentor) were so approachable, welcoming, and introduce me to other people. I am also excited about potentially collaborating together (and by the way will hopefully be getting back to you in a couple days once my group has had a chance to review the codes and idea we discussed!)."
THE PEER-REVIEW MENTORING PROGRAMME AT EULAR 2019

The 5th edition of the Peer-Review Mentoring Programme was launched just before the EULAR Congress in Amsterdam with 5 mentors (Prof. Gerd Burmester, Prof. John Isaacs, Prof. Annelies Boonen, Dr Xenofon Baraliakos, Prof. Joao E. Fonseca). This program has been developed in collaboration with Annals of the Rheumatic Diseases and RMD Open and aims at improving reviewing skills using real-world material.

During the EULAR congress mentors and the mentees attending the congress participated in kick-off, face-to-face meetings where they could introduce themselves to each other. During these meetings, mentees already received worthy tips on how to be a good reviewer.

Positive feedback was received from the mentors and the mentees. 

EMEUNET Peer Mentoring Subgroup
THE POST-DOC MENTORING PROGRAMME AT EULAR 2019

The 2<sup>nd</sup> edition of the Post-Doc Mentoring Programme was held at the EULAR Congress in Madrid with 5 mentors (Prof. Francis Guillemin, Dr. Suzanne Verstappen, Prof. Christophe Richez, Prof. Margreet Kloppenburg, Prof. Timothy Radstake). This 1-year program was created to meet a need of postdocs across Europe for additional mentoring, as shown in a large EMEUNET survey. This program represents a pioneer mentoring activity in the field of Rheumatology in Europe.

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

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

*EMEUNET Peer Mentoring Subgroup*
THE 6TH COUNTRY LIAISON MEETING AT EULAR 2019

Every year, during the EULAR congress, the EMEUNET Country Liaisons Meeting takes place. It is an 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 2018 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 subgroup were reported, including the translation of the EMEUNET advertising materials and preliminary results of the survey regarding the young national rheumatology societies. The survey was intended to acquire information on which structured European rheumatological organisations exist, what social media they mostly use and what opportunities are already available for fellows and young researchers in the different European countries.

This year, the Country Liaisons from Belgium (Ayrten Ishchenko), Croatia (Marija Bakula), and Ukraine (Olena Zimba) presented shortly their experience during the last year. New ideas on how to recruit new members both among clinicians and researchers were brought forward, particularly on how to organise events jointly with the national societies. A fruitful discussion took place, and all Country Liaisons had the chance to share their opinion regarding collaboration with the national societies and young societies and on possible approaches to promote EMEUNET.

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 subgroup members who participated in the meeting for their dedication and time!

EMEUNET Country Liaison Subgroup
ACR-EULAR EXCHANGE PROGRAMME

The 2019 ACR-EULAR exchange programme took place prior to the start of the EULAR Congress and was coordinated and hosted by Prof. Alexander So and Prof. Alejandro Balsa. On the first day, Prof. Alejandro Balsa and EMEUNET representatives along with the team at the Hospital La Paz welcomed and guided the exchangees on an institutional visit and delivered lectures focusing on the Spanish Health System and Rheumatology training as well as key research activities of the La Paz group. The exchangees also delivered presentations on their individual research activities of interest, stimulating interesting discussions.

On the second day, Prof. Alexander So, the EMEUNET Chair-elect (Alexandre Sepriano), the leaders of the EMEUNET visibility (Felice Rivellese), Peer Mentoring (Javier Rodríguez Carrio) and Global Affairs (Aurélie Najm) Subgroups gave presentations on EMEUNET, networking and different perspectives in the field of mentoring. Finally, Prof. Loreto Carmona from the Instituto de Salud Musculoesquelética, Madrid, Spain, shared her experience as a previous Mentor of the EMEUNET peer-review mentoring program. Please visit https://esor.eular.org for more information on the programme.
Like last year, the EMEUNET booth was located inside the EULAR village at the EULAR 2019 in Madrid. At the booth both EMEUNET members and non-members could contact other EMEUNET members to discuss or to get more information on EMEUNET and our activities. In addition, EULAR again kindly provided a hospitality suite located nearby the EMEUNET booth. The suite was gladly used for several EMEUNET projects.

At the booth, EMEUNET working group members and a hostess provided by EULAR guaranteed a constant presence of someone who could provide information for young rheumatologists interested in joining EMEUNET or in our activities. Like always, new members could directly register online at the booth using a tablet, which also showed the most recent newsletter dedicated to our 10 year anniversary.

For the first time this year there was the possibility to play a quiz with questions about EULAR and EMEUNET. Of course, there were some nice prizes and gadgets to win and no one would leave empty-handed. The quiz was a big hit.

During EULAR, people took the opportunity to register at the booth as new EMEUNET member. We are happy to welcome all our new members and thank all our current members for making the booth a success again this year!
EMEUNET celebrated its 10th anniversary this year. Therefore, the networking event was bigger than ever before! Limited places were available and with 120 participants the event was sold out. We had a fabulous reception and dinner at the great location ‘El Jardín de la Maquina’.

Together with the EULAR family we had a drink and some bites outside, with the view of the sun setting on Madrid. After a inspiring speech by EULAR president professor Hans Bijlsma, it was time to have the 3-course dinner. The dinner ended with a real birthday cake to finish the celebration of our 10 year anniversary.

We’d like to thank all of you for making this event so special and we give a special thanks to MCI and EULAR for the great financial and organisational support!

In EMEUNET we are always trying to tailor our activities to the needs of our members, therefore we have designed this quick and easy survey to help us improve and grow: https://www.surveymonkey.com/r/LWPM2H2. Also, please feel free to contact us at visibility.emeunet@gmail.com.

Looking forward to seeing you at the ACR in Atlanta or next year at the EULAR in Frankfurt!
The EULAR Standing Committee on Education and Training (ESCET) coordinates and promotes education and training opportunities related to rheumatology in Europe. The ESCET meeting took place on the 13th of June 2019. At the start of the meeting, the Chair of ESCET, Prof. Dr. Nemanja Damjanov, gave an introduction about several educational activities of EULAR (see also https://www.eular.org/education_training.cfm) and also introduced the ESCET Chair-Elect, Prof. Frank Buttgereit.

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

After this interesting introduction, I was invited as leader of the EMEUNET Education subgroup to give a presentation about our ongoing and future educational initiatives. Two EMEUNET Working Group members had also been invited and participated as young rheumatologist representatives. Several projects were presented, including: i) the EULAR/EMEUNET Ambassador programme, which aims to support and promote scientific exchange of first or second time attendees of EULAR, by matching them to Ambassadors, ii) the What is New (WIN) initiative, which aims to keep EMEUNET members up to date with the latest scientific & clinical findings, iii) the Roving reporter initiative, which attempts to collect experiences of EMEUNET members within educational activities, including Task Forces and exchange programmes and iv) the new initiative called #EMEUNETonCourse for rheumatologists taking the EULAR online courses (see also https://emeunet.eular.org/eular_online_courses.cfm).

After this presentation, Prof. Annamaria Iagnocco gave a presentation about the EULAR School of Rheumatology (ESoR, see also https://esor.eular.org/). Since 2017, the ESoR is the ‘one-roof structure’ for all EULAR educational offerings and initiatives, including the EULAR online courses, live meetings and free learning materials for PARE. The ESoR offers education and training possibilities for physicians, health professionals and people with rheumatic and musculoskeletal diseases. Special attention was paid to the EULAR application and the EULAR Online Course on Rheumatic Diseases (electronic form of continuous medical education in rheumatology). Last, there was a discussion led by Prof. Dr. Prof. Frank Buttgereit about a new 1-day educational event. A survey about this has been send to all EMEUNET members to organise the best educational event for young rheumatologists.
The ESCCA manages a range of projects of clinical concern through the whole spectrum of RMD. Besides analysing and monitoring new applications and ongoing recommendations task forces, it also receives investigator-initiated proposals as a result of periodic strategic calls and liaises with similar committees from the American College of Rheumatology.

Prof. Müller-Ladner led the first part of the meeting and delivered a presentation highlighting the projects already published, others submitted for peer-review and also reporting on the current status of ongoing ones. Regarding this topic, some changes have been proposed, such as a limit of one task force at a time for convenors (unless it is an update of an existing one). Another interesting development is that for the next proposals to come, some spots within the panel would be subject of an open call to be published on EULAR's website, in an attempt to keep the process open to the whole scientific community, give more visibility to these initiatives and underlining their transparency.

Methodologists play a key role in the development of recommendations, so limiting the number of task forces that can be simultaneously managed was another matter of discussion and also raised the fact that, although there are a number of EULAR-endorsed methodologists, homogeneous criteria or formal training to reach that status still needs to be established.

As in previous years, the business meeting was held in the morning of the first day of the Congress and many representatives from different countries attended. Nonetheless, after being presented as the current chair of the committee, Prof. Huizinga brought into discussion an eventual change in the traditional schedule since a different date and time could result in greater affluence. In addition, he proposed the event to be open for any interested members.

Overall, it was a fruitful meeting where many interesting topics were addressed, and the idea of enhancing visibility and involve more participants in the whole process was stressed. It was an interesting experience to get insights on how projects are managed and to see the opportunities for EMEUNET members to be part of EULAR activities.
The EULAR Standing Committee on Investigative Rheumatology (ESCIR) has different aims: enhancing the knowledge about the genetic, molecular and cellular basis of the rheumatic diseases, developing better prevention, and detecting and treating early rheumatic diseases. The standing committee coordinates EULAR study group activities. Currently, these are the EULAR study groups: EULAR Study Group on Neuro Endocrine Immunology of the Rheumatic Diseases (NEIRD), EULAR European Consensus Finding Study Group on Laboratory Investigation in Rheumatology (ECFSG), EULAR Gene and Cell Therapy Study Group (GCTSG), EULAR Study Group for Risk Factors for RA (SGRFRA), EULAR Study Group on Microcirculation in Rheumatic Diseases, EULAR Study Group on OA (SGOA). EULAR Study Group on Synovitis (ESSG) and the EULAR study group on Sjögren’s Syndrome (eSSential).

The meeting took place on June 12th and was led by the current Chair Prof. Timothy Radstake. Members and leaders of most EULAR study groups were present during the meeting. Prof. Radstake welcomed all participants and gave an introduction and update on EULAR activities and ESCIR. In particular, he presented an update on EULAR’s future ideas on setting up a virtual research center. This project is currently in progress, but any ideas and comments from EULAR members are welcome. Moreover, he introduced a new project on EULAR recommendations for the measurement and reporting of interferon activity. Chairs or members of each EULAR study group gave an update on achieved and selected ongoing projects of their study group. Prof. Andrew Cope gave an update on the activities from the SGRFRA. In particular, he gave insights on the SPARRA questionnaire, the published PRAIRI study and the APIPPRA study which will be concluded next year. Dr. Andrew Filer and Dr. Aurélie Najm gave updates on the progress on the ESSG. In particular, they presented an update on a collaborative project on the safety profile of ultrasound guided synovial tissue biopsies in clinical practice, the proposal to develop “points to consider” for minimally invasive synovial biopsy in Rheumatology and the upcoming synovial biopsy course in September in Madrid. Prof. Mariette gave an update on eSSential, which is currently involved in a IMI2 project. He explained that one of the main focuses of the group is the development of biomarkers of stratification for systemic autoimmune diseases. Finally, Prof. Cutolo gave an update about the activities of the EULAR Study Group on Microcirculation in Rheumatic Diseases, as they are developing an algorithm for capillaroscopy in diseases without specific patterns, such as lupus. Overall, attending this meeting was a very positive experience and it was fantastic to be given the opportunity to be an EMEUNET observer. Moreover, it motivated me to become further involved in EULAR investigative activities in the future.
ESCEHSR
EULAR STANDING COMMITTEE ON EPIDEMIOLOGY AND HEALTH SERVICES RESEARCH

The aims of the EULAR Standing Committee on Epidemiology and Health Services Research (ESCEHSR) are to contribute to the epidemiological and health services research content of the annual congress, facilitate the tools and workforce for epidemiological and clinical research, undertake collaborative studies between countries and train rheumatologists in epidemiological methods. The ESCEHSR business meeting was led by Prof. Laure Gossec, current Chair, who introduced the Chair-Elect, Dr. Pedro Machado who will take office after the end of the annual congress. Representatives from several EULAR countries attended the meeting, as well as a number of experts in the field of epidemiology and health services research. Prof. Gossec started by presenting the strategic goals of EULAR for the 2018-2023 period, as well as the role of the ESCEHSR in the implementation of three specific objectives: provide quality of care frameworks, establish a European center for research of rheumatic and musculoskeletal diseases (RMDs) and promote advocacy related to EULAR activities. Later, activities of the two study groups within the ESCEHSR were presented: (a) Public Health of RMDs (led by Dr. Suzanne Verstappen) and (b) Epidemiology (led by Prof. Axel Finckh). The ESCEHSR is also responsible for the organisation of several courses: the EULAR Health Economics in Rheumatology Course (next edition: 26-27th March 2020), the EULAR Epidemiology Course (summer 2020) and the EULAR registers and observational drug studies course (18-19th October 2019). Moreover, the participants of the meeting were informed on the ongoing EULAR task forces promoted by the ESCEHSR committee. Two task force just finished, one on big data (Convenor: Prof. Gossec) and one on the development of recommendations of a core data set for pregnancy registers (Convenor: Dr. Anja Strangfeld). Three are currently on track, concerning: (a) lifestyle behaviour recommendations to prevent progression of RMDs led by Dr. Verstappen (b) points to consider when designing, analysing and reporting studies with work participation as outcome among patients with inflammatory arthritis led by Prof. Boonen and (c) points to consider when analysing and reporting comparative effectiveness research with observational data led by Dr Courvoisier. Two task forces have just been accepted on (a) evaluating the need for a EULAR Women’s Network of Academics (Convenor: Dr. Coates) (b) developing SOPs for implementing recommendations (Convenor: Dr. Loza).

The EULAR Outcome Measure Library (OML) (currently led by Dr. Loreto Carmona) was also presented. It is an ongoing structured library (http://oml.eular.org), including patient-reported outcomes (PROs) and other indices frequently used in rheumatology. Dr Sofia Ramiro has been appointed as the new leader of this project.

Taking part in the ESCEHSR meeting was a great experience with valuable insights into the structure and activities of the largest EULAR standing committee.
AUGUST 2019

8th Fragility Fracture Network Global Congress 2019
- When and Where: 28 – 30 Aug 2019, Oxford, United Kingdom
- Website: http://www.fragilityfracturenetwork.org/ffn-global-congress/

11th Global Musculoskeletal MRI & Ultrasound Congress
- When and Where: 21 – 24 Aug 2019, Kuala Lumpur, Malaysia
- Website: http://penangmskrad.com/

11th Global Musculoskeletal Ultrasound with Basic MRI Correlation Congress
- When and Where: 25 – 26 Aug 2019, Kuala Lumpur, Malaysia
- Website: http://penangmskrad.com/

SEPTEMBER 2019

AFLAR 2019: 9th African League of Associations for Rheumatology
- When and Where: 6 – 8 Sep 2019, Mauritius
- Website: http://aflar.net/2018/01/15/about-mauritius/

38th Annual Meeting of the European Bone and Joint Infection Society
- When and Where: 12 – 14 Sep 2019, Antwerp, Belgium
- Website: https://ebjis19.org/

International Genetics of Ankylosing Spondylitis Consortium, IGAS Conference
- When and Where: 12 – 14 Sep 2019, Versailles, France
- Website: http://www.igasconference2019.com/

OCTOBER 2019

European Large Vessel Vasculitis Imaging Course (EULVIC)
- When and Where: 18 – 19 Oct 2019, Innsbruck, Austria
- Website: https://www.eulvic.eu/
EMEUNET ON COURSE

EMEUNET is testing a new initiative for rheumatologists taking the EULAR online courses called #EMEUNETonCourse. The purpose of the initiative is to create a platform for interaction while taking one of the EULAR online courses. The idea is that this will make learning more effective for the course attendants and at the same time get more rheumatology related content on #MedicalTwitter.

The initiative is grounded on Twitter. Anyone can Tweet anything with relevance to one of the EULAR online courses they are taking. E.g. a summary to help others, special clinical pearls, controversies for debate etc. The hashtags used are the same as the name of the course, e.g. hashtag for the EULAR online course on rheumatic diseases (the 2-year course based on the EULAR Textbook on Rheumatic Diseases) is #EULARonlinecourseOnRheumaticDiseases. Further, the hashtag #EMEUNETonCourse is used in all Tweets. Other hashtags can be used to specify the chapter or topic of the Tweet. See https://emeunet.eular.org/eular_online_courses.cfm for more information!

Because courses contain copyright content, it is stressed that all posts should comply with normal copyright regulations, e.g. do not post anything without proper citations and do not copy paste content from the courses.
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 OML includes detailed descriptions of each instrument, such as the settings in which it has been validated, recommendations for use and different language versions of each instrument. Also, guidelines for interpretation of results in both practice and research settings are provided. Instruments are categorized by disease or by topic.

The EULAR OML was created by rheumatologists, health professionals, students and patients, all of whom are engaged in this field of research. It is an ongoing project, and many people have already contributed. The OML initiative is open to volunteers who can help keep track of new PROs in our field.

For more information visit: [http://oml.eular.org/](http://oml.eular.org/)
JOIN EULAR TASK FORCES AND COMMITTEES

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

EMEUNET members with interest in methodology and previous experience in EULAR Task Forces can also have the opportunity to become junior methodologists. For further information, please contact emeunet.education@gmail.com.

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

SHARE YOUR IDEAS!

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

Complete this quick and easy survey to help us improve and grow: https://www.surveymonkey.com/r/LWPM2H2. 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