Dear Reader,

We are happy to present the fourth issue of the ‘Press Review and Journal Club’ newsletter that is part of a EULAR School of Rheumatology educational initiative, the EULAR-EMEUNET Journal Club. This newsletter includes an overview of relevant articles published both in top rheumatology journals and in major internal medicine journals during the previous 4 months. The article selection includes translational and clinical research papers; in case you want to read the article in more detail, a hyperlink will redirect you to the respective journal. Among the selected articles, one has been chosen by the School of Rheumatology faculty to be discussed in a few weeks in an online Twitter Journal Club. Another article, the ‘EMEUNET Paper of the Month’ has been selected by popular vote through a survey circulated among the rheumatology community. For the latter, a video interview with the first author explaining the main findings of the paper is available on our YouTube channel.

The Journal Club aims to bring together rheumatologists, clinical researchers, basic scientists, and anyone else who might be interested in the topic, to participate in an online, lively discussion. These ‘meetings’ take place on Twitter at pre-specified times and dates; the next is planned on September 26 at 8:30 PM GMT (9:30PM CET). ‘Save the date’ reminders will be sent in advance. Where possible, key authors involved in selected articles will be invited to participate. The selected article will be freely accessible for a limited period of time on the journal website. Details of the article selected and of the Journal Club are included on pages 3 and 4 of this issue.

We hope that you will enjoy reading this newsletter and look forward to 'seeing' you soon at our Twitter JC meeting!

Paul Studenic, Richard Conway, Alessia Alunno, Elena Nikiphorou, Antonis Fanouriakis, Gonçalo Boleto, Diederik De Cock, Deshire Alpizar, George Fragoulis and Casper Webers, on behalf of the EULAR EMEUNET Journal Club team
FACULTY CHOICE FOR THE JOURNAL CLUB

Nikiphorou E, Norton S, Young A, Dixey J, Walsh D, Helliwell H, Kiely P, Early Rheumatoid Arthritis Study and the Early Rheumatoid Arthritis Network

The association of obesity with disease activity, functional ability and quality of life in early rheumatoid arthritis: data from the Early Rheumatoid Arthritis Study/Early Rheumatoid Arthritis Network UK prospective cohorts

Rheumatology (Oxford). 2018 Jul; 57(7):1194-1202 (FREE FULL TEXT HERE)

Obesity has been implicated as a risk factor for developing rheumatoid arthritis (RA) and is an increasingly prevalent comorbidity in RA patients. The authors used data from two prospective inception cohorts (2386 newly diagnosed patients in total) to explore the association between body mass index (BMI) and various disease outcomes over time. They found that RA patients tend to increase their BMI in their first years post-diagnosis. Moreover, obesity at baseline was associated with a significantly lower probability to achieve a low DAS28 at 2 years (OR 0.52), as well as worse outcomes in terms of functional ability and quality of life (QoL) at the same time point. Being obese at 2 years was also associated with significantly higher HAQ and QoL scores, although not with increased disease activity, 3 years later. These data suggest that obesity has a negative impact on the outcome of RA and that obesity management needs to become central within treatment strategies of RA.

The online Journal Club will take place on:

**Wednesday 26th September 2018 at 8:30PM GMT (9:30PM CET)**

-duration 1 hour-

Follow the accounts @EULAR_JC, @eular_org and @EMEUNET

Use the hashtag #EULARJC to follow and join the discussion
Santos EJF, Duarte C, Ferreira RCO, Pinto AM, Geenen R, da Silva JAP, “Promoting Happiness through Excellence of Care Group”

**Determinants of happiness and quality of life in patients with rheumatoid arthritis: a structural equation modelling approach**


An ultimate goal of medical care is to improve patients’ enjoyment of life, a concept akin to happiness. The authors performed an observational, cross-sectional study, to examine the determinants of happiness and quality of life (QoL) in patients with rheumatoid arthritis (RA). They followed a structured equation modelling approach to assess the relationships between disease activity, disease impact, personality, QoL and happiness, in 213 patients with RA. Results showed that happiness was positively related to ‘positive’ personality and the impact of disease, albeit positively related to disease activity, was mitigated by ‘positive’ personality traits. Impact of disease had a much stronger relation with QoL than with happiness. Thus, optimisation of QoL and happiness of people with RA requires control of the disease process, but also improvement of the disease impact domains. Patient personality seems to play a pivotal mediating role in these relations.

**Explore this paper in greater detail through an exclusive interview with study first author ...**

Interview available [here](#)

The EMEUNET Paper of the Month is selected by an online vote of selected articles from each of the rheumatology journal contributions.

**Watch out for our next poll!**
An important clinical question is how we adapt drug combinations in an age where a holistic approach, necessitated by high rates of comorbidities, is becoming more and more important. Park et al. (pp 898-904) tried to address this issue. Their study tried to address the question of whether methotrexate (MTX) discontinuation is beneficial when vaccinating patients with rheumatoid arthritis (RA) for seasonal influenza. This prospective randomised parallel-group multicentre trial included patients with RA on stable dose of MTX that were randomly assigned at a ratio of 1:1 to continue MTX or to hold MTX for 2 weeks after seasonal influenza vaccine containing H1N1, H3N2, B-Yamagata and B-Victoria. Significantly more patients in the “MTX-hold” group achieved a satisfactory vaccine response, defined as greater than or equal to fourfold increase of haemagglutination inhibition antibody titres at 4 weeks after vaccination against ≥2 of four vaccine strains as compared to the “MTX-continue” group (75.5% vs 54.5%, p<0.001). Hence, MTX discontinuation seems to improve overall vaccination responses, but the patients included in this trial displayed a stable and low disease activity which could raise questions for the generalisability of these results.

In systemic lupus erythematosus (SLE), Barrera Vargas et al (pp 944-950) found ubiquitinated proteins in neutrophil extracellular traps (NETs), with a lower expression of polyubiquitinated proteins in lupus patients compared to healthy controls. Patients with SLE seem to develop antiubiquitinated myeloperoxidase antibodies and the authors showed a positive correlation between antibody titres and SLEDAI score. The distinct differences observed in ubiquitin profile in NETs may contribute to dampened anti-inflammatory responses observed in SLE.

In juvenile idiopathic arthritis (JIA), Klotsche et al (pp 996-1002) discussed the issues of MTX usage in 1514 young patients with JIA. They tried to determine the reasons of MTX discontinuation as well as frequency of adverse events (AE) and whether the duration of inactive disease before MTX withdrawal disease is associated with the risk of disease flare. The most common reasons to discontinue MTX were ineffectiveness (36.9%) and achievement of inactive disease state (32.1%). However, patients who spent at least 12 months in inactive disease before MTX discontinuation had a significantly lower flare rate. This study highlights how challenging it is for clinicians to deal with MTX treatment in patients with JIA.
Santos et al (pp 1118-1124) went back to the basics of patient care: improving patient quality of life (QoL). They called this improved state, happiness. In their study, the determinants of happiness and QoL in patients with rheumatoid arthritis (RA) were explored. 213 patients from a single hospital were assessed regarding disease activity, disease impact, personality, QoL and happiness. Happiness was positively related to a ‘positive’ personality and, to a lesser extent, negatively related to impact of disease. Impact of disease, in turn, was positively related to disease activity and mitigated by ‘positive’ personality traits. Impact of disease had a much stronger relation with QoL than with happiness. Happiness mitigated the negative effect of disease impact on QoL. Hence, controlling the disease process is crucial as it improves QoL and happiness, and other disease impact domains. Personality seems to play a pivotal mediating role in happiness and QoL in patients with RA.

Dubreuil et al (pp 1137-1142) sought to describe myocardial infarction (MI) risk among patients with spondyloarthritis (SpA) who were prescribed NSAIDs, since these drugs may influence the underlying cardiovascular mechanics. The authors compared the risk in SpA with that in osteoarthritis (OA). The Health Improvement Network (THIN) cohort was used including the SpA cohort of 8,140 and the OA cohort of 244,339 with 115 and 6287 MI cases. Diclofenac use in SpA was associated with a significant increase of MI (adjusted OR 3.32, 95% CI 1.57 to 7.03). On the other hand, naproxen was not associated with a significant increase of MI (adjusted OR 1.19, 95% CI 0.53 to 2.68). A ratio of ORs for SpA/diclofenac relative to OA/diclofenac was 2.64 (95% CI 1.24 to 5.58). Hence, this study shows that diclofenac use, but not naproxen use, is associated with an elevated risk of MI risk in SpA. Finally, Terrier et al (pp 1150-1156) compared the long-term efficacy of remission-maintenance regimens in patients with newly diagnosed or relapsing antineutrophil cytoplasmic antibodies (ANCA)-associated vasculitides in the context of the Systemic ANCA-associated Vasculitis trial. This trial compared rituximab versus azathioprine to maintain remission in patients with newly diagnosed or relapsing granulomatosis with polyangiitis, microscopic polyangiitis or renal-limited ANCA-associated vasculitis. For the rituximab and azathioprine-treated groups, respectively, at month 60, the major relapse-free survival rates were 71.9% and 49.4% (p=0.003). Therefore, this study shows remission rates to be higher in ANCA-associated vasculitides patients using rituximab-based maintenance regimens, with better overall survival.
Mortality rates in systemic lupus erythematosus (SLE) are increased, with the majority of deaths occurring in females. Yen et al (pp 1251-1255) investigated the relative burden of cause-specific mortality by ranking causes of death in the US, and found that SLE was among the top-20 causes of death among females aged 5-64 years. Among black and Hispanic females, SLE ranked higher. As SLE might be underreported as cause of death, the true burden of SLE mortality could be even higher. Epigenetic changes play an important role into SLE pathogenesis. Ulff-Møller et al (pp 878-890) examined the genome-wide DNA methylation status of white blood cells in twins (thus ruling-out genetic variabilities) with at least one having SLE. They found promoters of interferon-regulated genes to be hypomethylated in all cell types and that promoters were predominantly hypermethylated in B-cells. Much controversy surrounds the contribution of uric acid, an important risk factor for gout, to cardiovascular disease (CVD), cancer and all-cause mortality. Cho et al (pp 1122-1132) demonstrated a U-shaped association between uric acid and mortality. Low uric acids levels were independently associated with increased all-cause mortality (males and females), CVD mortality (females) and cancer mortality (males). The antioxidant role of uric acid could possibly explain these findings. Yang et al (pp 855-867) highlighted the importance of IL-23/-17 axis, in psoriatic arthritis (PSA) characterizing a PsA animal model. These mice present a Th17-response, driven by T-cell specific STAT3C overexpression and develop clinical features of PsA. Abolishment of IL-17 and IL-22 led to disease improvement in these mice. Synovial tissue histopathology has been evaluated as a tool for optimizing treatment strategies in rheumatoid arthritis (RA). Orange et al (pp 690-701) explored the histopathology of synovial membrane using gene expression as a guide. Consensus clustering of the top-500 genes identified 3 subtypes: high-inflammatory, low-inflammatory and mixed-subtype. High-inflammatory group displayed higher systemic inflammation markers. The latter were dissociated from pain scores in the low-inflammatory group, possibly suggesting diverse pain pathways. Fibromyalgia sometimes coexists with RA. Basu et al (pp 1000-1007) used functional connectivity MRI to examine temporal correlations between networks and regions of the brain in RA patients with fibromyalgia features (measured by the “fibromyalgia-ness” score). A significant correlation was found between the default mode network connectivity to the left mid/posterior insula (characteristic in “primary” fibromyalgia patients) and the fibromyalgia-ness scores in RA patients.
Knowledge about longitudinal disease trajectories in childhood-onset systemic lupus erythematosus (cSLE) could help tailor management strategies for these patients. Using an inception cohort, Lim et al (pp 750-757) identified five classes of disease activity trajectories. Baseline major organ involvement and age at diagnosis predicted memberships in different classes. During 10 years after diagnosis, patients with relapsing/disease-transforming disease accumulated most damage and at the fastest rate, compared to other trajectories. Colliard et al (pp 1263-1268), examined, in a systemic lupus erythematosus (SLE) cohort, the presence of anti-ficolin-2 autoantibodies and its possible association with disease features. Ficolin-2 is a protein involved in the clearance of apoptotic cells which has been implicated in the pathogenesis of SLE. Serum levels of this protein were found to be decreased in SLE patients. In this study, anti-ficolin-2 antibodies were found in about one third of SLE patients, being associated with the presence of active lupus nephritis. Combination of anti-ficolin-2, anti-ficolin-3 and anti-c1q antibodies gave a sensitivity of 48% and a specificity of 98% for the diagnosis of SLE nephritis. Behavioral factors (diet, exercise, smoking, dental health) contribute to developing rheumatoid arthritis (RA), and behavioral change might reduce risk of RA. Sparks et al (pp 823-833) observed in a randomized-controlled trial that disclosure of personalized RA risk to first-degree relatives of RA patients led to increased motivation to improve risk-related behavior as compared to receiving standard, non-personalized information. ACPA-positive RA has always been considered as a more severe RA subset. Using a population-based inception cohort, Boer et al (pp 987-996) demonstrated that ACPA-negative and ACPA-positive patients have similar levels of pain, disease activity, functional disability and restrictions in household work over time. The authors concluded that both RA subsets have similar disease burden. In another study, Wysham et al (pp 961-969) showed that anti-CCP high positivity was associated, after controlling for other variables, with lower femoral neck bone mineral density (BMD) in patients with RA. Even more, anti-CCP levels were negatively associated with BMD amongst high anti-CCP positive individuals. In psoriatic arthritis (PsA), Ballegaard et al (pp 1206-1217) explored whether trial characteristics (considered contextual factors) act as effect modifiers in RCTs of targeted therapies. Results showed that drug retention was higher in patients with PsA compared to psoriasis, and that several trial eligibility criteria (related to treatment history, disease duration and rheumatoid factor) modified the probability of achieving treatment response in PsA.
Rheumatoid arthritis (RA) is more prevalent in women than in men, with a peak incidence in the post-menopausal period. Engdahl et al. (2018) reported that estrogens prompt anti-inflammatory effector functions in IgG by inducing ST6Gal1 expression in mouse and human antibody-producing cells and by increasing Fc sialylation. This finding provides a potential mechanistic explanation for the increased risk of RA in post-menopausal women. Further in pathogenesis, Aldridge et al. (2015) showed gender-based differences in the association between T cell subsets and disease activity in untreated early RA patients, such as a positive association of Th2 cells with disease activity in male, but not in female patients. Strand et al. (2012) observed in a follow-up of a phase III trial that RA patients under sarilumab monotherapy had greater improvements across multiple patient-reported outcomes (PROs) than adalimumab monotherapy. In systemic lupus erythematosus (SLE), Ceccarelli et al. (2016) identified erosive arthritis in 26% of 152 patients, of which 44% were positive to anti-carbamylated protein antibodies (antiCarp) and 26% to anti-citrullinated peptide antibodies (ACPA). Crohn’s disease (CD), ulcerative colitis (UC) and spondyloarthritis (SpA) are characterized by dysbiosis. Regner et al. (2019) evaluated intraepithelial lymphocytes (IEL) from colon biopsies of patients with CD, UC and SpA and found increased IL-1β in patients with UC, increased IL-17A and IFN-γ in patients with CD, and increased TNF-α in patients with CD and SpA, compared to controls. IEL-produced cytokines negatively correlated with the relative abundance of multiple bacterial taxa which may be relevant to the pathogenesis of these conditions. Little is known about the effect of IL-17A blockade on local inflammatory and structural changes in the joints in psoriatic arthritis (PsA). Kapmpylafka et al. (2015) found that IL-17 inhibition by secukinumab over 24 weeks led to a significant decrease of synovial inflammation and no progression of catabolic or anabolic bone changes in the joints of patients with PsA. Mcllnnes et al. (2013) reported that secukinumab provides rapid and sustained pain relief in PsA over 2 years of treatment when compared to placebo. Raouf J et al. (2018) analysed the lipidomic profile of patients with polymyositis and dermatomyositis and found a disproportionate level of saturated and polyunsaturated fatty acids, which might have negative effects on muscle performance. Systemic sclerosis (SSc) is characterized by vasculopathy and progressive fibrosis. Cutolo et al. (2015), found that CTLA4-Ig (abatacept) treatment downregulates circulating fibrocytes but not skin fibroblasts isolated from SSc patients.
Several biomarkers of disease activity for Sjögren’s syndrome (SS) have been proposed, including B-cell biomarkers such as B-cell activating factor, beta-2 microglobulin and free-light chains. James et al (pp 1222-1227) observed that, while these three biomarkers were all associated with total disease activity scores, they had distinct disease domain associations and could thus be considered complementary. Type I and type II Interferons (IFN) are also implicated in SS pathogenesis. Some authors suggest that different expression patterns are associated with distinct phenotypes. Bodewes et al (pp 921-930) examined, via RT-PCR, the expression of IFN-related genes. Three groups were identified: IFN-negative, IFN-I-activation and IFN-I/IFN-II combined activation. Although IFN activation did not correlate with disease activity, the frequency of SS patients positive for the biological domain was higher in patients with IFN activation. The latter was also associated with higher IgG levels and autoantibody presence. The impact of giant cell arteritis (GCA) on mortality is unclear. Aouba et al (pp 1047-1055) investigated cause-specific mortality associated with GCA, and found that age of death was not decreased in GCA compared to the general population. Mortality rates due to aortic aneurysms, dissections and hypertension were increased in GCA, while cancer-mortality was decreased. The underlying mechanisms of these associations remain unknown. Temporal artery biopsy (TAB) is the gold-standard for GCA diagnosis, it can be, however, negative in a substantial number of patients. Ciccia et al (pp 1377-1380) suggest a simple procedure to increase the diagnostic accuracy of this test. They showed that CD3 staining in TAB, increased the sensitivity and specificity to 89.5% and 95.0%, respectively, with positive and negative predictive values reaching 97.0% and 79.8%. Recent research indicates that obesity affects outcome in rheumatoid arthritis (RA). An analysis of two consecutive inception cohorts by Nikiphorou et al (pp 1194-1202) revealed that obesity is an increasingly prevalent comorbidity in early RA, having negative impact on disease activity, functioning and quality of life in the short-term. These findings support a central role for screening and management of obesity in RA. JAK-inhibitors are emerging therapeutic modalities in inflammatory arthritis. Vidal et al (pp 1461-1471), using a rat model of adjuvant-induced-arthritis, showed that tofacitinib decreased articular inflammation, preventing bone erosions and cartilage damage and reducing bone remodeling. Despite being able to restore bone hardness, this was not the case for cortical and trabecular bone structure. Also, mechanical features tested were not improved after treatment with tofacitinib.
In **systemic lupus erythematosus** (SLE), repeated testing of antibodies is common. Raissi et al (pp 827-834) using data from a SLE registry showed that, over time, anti-ENA antibody status rarely changed over time and costs to detect change in anti-ENA status were high. The authors argued that, in general, repeat testing of anti-ENA in SLE is likely not necessary.

Depression might be the most prevalent comorbidity in **rheumatoid arthritis** (RA). In a prospective cohort of early RA patients, Kuriya et al (pp 1101-1108) observed that one fourth of patients experienced persistent depression over a two-year period. High disease activity was associated with persistent depression, particularly in females. Future studies are necessary to investigate whether early treatment of RA reduces the risk of adverse mental health outcomes. The association between disease activity and health-related quality of life (HRQoL) in patients with early **axial spondyloarthritis** (SpA) was investigated by van Lunteren et al (pp 779-784). Physical (but not mental) HRQoL was decreased compared to general population. An increase in ASDAS during follow-up was independently associated with a decrease in physical HRQoL, especially in males and blue-collar workers. These findings support the choice of disease activity as the treatment-target in axial SpA. SpA is not rare in the context of inflammatory bowel disease (IBD). However, biomarkers for its diagnosis with acceptable accuracy are lacking. Sclerostin (SOST), a protein that inhibits the Wnt signaling pathway leading to decreased bone formation, has been found to be low in patients with SpA, while anti-SOST antibodies have been associated with low SOST levels. Luchetti et al (pp 630-637) assessed SOST and SOST-antibodies in patients with IBD (with or without SpA – axial or peripheral), having as control groups patients with ankylosing spondylitis, RA and healthy individuals. SOST levels and SOST-antibodies were lower and higher, respectively, in patients with IBD and axial SpA compared to those with peripheral SpA, IBD, RA or healthy subjects. In **systemic sclerosis** (SSc), interstitial lung disease (ILD) has been recognized as a significant cause of morbidity and mortality. KL-6 and CCL-18 are two of the so-called pneumoproteins (serum proteins mainly synthesized in the lung) and have been associated with lung injury. In their study, Salazar et al (pp 1153-1158) sought to investigate whether these could serve as predictors of ILD progression in early SSc patients. It was found that KL-6, but not CCL-18 could predict the decrease of FVC% in both univariate and multivariate models.
Ide et al (e000661) tried to find the relevance of classical markers of rheumatoid arthritis (RA) disease in idiopathic inflammatory myositis (IIM). Rheumatoid factor (RF) and anticitrullinated protein antibodies (ACPAs) are immunological hallmarks of RA, and presence of these antibodies is associated with higher disease activity and increased risk of joint destruction. However, little is known about the prevalence of RF and ACPA in IIM. In this study, the authors found that RF was present in 11 patients (9.1%) and ACPA was present in 6 patients (5.0%) out of 121 patients with IIM. This prevalence was lower than reported in previous studies. Hence, although RF and ACPA are prevalent in IIM, the presence of these antibodies does not seem to be clinically relevant and therefore should not guide therapeutic decisions. Glintborg et al (e000710) explored whether switching from originators to biosimilars for cost reasons (non-medical switching) in patients with inflammatory arthritis impacts on the use of healthcare resources. In an observational cohort study from the DANBIO register, 769 switchers, 1484 outpatient contacts, 6718 visits and 9243 days with services (693 on switch date) were identified. Mean visit rate was 3.89 before and 3.95 after switch (p=0.35). Total number of services was 19,752 (2019 on switch date). Mean service rates before/after switch and clinical visits per week per patient appeared similar before/after switch, with peaks every ≈8 weeks, parallel to infliximab infusion dosing. Hence, no evidence of increased use of outpatient health resources following switch from originator to biosimilar infliximab was found. Bischoff-Ferrari et al. (e000678) assessed the possible benefit of vitamin D in osteoarthritis (OA). Although observational studies suggest that increased vitamin D intake and higher 25-hydroxyvitamin D levels may prevent structural progression of knee OA, all four recent clinical trials testing vitamin D supplementation found no such benefit among patients with early to moderate OA not yet at the stage of surgery. In this trial, older adults aged 60 years and older undergoing unilateral total knee replacement due to severe knee OA were included. The primary endpoints were symptoms (Western Ontario and McMaster Universities Arthritis Index pain and function scores) assessed at baseline, 6, 12, 18 and 24 months in both knees, and the rate of falls over 24 months. The trial compared standard of care dose of vitamin D (800 IU per day) with a high dose (2000 IU per day) to explore if higher doses were more effective. The authors showed that a 24-month treatment with daily 2000 IU vitamin D were not significantly more beneficial or harmful than a daily standard dose of 800 IU among older adults undergoing unilateral total knee replacement.
Rheumatoid arthritis (RA) is characterized by progressive joint damage that may start early in the course of the disease. Van der Heijde et al (Clin Rheumatol 37:2381) reported on the evaluation of structural damage progression based on clinical response, in patients who received no treatment or limited treatment with conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) and were biologic naïve. These patients were then randomized to either baricitinib, methotrexate or the combination of both. Authors found that independently of treatment, baseline factors significantly associated with an increased risk of structural damage progression included higher hsCRP, CDAI score, smoking, female sex and lower body mass index. Patients achieving sustained DAS28-hsCRP ≤ 3.2 or SDAI score ≤ 11 were less likely to have structural damage progression at week 52. Upadacitinib, a selective inhibitor of Janus kinase 1, was effective in phase 2 studies in patients with moderate and severe RA. Burmester et al (Lancet 2018 391:2503-12) reported the safety and efficacy of upadacitinib in RA patients with inadequate response to csDMARDs in a randomized, double blind, placebo-controlled phase 3 trial. Upadacitinib showed significant improvements in clinical signs and symptoms of patients with RA with a good safety profile. Genovese et al (Lancet 2018 391:2513-24) reported that upadacitinib led to rapid and significant improvements compared with placebo over 12 weeks in RA patients refractory to biologic treatment of the same trial. In systemic lupus erythematosus (SLE), Wallace et al (Lancet 2018; 392:222-31) reported the results of a double-blind, multicentre, randomized, placebo-controlled, 24-week phase 2 trial with baricitinib. Authors found significant improvements in signs and symptoms of active SLE patients who were not adequately controlled despite standard of care therapy. Landewé et al (Lancet 2018; 392:134-44) reported that in patients with active non-radiographic axial spondyloarthritis who had achieved sustained remission with adalimumab, continued therapy was associated with significantly more patients maintaining remission when compared to treatment withdrawal. Rotondo et al (Scand J Rheumatol 47:311-18) found evidence for increase in finger blood flow, evaluated by laser Doppler flowmetry following iloprost infusion, in systemic sclerosis patients with Raynaud’s phenomenon, despite a short time effect. Mesenchymal stromal cells (MSCs) have been proposed as a safe treatment option for knee osteoarthritis (OA). Lamo-Espinosa et al (J Transl Med 16:213) reported that a single intra-articular injection of autologous bone marrow MSCs is safe and provided greater functional improvement compared to hyaluronic acid in patients with knee OA.
SEPTEMBER 2018

8th EULAR Course on Capillaroscopy
- When and Where: 13 – 15 Sep 2018, Genoa, Italy

27th International Complement Workshop 2018
- When and Where: 16 – 20 Sep 2018, Santa Fe, Mexico City, Mexico
- Website: [https://www.complement.org/icw-2018/](https://www.complement.org/icw-2018/)

OCTOBER 2018

19th EULAR Postgraduate Course 2018
- When and Where: 1 – 3 Oct 2018, Budapest, Hungary

EULAR Brussels Conference 2018
- When and Where: 8 – 9 Oct 2018, Brussels, Belgium

British Society for Paediatric and Adolescent Rheumatology (BSPAR) Conference
- When and Where: 17 – 19 Oct 2018, Southampton, UK
- Website: [https://www.rheumatology.org.uk/Professional-Development/Education-Events/Conferences/Paediatric-annual-conference/Register/](https://www.rheumatology.org.uk/Professional-Development/Education-Events/Conferences/Paediatric-annual-conference/Register/)

ACR/ARHP Annual Congress 2018
- When and Where: 19 – 24 Oct 2018, Chicago, IL, USA
- Website: [https://www.rheumatology.org/Annual-Meeting/](https://www.rheumatology.org/Annual-Meeting/)

Cytokines 2018: 6th Annual Meeting of the International Cytokine & Interferon Society
- When and Where: 27 – 30 Oct 2018, Boston, MA, USA
- Website: [https://boston.cytokinesociety.org/](https://boston.cytokinesociety.org/)
THE 3RD EULAR REGISTERS AND OBSERVATIONAL DRUGS MEETING

The EULAR RODS meetings have evolved into a course in which faculty and attendees are delivering and suggesting content. This course aims to provide insights into practical and methodological aspects of registers and drug observational studies, data handling and analysis, promoting and facilitating collaborative work through a series of interactive lectures, workshops and round table discussions.

The course structure and content builds on previous RODS meetings and direct feedback from participants and also brings attention to novel aspects around future applications of registers. It incorporates innovative and disruptive methodology.

In this unique 1.5 days meeting, attendees will have an opportunity to network and have a one-to-one interaction with experts in the field, as well as to present own ideas in the form of posters and oral presentations. Evaluation and feedback from participants and instructors will have many different formats (open text in the “Board of innovation” and interactive learning during lectures and workshops).

The next EULAR RODS Meeting

will take place on

30 November - 1 December 2018 in Amsterdam, The Netherlands

REGISTRATION OPEN

COURSE BURSARIES ALSO AVAILABLE

For information and to register visit:
THE EULAR ON-LINE COURSES

All EULAR courses, as electronic ways of continuous medical education in rheumatology, are managed by a scientific course committee responsible for the structure and content of the courses and for ensuring regular quality control and advancement. Teams of expert authors are regularly reviewing and updating the courses to keep up with the newest developments in the field.

REGISTRATION OPEN SINCE END OF JUNE 2018 – CLOSING ON 30 NOVEMBER 2018

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The EULAR On-line Courses on Rheumatic Diseases, CTDs, SSc and US are also available as APP

THE OPINION OF TWO PARTICIPANTS:

“Ultrasonography is essential for the training of Rheumatologists and represents a key aspect of patient’s evaluation. The EULAR On-line Introductory Ultrasound Course offers theoretical basic skills on musculoskeletal ultrasound in rheumatic diseases as well as in healthy subjects. The high quality of contents as well as the experience of the Faculty are the two main reasons to join this course. Moreover, the website is straightforward and very easy to use. Upon passing the final examination, EULAR releases a certificate. This course is very useful for Rheumatologists who would like to acquire a basic theoretical knowledge on musculoskeletal ultrasound.”

“I attended the EULAR On-line Introductory Ultrasound Course. It is a well structured basic course on ultrasonography that is divided in different modules according to the different anatomical sites. Each module includes specific exercises and the final test. I found this course very interesting and it provided me with a complete overview of ultrasonography in rheumatology. I would recommend this course as to me it was overall more useful and formative compared to some different on-site courses I previously attended.”

MORE ON EDUCATION

SEPTEMBER18
The official EMEUNET calendar is now up and running on our website
http://emeunet.eular.org/calendar.cfm

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

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

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

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

The EMEUNET calendar has been up and running for two years, with the aim to ensure that our members would never loose a deadline or a conference! We hope you have found it useful. If you have any comment or suggestion please let us know by sending an email to emeunet@eular.ch
EMEUNET recently reached the milestone of 2000 members. What started by a small group of visionaries, has now grown into a dynamic community throughout Europe and beyond.

We are grateful to each and every member personally, but we would particularly like to pay tribute to our Country Liaisons who have constantly promoted EMEUNET in their countries throughout the past ten years.

Keep up the good work!

Jakob Höppner, a medical student from Berlin, is the Nr. 2000 EMEUNET member and was interviewed by the Newsletter Subgroup Leader, Antonis Fanouriakis, on the occasion:

Q: Jakob, how did you first hear about EMEUNET?

I learnt about EMEUNET from my group leader, who is a member of the EUSTAR collaborators for systemic sclerosis. Then, I saw a Facebook post that said “become a EMEUNET member”. So, I checked the website and decided to sign up.

Q: Why did you decide to become an EMEUNET member?

Currently, I am a medical student working on my doctoral thesis on systemic sclerosis. After my studies, I would like to specialize in rheumatology. I thought EMEUNET was a good way to get regular updates on news in rheumatology. Moreover, I’m very interested in the education section and the online courses.

Q: Which EMEUNET initiative do you think would be more useful for your professional work?

I think the educational offers are the most interesting for me at this point. However, I also find the mentoring program great and I would love to participate during my further education.
JOIN EULAR TASK FORCES AND COMMITTEES

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

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

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

SHARE YOUR IDEAS!

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

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

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

www.facebook.com/EMEUNET

www.twitter.com/EMEUNET

http://www.linkedin.com