Professor Smolen Hosts Minister Bulmahn
At Opening Ceremony of the Congress

Professor Josef S. Smolen, MD, President of EULAR, presented a bouquet to Edelgard Bulmahn, Federal Minister of Education and Research, Germany, following her address at the opening ceremony on Wednesday evening. Minister Bulmahn pledged her support in response to Professor Smolen’s request for funding of rheumatology research.

EULAR Meritorious Service Awards In Rheumatology

Hans Georg Fassbender, MD, PhD, of the University of Mainz, Germany, and Kimmo Aho, MD, of the National Public Health Institute, Helsinki, Finland, were presented with Meritorious Service Awards.

Zoledronic Acid Linked to Slowed Bone Erosion in RA

T he bisphosphonate zoledronic acid appeared to slow the progression of bone erosions in patients with rheumatoid arthritis, according to findings of a small study from Leeds University, UK.

During Thursday’s Cutting Edge in Rheumatology session, Steven Jarrett, MD, unveiled the results of the 6-month trial of zoledronic acid, which is the first in the class of bisphosphonate agents shown to prevent bone damage. It may become standard for all RA patients to “get an infusion to stabilize edema compared with 57% of patients on placebo.”

Much of this “difference in mean change was attributable to the reduction of erosion progression observed in the wrist (0.7±1.5 with zoledronic acid and 2.3±3.1).”

Tolerability of zoledronic acid was comparable to that seen with placebo.

Similarly High Risk Of MI in Diabetics, Patients With RA

Reports presented at the 5th Annual European Congress of Rheumatology underscore the importance of aggressively managing cardiovascular disease risk among patients with rheumatoid arthritis. In one study of 1991-2001 data from the Nationwide Inpatient Sample, the largest inpatient database in the USA, Gurkipal Singh, MD, of the Department of Rheumatology at Stanford University in California, USA, and colleagues found that in 1991, patients with diabetes were 70% more likely to die if admitted to a hospital with an acute myocardial infarction (AMI) compared to patients with rheumatoid arthritis. However, by 2001 this difference in fatality rates from AMI had diminished, with 7.6% of RA patients dying from AMI compared with 7.7% of diabetes patients.

Mortality rates from AMI among diabetics decreased by 20%, from 11% in 1991, Dr. Singh observed, and at the same time rates of AMI requiring hospitalizations in this population had stabilized to about 4%.

Rates of AMI requiring hospitalization decreased from 8.4% in 1991 to 7.6% in 2001 among diabetics. No renal abnormalities developed in either group.

In six previous trials the bisphosphonates pamidronate, alendronate, and clodronate had no significant effect on RA radiographic scores.

“The combination of methotrexate with a potent bisphosphonate in early RA may be entirely comparable to biological therapy,” Walter P. Maksymowycz, MB, FRCP, professor of medicine in the Division of Rheumatology at the University of Alberta, Edmonton, Canada, noted in an interview. Such an option would carry “significant cost implications in view of the expense of biologicals,” he said, “further clinical trials are clearly warranted.”

Vienna to Host Congress in 2005

Now is the time to mark your calendars to set aside 8-11 June 2005, the dates of the 6th annual European Congress of Rheumatology, to be held in Vienna. We look forward to seeing you there!
EULAR Prize, Young Investigator Award Winners

At Wednesday evening’s opening celebrations of the 5th annual European Congress of Rheumatology, EULAR President Josef Smolen presented EUR 180,000 in award prizes.

Awards included the prestigious EULAR Prize 2004, the 3 EULAR Young Investigator Awards, the EULAR/Bristol-Myers Squibb Young Investigator Award as well as the 12 EULAR/Abbott Abstract Prizes for Clinical Medicine (6) and Basic Science (6). Here’s a look at some of the winners.

**EULAR Prize 2004 (EUR 30,000)**

This year’s EULAR Prize was presented to Professor Piet L. C. M. van Riel, MD, and his group in the Department of Rheumatology at Université Medical Centre, Nijmegen, The Netherlands for their ongoing work on the development, validation and use of the Disease Activity Score (DAS) and EULAR response criteria for the clinical assessment of rheumatoid arthritis. The DAS is a continuous composite measure of swollen joints, tender joints, acute phase response and general health, which was designed to provide a more accurate description of RA disease activity than each of the activity variables individually.

The introduction of a number of new effective anti-rheumatic agents has led to the need for a revision of current disease activity assessment tools, Professor van Riel noted in his application for the award. He and his colleagues are currently validating the use of the DAS and the EULAR response criteria in clinical trials.

**Young Investigator Awards (EUR 30,000)**

Andreas Hofmann, PhD, of the School of Biological Sciences and the Institute of Cell and Molecular Biology at the University of Edinburgh, Scotland, received an award for his work in developing steroid derivatives for the treatment of inflammatory diseases. Specifically, Dr. Hofmann is focusing on the bond between steroid derivatives and the glucocorticoid receptor.

Drugs targeting this protein have been successfully used for treatment of asthma, allergic rhinitis, rheumatoid arthritis, leukaemia, as well as heart conditions such as systemic sclerosis, myocarditis and as prophylactic treatment to protect cardiac function. Recently, a new steroid drug that modifies this receptor has been found to be effective and induce relatively mild side effects.

In order to understand the effects of this drug on the receptor, Dr. Hofmann’s team will perform biophysical experiments and create a three-dimensional model of the crystal structure as it binds to the receptor. They will also explore the molecular mechanisms of the receptor itself.

The goal of this work is to form the basis for developing steroid derivatives that maximize efficacy and minimize adverse effects.

Fioris Alexander van Gaalen, MD, of the Department of Rheumatology at Leiden University Medical Centre, The Netherlands, received an award for his work in the application of micro-array technology in the field of autoimmunity, focusing on how autoantibodies can be used to predict the course of rheumatoid arthritis. Specifically, Dr. van Gaalen says he will use his award “to study the fine specificity, avidity, and epitopes of the anti-citrulline antibody response.”

An in depth analysis of the characteristics of this antibody reaction in relation to clinical outcome, will open new avenues for the development of novel diagnostic tools and could lead to a better understanding of the processes involved in the emergence and progression of RA.

Albert J.W. Zendman, PhD, of the Department of Autoimmune Biochemistry at the University of Nijmegen, The Netherlands, received his award for research on the role of citrullinated proteins and the autoantibodies directed to these proteins in the development of rheumatoid arthritis. In this study, he focuses on the peptidylarginine deiminase enzymes (PAD) that are responsible for the production of these autotrigenic triggers. One approach involves studying the effect of overexpression (adenoviral) of PAD in mouse models of rheumatoid. Additionally, PAD mutants are generated for structure and function analysis.

**EULAR/Bristol-Myers Squibb Young Investigator Award (EUR 30,000)**

Rik Lories, MD, PhD, receives his award for work investigating embryonic signaling pathways in chronic arthritis. Dr. Lories received his medical degree summa cum laude from the University of Leuven, Belgium, in 1996 and then subsequently his PhD in 2003 for his dissertation on “Bone Morphogenetic Protein Signaling in Chronic Arthritis.”

For the 12 Abbott Award Winners, please see page 14 of the Wednesday–Thursday edition of EULAR CONGRESS NEWS.

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**Scientific Programme continued from page 1**

Basic immunology course for clinicians
VIP 1
Detection and identification of crystals in synovial fluid, an introductory course
VIP 2

**Friday, 16:00 – 17:30**

State-of-the-Art / Best Practice
Hall 1
Current trends in osteoarthritis
Hall 1

PRES
Paediatric rheumatology for adult rheumatologists: transition to adult care
Hall 2

Joint Session Clinical / AHP / SL
Sleep and fatigue in rheumatic disease
Hall 7

Clinical Science
Hall 14.2
Vascular issues in systemic sclerosis
Regional musculoskeletal pain
Skin and the rheumatic diseases
Roofgarden

Basic Science
Hall 4/5
Healing

**Int’l Forum for Young Rheumatologists**
Discussion forum for young rheumatologists; lessons from animal models - pathogenesis (cont’d) and new therapeutic principles
Hall 10

Challenges in Clinical Practice
The role of surgery in rheumatology - to cut or not to cut
Hall 11A

Translational Science
Rheumatoid arthritis, from bench to clinic
Hall 11B

Meet the Standing Committee
Cutting edge science—from the industrial bench to the patient. Scientists from academia meet colleagues from industry
Star 2.1

Practical Skills
Hall 11A
Practical tools to assess disease outcome and functioning in clinical practice and research
Capillaroscopy and rheumatology
VIP 1
MRI in inflammatory joint diseases
VIP 2

**Saturday, 10:15 – 12:15**

State-of-the-Art / Best Practice
Hall 1
Spondyloarthritides
Hall 1
Clinical Science
Hall 2
Early and undifferentiated inflammatory arthritis
Hall 3
Glucocorticoids update 2004
Hall 3
EUSTAR scientific session
Hall 14.2
Back pain - frequent problem, but still difficult to handle
Hall 11A
Atherosclerosis
Roofgarden

Challenges in Clinical Practice
Hall 15.2
Myositis and SLE
Basics Science
Gene directed identification of new inflammatory pathways
Hall 4/5

Allied Health Professionals
Hall 6
Developing guidance for practitioners in the assessment, management and monitoring of biological therapies in inflammatory arthritis

Social Leagues
Making services more accessible to ethnic minority groups
Hall 8

Translational Science
Hall 11B
Inflammation models in paediatric rheumatology

Practical Skills
Hall 1
Pathology 2
Controversial issues in musculoskeletal sonography
VIP 1
Joint-examination taught by patients with RA; another way of teaching health professionals
VIP 2

Services on Offer in the Exhibition Areas
A Business Centre and Message Centre are being operated and sponsored by Pfizer at their exhibit stand 124/1. This site offers a meeting point for attendees where they can make use of such technology services as Internet access and email, fax, photocopying, and computers.

Cyber Café in the Exhibition Area
A Cyber Café is being operated and sponsored by Merck Sharp & Dohme in the exhibition area at their stand 14.1/01. Please visit them.

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**EULAR Celebrates Award Winners at Opening Ceremony**

Edelgard Bulmahn, Federal Minister of Education and Research, Germany, and Professor Josef S. Smolen, MD, President of EULAR, pose with the winners of the EULAR Prize, the EULAR Young Investigator Awards, the EULAR/Abbott Basic and Clinical Science Abstract Awards, and the EULAR Meritorious Service Awards in Rheumatology.
The Power of Protection

- Clinically proven to heal more reflux esophagitis patients compared to omeprazole, lansoprazole and pantoprazole.
- Faster and sustained freedom from GERD symptoms in more patients than omeprazole, lansoprazole and pantoprazole.
- More effective acid control compared to all other PPIs.

Nexium®
esomeprazole

ABBREVIATED PRESCRIBING INFORMATION: Nexium® (esomeprazole magnesium). See local prescribing information for full details. PHARMACODYNAMIC PROPERTIES: Nexium® reduces gastric acid secretion through a highly targeted mechanism of action by being a specific inhibitor of the acid pump in the parietal cell. INDICATIONS AND DOSAGE: Treatment of erosive reflux esophagitis: Nexium® 40 mg once daily for 4-8 weeks. Long-term management of patients with healed erosive esophagitis to prevent relapse: Nexium® 20 mg once daily. Symptomatic treatment of gastro-esophageal reflux disease: Nexium® 20 mg once daily in patients without erosive esophagitis. Once symptoms have resolved, an on demand regimen of 20 mg once daily can be used when needed, to control subsequent symptoms. Helicobacter pylori-associated peptic ulcer disease: Healing of H. pylori-associated duodenal ulcer, prevention of relapse of peptic ulcers in patients with H. pylori-associated ulcers: Nexium® 20 mg, amoxicillin 1 g and clarithromycin 500 mg, bid for 1 week. USA: -Nexium® 40 mg once daily, amoxicillin 1 g and clarithromycin 500 mg twice daily, all for 10 days. CONTRAINDICATIONS: Known hypersensitivity to esomeprazole, substituted benzimidazoles or any other component of the formulation. WARNINGS AND PRECAUTIONS: In the presence of any alarm symptoms (e.g. significant unintentional weight loss, recurrent vomiting, dysphagia, hemorrhage, or melena) and when gastric ulcer is suspected or present, the possibility of gastric malignancy should be excluded before treatment is initiated. INTERACTIONS: Due to the decreased intragastric acidity, the absorption of ketocanozole and itraconazole can decrease during esomeprazole treatment. Concomitant administration of esomeprazole resulted in a 43% decrease in clearance of diazepam. Concomitant administration of esomeprazole resulted in a 32% increase in trough plasma levels of phenytoin in epileptic patients; dose adjustments were not required in this study. In healthy volunteers, combined therapy with esomeprazole and warfarin resulted in a 32% increase in AUC and a 33% prolongation of elimination half-life but no significant increase in peak plasma levels of coumadin. Concomitant administration of 20 mg esomeprazole to warfarin-treated patients showed that, despite a slight elevation in the trough plasma concentration of the less potent R-isomer of warfarin, the coagulation times were within the accepted range. However, as with all patients receiving warfarin, monitoring is recommended during concomitant treatment with esomeprazole. PREGNANCY AND LACTATION: Caution should be exercised when prescribing Nexium® to pregnant women. Nexium® should not be used during breast-feeding. UNDESIRABLE EFFECTS: The following adverse drug reactions have been identified or suspected in the clinical trials program: Nausea, vomiting, diarrhea, constipation, abdominal pain, flatulence and headache. Uncommon: Dermatitis, pruritus, urticaria, dizziness and dry mouth. From marketed use, there have been rare reports of increased liver enzymes and of hypersensitivity reactions (e.g. angioedema, anaphylactic reaction). For further information please contact AstraZeneca, SE-431 83 Mölndal or the local AstraZeneca subsidiary.

Nexium® is a registered trademark of the AstraZeneca group of companies.

Findings Yield Clues to Risk of Disease Progression in Paediatric CNS Vasculitis

Risk of progression of primary central nervous system vasculitis in children can be predicted using clinical, radiological and histological findings, said Susan Benseler, MD, at the 9th Annual European Congress of Rheumatology.

“Until now, the information we had came from autopsy reports. Therefore, there have been no clinical guidelines for treatment,” said Dr. Benseler, of the Department of Paediatric Rheumatology at University Children’s Hospital in Bonn, Germany. Dr. Benseler and her colleagues retrospectively studied 66 children who were diagnosed with primary central nervous system (CNS) vasculitis from 1990 through 2002. All children had vasculitis confirmed by imaging with conventional angiography and/or magnetic resonance angiography, or by brain biopsy. Progressive vasculitis was defined as progression of stenosis at more than 3 months after the initial angiogram.

The investigators stratified the children into three groups: those who were angiography-positive with non-progressive disease (42 children), those who were angiography-positive with progressive disease (20 children), and those who were angiography-negative (4 children).

Children with angiography-positive findings and progressive disease were more likely to present with neurocognitive dysfunction, headaches, multifocal and/or bilateral MR lesions and multiple, bilateral or peripheral stenoses. Those who were angiography-positive with non-progressive disease were more likely to present with a stroke, unilateral MR lesions, and proximal large vessel stenosis on angiography.

Prof. Gross Focuses On Rheumatology Training in Germany

Professor Wolfgang L. Gross, MD, President of the German Society for Rheumatology and President of the EULAR 2004 Local Organizing Committee noted in a press conference on Thursday the challenge of assuring that all rheumatology patients in Germany receive adequate care. Many patients who go to generalists receive inadequate drug therapy. 45% get DMARDs compared to the 91% who go to rheumatologists. A new government initiative aimed at establishing an independent continuous medical education system in Germany should help to promote standards of care. More focus on rheumatology training also is needed; only 7 of 35 German University clinics have a chair devoted to rheumatology, Professor Gross said.

EULAR Congress News

EULAR 2004 Registration Exceeds 9,300

Over 9,300 participants from 93 countries are represented at this year’s Congress, according to Ernst Isler, Congress Coordinator. The largest Congress to date additionally features the most extensive content to date with nearly 300 lectures, 187 oral abstracts, and 114 sessions.

EUSTAR Group Announces Initial Data

The 9-month results from the new EULAR Scleroderma Trial and Research (EUSTAR) group will be presented on Saturday from 10:15-12:15 in Hall 14.2, according to Marco Matsuuci Cerinic, MD, PhD, professor of rheumatology and medicine at the University of Florence, and EULAR General Secretary.

The mission of EUSTAR is to foster the understanding and management of scleroderma throughout Europe. The group reflects the growing spirit of collaboration in research, Professor Matsuuci Cerinic explained. Initiated in 2003, EUSTAR patient data collection began in September. Of 107 affiliated centers, there are now 54 active centers with a total of more than 1,200 patients. In addition to Professor Matsuuci Cerinic (chair) the elected members of the EUSTAR group include Alan Tyndal, MD, (secretary), Ulf Muller Ladner, MD, (treasurer), and their four counsellors Chris Denton, Dominique Farge, Otylia Kowal, and Laszlo Czirjak. A EUSTAR course for assessment of the scleroderma patient is scheduled for January 2005 in Budapest. The final announcement of the meeting will be made at the beginning of October, and registration and additional information will be posted at the group’s website, www.eustar.org.

Satellite Programme

Friday, June 1, 2004

08.15 – 09.45, Hall 2
The True Picture of Non-Specific NSAID Risk: Seeing is Believing
- Introduction
- Why Should Rheumatologists Care About GI Risk?
- What Problems Do NSAIDs Cause in the Upper GI Tract?
- Is Nonspecific NSAID-Related Intolerance Age Specific?
- What Problems Do NSAIDs Cause in the Lower GI Tract?
- Unraveling the Mystery Of NSAID-Related Small Bowel Disease

08.15 – 09.45, Hall 3
Wymeth Pharmaceuticals
Setting Higher Performance Goals for Patients with Rheumatic Disease
- Remission in Rheumatic Disease: Is It a Realistic Goal?
- Remission Under the Surface: Assessing and Monitoring Structural Damage in Rheumatic Disease
- Raising Patients’ Expectations in the Treatment of Rheumatic Disease: How Much Can They Expect?
- Improving the Value of Treatment in RA Patients
- Summation
- Question and Answer Session

08.15 – 09.45, Hall 14/2
Grüenthal
Paracetamol plus Tramadol: A New Option in Treating Musculoskeletal Pain
- Chairman’s introduction
- The Significance of Combining Analgesics in Musculoskeletal Pain
- Pain Relief in Osteoarthritis: The Rationale for Combination Therapy
- Quality-of-Life in Low Back Pain: A Relevant Outcome of Pain Therapy

08.15 – 09.45, Hall 7
Merkel
Osteoarthritis- New Etiologic and Therapeutics Insights
- New Concepts and New Targets in Pain and Inflammation
- Inflammation and Osteoarthris
- T-Cell Activation Through Selective Co-Stimulation Modulation
- Chairmen’s Opening
- Panel Discussion—Question and Answer Session

18.00 – 19.30, Hall 2
ESSEX Pharma GmbH
Improving Outcomes in the Spondyloarthopathies:
- What’s New? What’s Controversial? What’s Practical?
- Intensive Management of the Spondyloarthopathies: Why We Need To Consider a New Treatment Paradigm?
- TNF-Inhibitors for the Treatment of Spondyloarthopathies: What Are The Differences?
- Managing Gut and Eye Involvement Related To Spondyloarthopathies: When Is Intensive Treatment Warranted?
- Achieving and Maintaining Remission In Psoriatic Disease: How Effective Are Biologics on Joint and Skin Manifestations?
- Question and Answer Session

18.00 – 19.30, Hall 3
Bristol-Myers Squibb
Selective Co-Stimulation Modulation: An Emerging New Strategy in Rheumatoid Arthritis Therapy
- Chairman’s Opening
- Underlying Immune Mechanisms in RA
- Targeting T-Cell Activation Through Selective Co-Stimulation Modulation
- Evolving Clinical Profile of the First in Class Selective Costimulation Modulator for RA Therapy
- Closing Remarks
New Data For Abatacept Show Promising Results For Treatment Of Rheumatoid Arthritis

(BERLIN, GERMANY, June 2004) – Researchers at the European League Against Rheumatism (EULAR) scientific meeting presented clinical data from a phase II study of abatacept (also known as CTLA4Ig or BMS-188667), a novel investigational agent for the treatment of rheumatoid arthritis currently in phase III development by Bristol-Myers Squibb Company.

Rheumatoid arthritis is an autoimmune disease with inflammatory consequences. T-cells play an important role in an immune response. T-cells require a primary as well as a secondary, or co-stimulatory, signal for full activation. Activated T-cells orchestrate the inflammatory processes and function of multiple cell types implicated in rheumatoid arthritis.

Researchers are currently conducting studies to investigate whether abatacept, the first in a new class of selective co-stimulation modulators, can be used to treat rheumatoid arthritis by interrupting the co-stimulatory signal required for full T-cell activation. Because of the important role of the T-cell in an immune response, selective co-stimulation modulation may reduce the downstream inflammatory cascade and the resulting joint damage and destruction.

Eight scientific presentations involving studies of abatacept are scheduled for EULAR. The data were primarily generated from a phase II study recently published in the New England Journal of Medicine, which reflected six-month study results. The data presented at EULAR are based on the 12-month results from this study which included 339 patients with rheumatoid arthritis.

One percent of the world’s population suffers from rheumatoid arthritis. The condition, which leads to joint swelling, pain, and often disfigurement, is more common in women than in men. Three out of four patients diagnosed with rheumatoid arthritis are women.

Rik Lories Receives Inaugural EULAR/Bristol-Myers Squibb Young Investigator Award

(BERLIN, June 2004) – The European League Against Rheumatism (EULAR) announced that Dr. Rik Lories of the University of Leuven in Belgium is the inaugural winner of the EULAR/Bristol-Myers Squibb Young Investigator Award.

Dr. Lories received the honor based upon his research project entitled, “Bone morphogenetic protein signaling in rheumatoid arthritis.” By being selected for the award, Dr. Lories will receive 30,000 Euro to support his research efforts.

“I am gratified that the selection committee has recognized my research in this way,” said Dr. Lories, who is a rheumatologist in the Department of Rheumatology and the Laboratory for Skeletal Development & Joint Disorders at the University of Leuven. “For young investigators, opportunities such as this are important to spark groundbreaking research in rheumatoid arthritis that is trying to bridge the gap between basic science and clinics. This is also recognized by EULAR as demonstrated by the introduction of translational research sessions into the EULAR scheme.”

Dr. Lories earned his medical degree and Ph.D. at the Catholic University, Leuven, Belgium. His original research work has been published in a number of international rheumatology journals, in addition to presentations at international medical meetings.

“We are pleased to be able to provide these types of awards to young investigators and to encourage innovative research,” said Professor Josef Smolen, EULAR President and Professor of Internal Medicine and Chairman of the Department of Rheumatology at Vienna General Hospital, Medical University of Vienna, Austria. “We are appreciative of our corporate partners who work with us to spotlight the novel research taking place in the field of rheumatoid arthritis.”

Bristol-Myers Squibb is a global pharmaceutical and related health care products company whose mission is to extend and enhance human life.
The ACR’s website is www.rheumatology.org. Information on the 68th Annual Scientific Meeting, Oct. 16-21, 2004, San Antonio, Texas. The ACR has identified a first lead structure within each of these concepts. The company has so far developed two drug concepts and has finalised a total of eight within each of these concepts.

Alexander Medical AB

Rajagopalan, 7, 75174 Uppsala, Sweden — AnAm was founded in 1998. The company currently employs 50 people and is based in Uppsala, Sweden. The company’s focus is on the development, manufacturing and commercialisation of therapeutic products intended for repair, treatment and replacement of tissues and organs. The company’s products are based on a proprietary technology platform, and the company’s pipeline includes several drug candidates for tissue regeneration.

Anika Therapeutics, Inc.

150 New Boston Street, 1801 Woburn MA, USA — Anika Therapeutics develops, manufactures, and commercialises therapeutic products intended for repair, treatment and replacement of tissues and organs. The company’s products are based on a proprietary technology platform, and the company’s pipeline includes several drug candidates for tissue regeneration.

Arthritis Action

The aim of Arthritis Action is to raise the profile, awareness and funding of arthritis and its associated conditions (rheumatoid arthritis and osteoarthritis) and their impact on people in Europe. The initiative is driven by a group of leading physicians and rheumatologists with management and fundraising expertise.

Arthritis Research UK

The Arthritis Research UK is a global manufacturer of in-vitro diagnostic kits with a focus on new markers in cardiovascular, rheumatoid, infectious and alcohol-related diseases, diabetes, dementia, and cancer. The company’s research is focused on developing new diagnostic tests for rheumatoid arthritis, infectious diseases, and cancer. The company’s products include in-vitro diagnostic kits for the early detection and management of rheumatoid arthritis.

ASBMT

Asthma and chronic obstructive pulmonary disease (COPD) are chronic conditions that can cause long-term breathlessness and affect quality of life. One of its drugs is atherosclerotic, an NSAIAD that is used in over 60 countries and used by around 100 million people worldwide. The company’s international clinical trials with atherosclerotic demonstrate an equal efficacy to other NSAIADs but with improved tolerability profiles.

AstraZeneca

The company’s focus is on the development, manufacturing and commercialisation of therapeutic products intended for repair, treatment and replacement of tissues and organs. The company’s products are based on a proprietary technology platform, and the company’s pipeline includes several drug candidates for tissue regeneration.

AstraZeneca, Sweden

Astro-Zena

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nishes the armamentarium to treat acute and chronic pain of different aetiologies. Over the last years, the company has set about affiliating and alliances worldwide.

HELSINN HEALTHCARE
17/13
P.O. Box 337, 9153 Nanzein, Switzerland — Helbinn Healthcare SA is a licensing-based pharmaceutical company. Its main focus is to develop and license innovative products, and to assist the renewal of current therapeutic approaches. The company is dedicated to the discovery, development, and commercialization of new products for the treatment of serious medical conditions. By using our innovative therapeutic and proprietary technologies, Helbinn Healthcare SA is strengthening its research and development programs to support the commercialization of its new products.

IBSA - LABORATORIES GENEVRIER
17/18
Via del Piano, P.O. Box 206, 59153 Nanzein, Switzerland — IBSA is a family-owned and international pharmaceutical company with a strong presence in Europe, its original nuclei are located in Italy and Switzerland. The company has a diversified portfolio of products and services, including new drug discovery and development, and the commercialization of innovative products.

INNOVA DIAGNOSTICS, INC.
17/20
10180 Scripps Ranch Blvd, San Diego, CA, USA — INNOVA Diagnostics, Inc. develops, manufactures, and markets a complete menu of autoimmune disease diagnostic kits and components for screening and specific autoimmune determinants. The company is committed to developing innovative solutions for the field.

INSTITUTE OF HEALTHCARE RESEARCH
17/23
The Hawthorne, Suite 778, WLB 413, Yorton, UK — IRR is a data collection agency that is involved in long-term studies. Its aim is to develop methods of data collection for the UK, France, and Germany. The data are collected in a continuous, strictly confidential, to the highest standards in the industry. In return, participants are rewarded through our Medical Initiatives Plan - which includes products and offers. Its partners are recognized for their training and information resource of very high quality scientific standards.

LEICA MICROSYSTEMS
17/30
Emil-Leitz-Strasse 10, 04276 Halle, Germany — Leica Microsystems is a leading global innovator, manufacturer, and supplier of high-precision optical systems for the analysis of microstructures. Leica Microsystems manufactures and distributes high-quality microscopes for research and development, as well as optical measurement systems for life sciences, inspection, medical technology, and the semiconductor industry.

LUPUS ERYTHEMATODES SELBSTHILFEGEMEINSCHAFT E.V.
17/40
Lupus-Vereinigung e. V., c/o Parexell-MMS Ltd, 3 Liverpool Gardens, Worthing, West Sussex BN11 1TF, United Kingdom — Lupus-Vereinigung e. V. is an independent company aiming to break down the barriers blocking the detection, diagnosis, and treatment of lupus.

MANCHESTER RESEARCH
17/42
2225 Parade Ave, Suite F, Charleston, SC 29408, USA — The MagnaVu MV1000 MPE1 provides high-resolution images from a compact and rugged digital system. The system is used by rheumatologists at the point of care to identify the presence of active disease in synovial tissue. The MagnaVu provides improved imaging for the detection and monitoring of disease activity, and thus helps in the management of lupus patients. The MagnaVu is a highly sensitive and specific imaging device that is being used in the field of lupus.

MEDAC
17/50
500 Arcola Road, Collegeville, PA 19426, USA — MEDAC is an international pharmaceutical company fully committed to tailored therapeutic solutions. Its main products are Nimesulide, Oxaprozin, Palonosetron, Gelclair, Fentiazac, Kleanse, and Metoject/Metex. MEDAC has a strong market position in the field of orthopedics, traumatology, urology, and urogynecology.

NEUROCHEM INC.
17/55
1373 Tramontana Hwy, El Paso, TX 79938, USA — NeuroChem is focused on the development and commercialization of innovative therapies for neurological disorders. Filgotinib, designed as a drug for the treatment of inflammatory arthritis, is a Phase II clinical trial for the treatment of the symptoms of inflammatory arthritis in patients with rheumatoid arthritis.

Octapharm GmbH
17/60
Lupus Erytheumatodes Selbsthilfegemeinschaft e.V., in their work with lupus patients, arranged the sisters meeting for information and education.

OBESE
17/68
17000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054, USA — OBESE is the Obesity Research Institute Global (ORIG) is a non-profit organization that is dedicated to providing support for the prevention and treatment of obesity. ORIG is a worldwide network of healthcare professionals involved in obesity research.

OXFORD IMMUNOTECH LTD
17/74
191 Milton Park, Abingdon, Oxon OX14 4RJ, United Kingdom — Oxford Immunotec Ltd is a biotechnology company that is focused on developing and commercializing novel immunodiagnostics for the identification of specific autoantibodies in a wide range of diseases. Oxford Immunotec Ltd is also involved in the development of new technologies for the analysis of microstructures. Leica Microsystems manufactures a high-resolution imaging system that is being used in the field of lupus.

PARE MANIFESTO
17/80
10180 Scripps Ranch Blvd, San Diego, CA 92131 San Diego CA, USA — A Pare Manifesto is a pamphlet that is distributed free of charge to patients and their caregivers. It is a valuable resource for patients and their families, and it is available in multiple languages.

PHARMACIA DIAGNOSTICS
17/90
Manzinger Straße 7, 79111 Freiburg, Germany — PHARMACIA Diagnostics develops, manufactures, and markets complex blood test systems for the diagnosis and monitoring of osteoarthritis and autoimmune diseases. Around 1,000 people are employed by PHARMACIA Diagnostics in the field of autoimmune disease diagnostics. PHARMACIA Diagnostics has a strong market position in the field of autoimmune disease diagnostics.

Pierre Fabre
17/95
12/25
Médena, 6 22880 Wald, Germany — Pierre Fabre is a French multinational pharmaceutical company with a strong presence in Europe and North America. Pierre Fabre is committed to the development and commercialization of innovative products for the treatment of serious medical conditions.

Purdue / Mundipharma
17/100
The Small Oak Woods 23, High Street, Ashford, TN27 7HL, United Kingdom — The Purdue/Mundipharma Group is a leading multinational pharmaceutical company that is committed to the development and commercialization of innovative products for the treatment of serious medical conditions.

Rothpharm
17/105
17000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054, USA — Rothpharm is a leading independent company in the field of orthopedics, traumatology, urology, and urogynecology.

SCHERING DEUTSCHLAND GMBH
17/110
Merk Sharp & Dohme — a leader in the development of innovative drugs for the treatment of serious medical conditions. Schering-Plough is a leader in the discovery, development, manufacturing, and marketing of innovative products for the treatment of serious medical conditions.

Slack Incorporated
17/115
900 Grove Road, Collegeville, PA 19426, USA — Slack is an independent company that is committed to providing timely and relevant news and commentary about clinical developments in the field of rheumatology. Slack hosts a monthly newsletter that is dedicated to the latest research and developments in the field of rheumatology.

The Annals of the Rheumatic Diseases
17/120
15/2/7, United Kingdom — The Annals of the Rheumatic Diseases is the official journal of the British Heart Foundation and the European League Against Rheumatism. The journal covers the latest research and developments in the field of rheumatology.

The Panamerican League of Associations for Rheumatology
17/125
17000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054, USA — The Panamerican League of Associations for Rheumatology (PANLAR) was established in 1983. PANLAR is an organization that is dedicated to the development and commercialization of innovative products for the treatment of serious medical conditions.

TRB CHEMEDICA INTERNATIONAL SA
17/130
12 ikke Michel Sarret, P.O. Box 352, 1211 Geneva 13, Switzerland — Diacerein is an inhibitor proven to relieve pain and inflammation for osteoarthritis, rheumatoid arthritis/rheumatism and to empower people with arthritis/rheumatism in Europe and the Panamerican region.

Wisebriq online bookshop ltd
17/135
17000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054, USA — Wisebriq is an online bookshop that is dedicated to the development and commercialization of innovative products for the treatment of serious medical conditions.

Wyeth pharmaceuticals
17/140
500 Grove Road, Collegeville, PA 19426, USA — Wyeth is a leading multinational pharmaceutical company that is committed to the development and commercialization of innovative products for the treatment of serious medical conditions.
The EULAR 2004 Organising Committee wishes to express its gratitude to all satellite symposia organisers and exhibitors as well as to the following sponsors:

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**Revolutionising Spine Therapy**

Balloon Kyphoplasty is a minimally invasive procedure to treat vertebral body compression fractures.

The technique is designed to reduce and stabilise the fracture in a controlled way, to correct spiral deformity and to provide immediate pain relief & improved quality of life.

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KYPHON - AHEAD OF THE CURVE®
DHEA Improves Well-Being, Libido in SLE

Dehydroepiandrosterone treatment improved well-being and libido in a small study of women with systemic lupus erythematosus (SLE). Levels of HDL cholesterol and increased levels of insulin-like growth factor (IGF-I). There were no effects on bone density or disease activity and no serious side effects. Side effects included mild hirsutism, weight gain, and skin changes.

Dr. Nordmark concluded that “DHEA can be offered to women with SLE where mental stress or impaired sexuality constitutes a problem.”

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The 8th EULAR Postgraduate Course in Rheumatology
28 November 2004 – 3 December 2004

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Official language
English

The Course venue
Hotel ILF***
Budejovická 14/743
CS-1400 00 Prague 4 – Michle
Tel: – Fax: + 420 261 261 846
E-mail: rezervace@ipvz.cz

Location
The hotel ILF is conveniently located in a quite zone of Prague 4 and is linked to the centre of Prague by metro from Budejovická station (opposite the hotel). The trip to the centre of town is about 10 minutes. All rooms have private bathrooms, telephone and television. The hotel belongs partly to the Czech Institute for Postgraduate Medical Training of Czech Ministry of Health and is specialised in organising medical conferences. A library with Internet facilities is available. The hotel also offers a guarded car park.

Access
Arrival on Saturday, 27 November 2004
Every hour, 09.00 – 19.00, buses will leave the airport to the Hotel ILF.
Departure on Saturday, 4 December 2004
Every hour, 08.00 – 17.00, buses will leave the hotel ILF to the airport.
A taxi from the airport to the hotel will cost about Euro 25-30.

The Course
The course fee of Euro 600 includes tuition, accommodation in single rooms and all meals (breakfast, lunch, dinner and coffee breaks). If you wish to be accompanied by your partner/spouse, limited double room accommodation is available for Euro 900, however, your spouse/partner cannot participate at the scientific programme of the course.

Programme of the Course
A draft programme with topics will be on the EULAR website as of 15 May 2004.
HUMIRA®
adalimumab

Indicated for the treatment of moderate to severe, active rheumatoid arthritis in adult patients when the response to disease-modifying antirheumatic drugs including MTX has been inadequate

To ensure maximum efficacy, HUMIRA® can be given in combination with MTX. HUMIRA® cannot be given as monotherapy in cases of intolerance to MTX or when continued treatment with MTX is inappropriate.

HUMIRA® Abbreviated Prescribing Information
HUMIRA® 40 mg solution for injection in pre-filled syringa.
[Refer to full Summary of Product Characteristics text before prescribing HUMIRA®]

Presentation: Each 0.8 ml single dose pre-filled syringe contains 40 mg of adalimumab.

Indications: Indicated for the treatment of moderate to severe, active rheumatoid arthritis in adult patients when the response to disease-modifying antirheumatic drugs including methotrexate has been inadequate. To ensure maximum efficacy, HUMIRA® is given in combination with methotrexate. HUMIRA® can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate.

Dosage and Administration: 40 mg administered every other week as a single dose via subcutaneous injection. HUMIRA® treatment should be initiated and supervised by specialist physicians experienced in the diagnosis and treatment of rheumatoid arthritis. In monotherapy some patients who experience a decrease in their response to HUMIRA® may benefit from an increase in dose intensity to 40 mg every week. Data suggest that the clinical response is usually achieved within 12 weeks.

Contraindications: HUMIRA® is contraindicated in patients with active tuberculosis or other severe infections such as sepsis, and opportunistic infections; moderate to severe heart failure (NYHA class III/IV) and those with hypersensitivity to adalimumab or any of the excipients.

Precautions and Warnings: Serious infections (including tuberculosis), sepsis, and opportunistic infections, including fatalities, have been reported. Patients should be monitored closely for infections before, during and after treatment with HUMIRA®. HUMIRA® should not be prescribed to patients with active infections until infections are controlled. If new infections develop during treatment, patients should be monitored closely. If a new serious infection develops, HUMIRA® should be discontinued until the infection is controlled. Caution should be exercised when considering the use of HUMIRA® in patients with a history of recurring infection or underlying conditions, which may predispose patients to infections.

Appropriate screening tests, i.e., tuberculin skin test and chest x-ray, should be performed in all patients. Before initiation of therapy with HUMIRA®, patients must be evaluated for active or inactive tuberculosis. If active tuberculosis is diagnosed, HUMIRA® therapy must not be initiated. If latent tuberculosis is diagnosed, appropriate anti-tuberculosis prophylaxis must be initiated before starting treatment with HUMIRA®. Patients should be instructed to seek medical advice if signs/symptoms suggestive of a tuberculosis infection occur during or after therapy with HUMIRA®.

Monitoring for infections should be continued for five months following treatment. A HUMIRA® patient alert card will be available for all patients.

HUMIRA® has been associated, in rare cases, with exacerbation of clinical symptoms and/or radiographic evidence of demyelinating disease. Caution should be exercised when considering HUMIRA® in patients with pre-existing or recent-onset central nervous system demyelinating disorders.

Serious allergic reactions have not been reported. If an anaphylactic reaction or other serious allergic reaction occurs, administration of HUMIRA® should be discontinued immediately and appropriate therapy initiated.

It is not known whether exposure to adalimumab can increase the risk of malignancies and lymphoproliferative disorders.

Concurrent administration of live vaccines and HUMIRA® is not recommended.

HUMIRA® should be used with caution in patients with mild heart failure (NYHA class II). HUMIRA® must be discontinued in patients who develop new or worsening symptoms of congestive heart failure.

HUMIRA® may result in the formation of autoantibodies and HUMIRA® was given together with methotrexate in comparison with use as monotherapy.

Concurrent administration of etanercept and anakinra has been associated with an increased risk of serious infections and neutropenia and no additional benefit compared to these medicinal products alone. Therefore, combination of adalimumab and anakinra is not recommended.

Pregnancy and Lactation: Administration of adalimumab is not recommended during pregnancy. Women of childbearing potential should use adequate contraception and continue its use for at least 3 months after the last HUMIRA treatment. Women must not breast feed for at least 3 months after the last HUMIRA treatment.

Side Effects: Very common > 1/10: Injection site pain

Common > 1/100 ≤ 1/10: Decreased haemoglobin, hyperlipidaemia, headache, dizziness, upper respiratory infection, rhinitis, sinusitis, bronchitis, increased cough, pneumonia, nausea, diarrhoea, sore throat, rash, pruritis, herpes simplex, urinary tract infection, asthma, clinical flare reaction, flu syndrome, abdominal pain, infection, injection site reaction, injection site haemorrhage, injection site erosion, abnormal laboratory tests

Uncommon > 1/1000 ≤ 1/100: Skin benign neoplasm, granulocytopenia, increased cauagulation time, antineuritis antibody present, leukopenia, lymphadenopathy, lymphocytosis, decreased platelet count, purpura, hypercholesterolaemia, increased BUN, hyperuricemia, peripheral oedema, weight gain, increased creatinine phosphokinase, abnormal healing, hypokalaemia, increased testicular pain, depression, somnolence, insomnia, agitation, paraesthesia, vertigo, hyperaesthesia, neuralgia, tremor, conjunctivitis, eye disorder, otitis media, taste perversion, abnormal vision, blurred vision, dry eye, ear disorder, eye pain, hypertension, vasodilation, chest pain, migraine, ecchymosis, pharyngitis, dyspnoea, lung disorder, asthma, abnormal liver function test, increased SGPT and SGOT, mouth ulceration, oesophagitis, vomiting, dyspepsia, constipation, gastrointestinal pain, tooth disorder, gastritis, gastric ulcer, colitis, diverticulitis, diverticulosis, hemorrhoids, proteinuria, increased urinary frequency, fever, mucous membrane disorder, pain in extremity, face oedema, back pain, cellulitis, chills, seizures, surgery, allergic reaction

Overdose: Multiple intravenous doses of 10 mg/kg have been administered without observation of dose limiting toxic effects. No clinical experience of overdose.

Package Quantities: Each carton contains two single use pre-filled syringes (type I glass) for patient use and two alcohol pads.

Storage Conditions: Store at 2-8°C. Keep in the outer carton, do not freeze.

Legal Category: POM

Marketing Authorisation Number: EU/1/03/266/000.

Further information is available from Abbott Laboratories Ltd, Norden Road, Maidenhead, Berkshire SL6 4XE.

Ref: P1/260/001

Reference:
Advancing RA Control for More Normal Living

When it's time for a biologic, consider:

One Lasting Solution
- Sustained efficacy and tolerability over 5 years'

One Simple Choice
- Ready-to-use syringe and every-other-week dosing

First data from the ReAct trial has arrived at the HUMIRA booth.

Please see brief summary of prescribing information on adjacent page.