The annual EULAR Congress is now a major event in the calendar of world rheumatology. The 2013 Congress in Madrid has much to offer.

One of the “hot” sessions at this year’s Congress will feature research on the cardiovascular harm done by untreated rheumatic disease.

A session on web-based technologies will discuss effective internet-based applications to support arthritis patients.

EULAR Congress 2013: The World of Rheumatology Awaits You in Madrid

Scientific Programme Will Offer Cutting Edge Basic and Clinical Research Findings

Primary Care Sessions Will Take Centre Stage in 2013 With More Abstracts Than Ever

PARE Focuses on Healthy Ageing

Health Professionals in Rheumatology Sessions Plan to Offer Findings From Excellent Research on Web-Based Support

EMEUNET Reaches Out to Young Clinical Rheumatologists and Researchers

Madrid – Take a Medical History Tour
EULAR Congress 2013: The Wide World of Rheumatology Awaits You in Madrid

The next Annual European Congress of Rheumatology will take place 12-15 June 2013, in Madrid. The annual EULAR Congress is now a major event in the calendar of world rheumatology. As have previous Congresses during the last decade, Madrid 2013 will provide a unique opportunity for the exchange of scientific and clinical information.

This year’s Congress will be a platform to facilitate interactions between patients, physicians, scientists, health professionals, and professionals representing the pharmaceutical industry from both within Europe and around the world. In addition, we will also continue our initiative of closer cooperation with primary care physicians and professionals – a commitment we started in London in 2011.

EULAR Congresses have grown rapidly in terms of participation and quality of contributions. This partly reflects the increased interest in arthritis and related musculoskeletal diseases that is seen around the globe.

The expansion also reflects the increased availability of information on the impact and burden of these diseases and the significantly improved potential for diagnosis and treatment.

The integration of health professionals and patient organizations within EULAR has proved to be a considerate stimulus for these advances. This integration will facilitate the implementation of recommendations for management/standards of care of musculoskeletal disorders in daily practice.

The EULAR Congress 2013 in Madrid will once again offer a wide range of topics including clinical innovations as well as translational and basic science. In addition, there will be meetings organized by people with arthritis, health professionals, and the healthcare industry. One central activity of the Congress will be poster presentations and poster tours with their highly interactive exchanges among participants. The Madrid Congress will further strengthen the reputation of the EULAR Congress as a highly innovative and informative venue for clinical and translational researchers, not only within the different facets of our discipline (e.g., pain, bone, mechanical, and inflammatory disorders) but also for practicing physicians who will find updated high-quality information on the management of diseases commonly seen in daily rheumatologic practice.

Thus, Madrid will provide an excellent background for scientific and clinical exchanges, international collaborations, and renewal of friendships. We will take great pleasure in welcoming physicians, patients, health professionals, and representatives of the pharmaceutical industry to EULAR 2013, and hope that their stay in Madrid will be informative, educational, and, last but not least, enjoyable.

Maxime Dougados, M.D.
President of EULAR, professor of rheumatology at René Descartes University, and chief of the department of rheumatology at Cochin Hospital, Paris.

Scientific Programme Will Offer Cutting-Edge Basic and Clinical Research Findings

The scientific programme of the 2013 Madrid Congress promises even more than the usual array of cutting-edge rheumatology research in basic science, clinical medicine (including primary care), patient-oriented issues, and areas of interest to health professionals in rheumatology.

Prof. Ulf Müller-Ladner, who is Chair of the Abstract Selection Committee for the EULAR Congress, said in an interview that a total of 3,870 abstracts were submitted for consideration to this year’s Congress. Science abstracts amount for 3,614 of these, with 14% being in the basic sciences and 86% in clinical medicine. Another 172 abstracts concern research relevant to health-related professionals. 48 concern people with Arthritis / Rheumatism in Europe (PARE), and 36 deal with primary care. The majority of abstracts this year have come from Europe (2,344), followed by 790 from Asia, 358 from North America, 202 from Africa, 155 from South America, and 23 from Australia. The top three countries in terms of the number of abstracts submitted are Great Britain with 347 abstracts, Japan with 297, and the United States with 296, according to Prof. Müller-Ladner, who is Professor for Internal Medicine and Rheumatology at the Justus Liebig University Gießen as well as Director of the Department of Rheumatology and Clinical Immunology, Eppendorf Clinic Bad Nauheim (Germany). He listed a number of highlights...
Treating early for long-term success: The PRIZE in RA

Wednesday 12th June, 13:00–14:30
Hall 7
Chair: Tore Kvien

Treatment targets in rheumatoid arthritis

Thursday 13th June, 08:15–09:45
Plenary Hall 6
Chair: Juan Gómez-Reino

The mosaic of RA: Assembling the pieces for optimal treatment outcomes

Thursday 13th June, 17:30–19:00
Hall 8
Chair: Bernard Combe
Primary Care Sessions Will Take Centre Stage in 2013 With More Abstracts Than Ever

The programme for the Primary Care track within EULAR has been developed in collaboration between rheumatologists with a special interest in primary care and general practitioners with a special interest in rheumatology. There is a need for a partnership between the specialties and also in involvement of professionals other than general practitioners in primary care for optimum treatment of patients with rheumatic disorders, according to Dr. Stefan Bergman, who is associate professor of experimental rheumatology at Lund (Sweden) University. The Primary Care track was first launched in London in 2011, underwent further developments for Berlin in 2012, and now has had even more fine-tuning for the upcoming conference in Madrid.

Both in London and Berlin, there were about 100 registrants for just this separate track. These were mainly physicians, although other professionals also were represented. Some of the sessions attracted up to 250 people, which could indicate an interest on the part of people who were not members of a primary care profession, but also that some from primary care attended the full conference. For Madrid this year we still don't know how many will register for the Primary Care track, but the Scientific Programme Committee received more and better abstracts for the primary care sessions for the 2013 Congress than in the first 2 years of this undertaking, said Dr. Bergman, who sits on the Scientific Programme Committee, is Arthritis Research Campaign Chair of Rheumatology University of Birmingham.

Continued on following page
2013 EULAR CONGRESS NEWS PREVIEW EDITION

Continued from previous page

tection of rheumatic disease, management of comorbidities, side effects of treatment, and the special problems of monitoring and treating an often lifelong disorder. These are themes that will be developed this year, and we aim to give a good mix of invited speakers and oral presentations of abstracts. The attendees will be updated on the latest advances in the treatment of rheumatoid arthritis and spondyloarthritis. Both the opportunities and hazards of modern treatment will be presented. The collaboration and coordination of care between primary care and rheumatology will be discussed from various perspectives.

The primary care sessions also will highlight the diagnosis and treatment of disorders that are common in primary care, such as chronic pain, osteoarthritis, and polymyalgia rheumatica.

Continued from previous page

PARE Focuses on Healthy Ageing

Much of our work during 2013 focuses on “healthy ageing,” and we are particularly keen to ensure that younger people are just as included in this activity as older people, according to Neil Betteridge, Vice President, EULAR, representing PARE.

The subject is a “hot topic” politically and in the area of research at the EU level. To ensure the inclusion of young people, we have used a subtitle of “Living better, ageing well: growing up or growing older with a rheumatic or musculoskeletal disease (RMD),” said Mr. Betteridge, in describing the concept around which PARE (People with Arthritis/Rheumatism in Europe) is focusing its 2013-2014 activities.

Candidates for the Edgar Stene Prize Writing Competition were asked to discuss healthy ageing. The 2013 winner, Mette Toft from Denmark, will be honoured on Wednesday evening during the opening plenary session. Earlier that day, Ms. Toft will present her essay during the Joint Session on Healthy Ageing from 17:00 to 18:30. During this session we will also hear about activities from the European Commission and the European Innovation on Active and Healthy Ageing presented by Maria Iglesia-Gomez, Head of Unit, DG Health and Consumer s. Dr. Kirsten Minden from the Charité in Berlin, Germany, will talk about the important phase of...

Will doing these activities be challenging for your digital ulcer patients?

Come to Stand 57 and let’s talk

Digital ulcers (DUs) are a frequent and persistent problem for patients with systemic sclerosis (SSc) and can significantly impact their quality of life.

Here on stand 57, hall 10 we’re talking not only about a clinical management approach to help reduce the burden of this debilitating condition, but also about earlier detection via capillaroscopy.

To find out more and get some hands on experience with capillaroscopy, come and join us during exhibition times.
Tracker® (bosantan) Abbreviated Prescribing Information (Please refer to the full SmPC before prescribing)
Tracker 82.5 mg and 125 mg film-coated tablets: 32 mg disposable tablets

Uses
Treatment of pulmonary arterial hypertension (PAH) to improve exercise capacity and symptoms in patients with WHO functional class III. Efficacy has been shown in primary (atherogenic and heritable) PAH, PAH secondary to connective tissue disease, and PAH associated with congenital heart disease. bosantan has been shown to slow the deterioration of pulmonary hypertension in patients with PAH who have underlying chronic liver disease.

Dosage and administration
Treatment should be initiated and monitored by a physician experienced in the use of bosantan and bosentan. The recommended starting dose is 82.5 mg twice daily. The recommended dose adjustment is 50% of the previous dose (i.e. 41.25 mg twice daily). The dose may be increased to 125 mg twice daily in patients who have not experienced a deterioration in exercise capacity. The maximum recommended dose is 125 mg twice daily.

Dose adjustment
The initial therapy should be 82.5 mg twice daily, and the dose should be increased to a maximum of 125 mg twice daily if the patient experiences no clinical deterioration in exercise capacity. The recommended dose is 82.5 mg twice daily for patients with severe pulmonary hypertension who are not able to tolerate a higher dose. The recommended dose for patients with severe pulmonary hypertension who are unable to tolerate a higher dose is 125 mg twice daily.

Adverse events
Adverse events are common with bosantan treatment. The most commonly reported adverse events are headache (11.5% vs 9.8%), oedema/fluid retention (13.2% vs 10.9%), abnormal liver function test (10.9% vs 8.4%) and anaemia/hepatic enzymes (9.4% vs 7.0%). Treatment with bosantan has been associated with dose-dependent elevations in liver aminotransferases and decreases in haemoglobin concentration.

System organ class
Frequency
Adverse reaction
Blood and lymphatic system disorders
Not known
Anaemia, haemoglobin decrease
Not known
Anaemia, platelet count decrease
Uncommon
Thrombocytopenia
Immunological disorders
Hyperlactataemia (including non-infectious diarrhoea and rash)
Rifampicin, alcohol
Nervous system disorders
Very common
Headache
Very common
Syncope
Cardiac disorders
Very common
Palpitations
Very common
Vascular disorders
Common
Flushing
Common
Acrocyanosis
Renal and urinary disorders
Uncommon
Hypokalaemia
Uncommon
Nephrotic syndrome
Hepatobiliary disorders
Very common
Abnormal liver function test (see treatise 4.4)
Uncommon
Liver cirrhosis, liver failure
Skin and subcutaneous disorders
Common
Pruritus
Common
Erythema
General disorders and administration site conditions
Very common
Oedema, fluid retention

Special warnings and precautions for use
The efficacy of Tracker has not been established in patients with severe pulmonary arterial hypertension. Transfer to a therapy that is recommended at the severe stage of the disease (i.e. a patient with WHO functional class IV) should be considered in patients who have a stable clinical condition and who are not able to tolerate bosantan treatment. The recommended starting dose is 82.5 mg twice daily. The recommended dose adjustment is 50% of the previous dose (i.e. 41.25 mg twice daily). The dose may be increased to 125 mg twice daily in patients who have not experienced a deterioration in exercise capacity. The maximum recommended dose is 125 mg twice daily.

Treatment of patients with severe pulmonary hypertension who are not able to tolerate a higher dose: The recommended starting dose is 82.5 mg twice daily. The recommended dose adjustment is 50% of the previous dose (i.e. 41.25 mg twice daily). The dose may be increased to 125 mg twice daily in patients who have not experienced a deterioration in exercise capacity. The maximum recommended dose is 125 mg twice daily.

Ability to drive and use machines
Tracker may cause dizziness, which could affect the ability to drive or use machines.

Side effects
In 2 placebo-controlled studies, conducted in a variety of therapeutic indications, a total of 2,486 patients were treated with Tracker at daily doses ranging from 100 mg to 200 mg and 125 mg twice daily treated with placebo. The mean treatment duration was 48 weeks. The most commonly reported adverse drug reactions (occurring in at least 1% of patients on bosantan and at a frequency of at least 0.1%) are headache (11.5% vs 9.8%), oedema/fluid retention (13.2% vs 10.9%), abnormal liver function test (10.9% vs 8.4%) and anaemia/hepatic enzymes (9.4% vs 7.0%). Treatment with bosantan has been associated with dose-dependent elevations in liver aminotransferases and decreases in haemoglobin concentration (see section 4.4). Special warnings and precautions for use. Following is the convention used for frequency convention: very common (≥10%); common (≥1% and <10%); uncommon (≥0.1% and <1%).

References
Continued from page 5

transition and how teenagers with RMDs can best be supported into adulthood. Dr. Heidi Zang, from the Diakonnehemmet Hospital in Oslo, Norway, will introduce the effect of mindfulness training on patients with RMDs and Dr. Alexis Antoniou, a psychologist from Limassol, Cyprus, will give a talk about subjective well-being and growing older with an RMD.

EULAR has received a large number of abstracts from all over Europe for the 2013 Congress, which proves how active the EULAR membership of PARE organisations is.

The Abstract Session on Friday from 10:15 to 11:45 will showcase eight abstracts displaying the variety of activities in the PARE member organisations. Twenty-four poster sessions will be featured close to the EULAR PARE Booth, which is located in the EULAR Village.

As years past, the PARE Booth provides the latest information on projects and activities of the Standing Committee of PARE, as well as a place to sit down and meet European colleagues, making it a great place to network at the Congress.

The latest copy of Breakthrough, the newsletter of the Standing Committee of PARE, and the Stene Prize Booklet 2013 will be distributed at the booth. Since the October edition of Breakthrough was printed, it has been updated three times by online editions reporting on PARE activities throughout the year. These can be found on the EULAR website in the section of PARE activities for download.

This year EULAR will once again present “Latest advances in treatment and management of RMDs,” Friday, 15:30 – 17:00.

This session was first introduced by EULAR in Berlin in 2012, where it was a great success. PARE delegates are always interested in receiving information about the latest research and treatment options when attending the EULAR Congress. But most of the information is not easy for a lay person to understand. Our selected experts make sure that their talks are tailored to the PARE audience. For 2013 we are grateful to have Prof. Philip Conaghan, who will talk about de generateous diseases such as osteoarthritis, and Dr. Laure Gossec, who will introduce the latest findings in biological treatment with a special focus on its efficacy and safety.

The Joint Session on Family Planning, Pregnancy, and Parenthood will be held Friday, 13:30 – 15:00. This topic has been dealt with in the past but is being repeated because of its great importance to so many people.

It is of particular interest both to our younger audience and to representatives of patient organisations generally. We will hear from Prof. Mercé Brat, a psychologist from Spain, about how RMDs impact the process of parenthood. Prof. Angela Tincani will provide the clinical perspective on how people with RMDs can be supported to become parents and Homaira Khan, a young mother with RMD, will share her personal story with us.

Another noteworthy PARE session is the one on “Rebranding RMDs – what is so special about RMDs?,” to be held Thursday, 10:15 – 11:45. There are still many myths about RMDs – that they are diseases affecting only older people, that there is nothing which can be done to help, etc.

In truth, there are life-threatening RMDs, and these diseases can affect even babies and children. In addition, there are always positive steps that can be taken to help manage an RMD.

In the current economic climate, it is difficult for RMD organisations to compete with other disease areas. Diseases such as cancer or heart disease often achieve political priority and, with it, funds and attention.

So we all suffer from the fact that RMDs are not considered “sexy”!

Diseases such as cancer or heart disease often achieve political priority and, with it, funds and attention. So we all suffer from the fact that RMDs are not considered “sexy!”

Methods and potential solutions in the context of inflammatory arthritis.

Be sure to attend the PARE session on Saturday, 12:00 – 13:30: “The three musketeers – equity for all: availability, affordability, and acceptability of arthritis health care in Europe.”

This session will include a talk on how the economic crisis impacts people with RMDs. Katerina Koutsogianni from the Arthritis Foundation of Crete will give insight as to whether the current developments mean for the people and also for the organisation.

As Greece is not the only country facing such challenges, we will look forward to an engaged discussion, and we hope to hear some advice and solutions.

Prof. Anthony Woolf from the United Kingdom will introduce the final results from the EUMUSC .NET project, which has produced so much important new data. He will also discuss the next steps of the project, which has been joint funded by the European Commission and EULAR. It is EULAR’s biggest ever project in terms of scope and resources.

Dr. Tuulikki Sokka will discuss the question of how to improve the quality of life for people with RMDs in Europe. Maarten de Wit, my predecessor as Vice President of EULAR representing PARE, will discuss how patients can contribute.

That’s not all. There is a session on “Gender differences in care and treatment” on Thursday, 15:30 – 17:00.

For the first time, we are approaching the topic of treatment and care in a gender-related context.

In the past, what was mostly discussed
The EULAR Congress is the venue of high-quality scientific sessions introducing health professionals in rheumatology research and issues of interest in the practical health professional work. The Congress offers topical sessions, two abstract sessions, and joint sessions or generalised to gether with rheumatologists and PARE. In addition to the scientific programme, the health professionals in rheumatology are also represented with a booth in the exhibition area, which provides a great platform for informal meetings of health professionals in rheumatology.

Prof. Kåre-Birger Hagen, who is the EULAR Executive Committee’s Vice President representing the Health Professionals in Rheumatology, noted that one feature of this year’s programme is the EULAR Executiv e Committee’s Vice President representing health professionals in rheumatology research and issues of interest in the practical health professional work. The Congress offers topical sessions, two abstract sessions, and joint sessions or generalised to gether with rheumatologists and PARE. In addition to the scientific programme, the health professionals in rheumatology are also represented with a booth in the exhibition area, which provides a great platform for informal meetings of health professionals in rheumatology.

The session will give participants insights into the possibilities of using the Internet to support arthritis patients and to learn about effective Web-based applications to support patients.

For example, a Web-based self-management programme for adolescents with arthritis will be presented in this session, as well as a Web-based patient-decision aid to support arthritis patients to help them make decisions about medication, said Prof. Hagen, who is professor in the department of health sciences at the University of Oslo (Norway).

“Optimisation of osteoarthritis care” is on the agenda for Saturday at 8:35–10:00. In this session, there will be presentations from several European countries of stepped-care models for patients with knee or hip osteoarthritis. The session intends to present the latest news when it comes to organisation of primary and secondary care of knee or hip osteoarthritis patients.

Finally, there were a number of high-quality abstracts submitted to the HP sessions this year. In the abstract session, “Research: Building blocks for better care,” on Thursday at 10:15, there will be presentations of research demonstrating the effects of progressive muscle-strengthening using a Swiss ball in patients with ankylosing spondylitis and strengthening and stretching for people with rheumatoid arthritis of the hands. In addition, the feasibility and effectiveness of using mobile phones in data collection for research purposes will be presented.

In the session “Making progress in clinical practice,” scheduled for Friday 14.06 at 10:15–11:45, two of the very interesting presentations will address “Falls, fear of falling, and risk factors in adults with rheumatoid arthritis” and “Predictors of no improvement in subjective health perception in newly diagnosed RA patients with a good DAS28 response.”

Foot health, work, and psychological approaches are other topics that will be highlighted in this year’s conference.

Also, at this conference the new chair for the EULAR Standing Committee for Health Professionals in Rheumatology (Susan Oliver, United Kingdom) and the vice-president representing health professionals (to be elected at the general assembly) will be installed. On the last conference day, Saturday at 12.00–13.00, the new leaders for HPs will introduce themselves and present the vision for their work in the session “Vision 2020: Get to know your EULAR health professionals and future goals and objectives.”

At this session, two representatives for the national member societies will also present their experiences and visions for working with EULAR health professionals.

We hope that the session will facilitate the communication and collaboration between the standing committee and the national member societies.
EMEUNET Reaches Out to Young Clinical Rheumatologists and Researchers

EMEUNET is a EULAR Working Group of young rheumatology clinicians and researchers who have taken on the challenge of widening collaborations, promoting education, and integrating with other EULAR activities.

EMEUNET was realized in 2009 to facilitate the achievement of the 7th strategic goal of EULAR for 2012, to bring on board high-quality, younger-generation contributors in all EULAR activities. Over the last 4 years, EMEUNET has established itself as the primary network of young European rheumatologists. EMEUNET aims to enhance the quality of research and education among its members, enabling them to contribute to the continued success of EULAR in supporting excellent European research, according to Dr. Caroline Ospelt, of the Centre of Experimental Rheumatology University Hospital in Zürich and Dr. Peter Mandl, Division of Rheumatology in the 3rd Department of Internal Medicine at the Medical University of Vienna. Both Dr. Ospelt and Dr. Mandl are members of EMEUNET.

To achieve these goals, EMEUNET will do the following:

► Identify and evaluate the needs of emerging clinicians and researchers.

► Develop and implement specific projects to address these needs.

► Provide input to rheumatologists and researchers

► Represent emerging rheumatologists and researchers on the EULAR Executive and Standing Committees.

In order to achieve these aims, EMEUNET will optimise communication through regular get-togethers at international rheumatology meetings, its independent website, periodic newsletters, and its network of Country Liaisons.

The EMEUNET website (emeunet.eular.org) features a large collection of useful links, including forums as well as an interactive database designed to promote collaborative work among young colleagues working in the field. EMEUNET sends out regular newsletters that feature recommended sessions as well as highlights from the annual EULAR and American College of Rheumatology congresses, including special editions. Members of the Country Liaison network play a key role and are responsible for communicating EMEUNET projects/activities as well as calls, fellowships, and other documents to the national societies and particularly to young trainees and researchers in EULAR member countries. EMEUNET currently has more than 500 members coming from across Europe and is open to all rheumatologists and researchers under age 40 who work in an EULAR member country.

EMEUNET is the organisational core of the network comprising 35 people, who meet biannually at business meetings during the annual EULAR and ACR congresses. The EMEUNET Working Group is the organisational core of the network comprising 35 people, who meet biannually at business meetings during the annual EULAR and ACR congresses. Working Group members participate in at least one of the six working subgroups that deal with various aspects of EMEUNET activities: education, country liaison, visibility, website, newsletter, and peer mentoring.

Working Group members may apply for a 3-year term as Working Group members through a yearly, competitive application process. The work of EMEUNET is coordinated by a Steering Group, which consists of the current chair, Peter Mandl; chair-elect, Pedro Machado; and past chair, Laure Gossec. The Steering Group also hosts diverse social events at both the ACR and EULAR annual congresses. Like its members, EMEUNET is just coming of age. However, it is already on the right track to fulfill its mission of widening collaborations and promoting education.

Like its members, EMEUNET is just coming of age. However, it is already on the right track to fulfill its mission of widening collaborations and promoting education.
Madrid – Take a Medical History Tour

A visitor seeking to get fully in touch with Spain’s vibrant medical history would have to go on a tour of the country, visiting such diverse cities as Seville, Toledo, and Valladolid, among others. But a good place to start is certainly the city of Madrid.

For even before it became Spain’s capital in 1561, at the decision of Philip II (of Spanish Armada fame), Madrid was home to a rich medical tradition, in part an inheritance from its Moorish past. The presence of the royal court thereafter only heightened the importance and development of medicine in the city. Many relevant historical sites are still available for visitors to view.

Physicians were held in exceptionally high esteem in 15th-century Spain, and in fact, they had their own special tribunals of justice from 1422 on, separate from the regular arm of law, which could not be interfered with by any civilian or other authority.

This was in part a result of the patronage of the Spanish Crown, which maintained a long relationship with some of the most celebrated physicians in Spain.

Among the most notable of these court physicians was the celebrated anatomist Vesalius, who, in the last decade of his life, served as physician to Philip II, who was responsible for much of the early reorganisation of the Spanish medical establishment, in particular the hospitals.

There were 11 major medical institutions in early Madrid, including the Hospital del Campo del Rey (founded before 1421), which contained 12 beds for women; the Hospital de San Antón (1438); the Hospital de Santa Catalina de los Donados (1467), which provided relief to “honest elderly artisans”; and the Hospital de Beatriz Galindo (1500) or gaining relief for 12 lay sick people and for 6 priests or other people “of quality.”

These were among the hospitals consolidated by the Philip II in 1587, leaving Madrid with four hospitals, the largest being the newly created General Hospital, which centralised hospital facilities for the Spanish Court.

By the 18th century, King Carlos III decided to expand the hospital, and it was significantly remodeled by the famous architect Francesco Sabatini. The hospital was in service until 1965, and in 1977, it was declared a national monument because of its historic and artistic value. Restoration began in 1980, and in 1986 the Reina Sofia Art Museum opened there.

One of Spain’s most important medical fraternities and research societies, the Royal National Medical Academy, founded in 1733, is still an active force. Approved by royal decree in 1734, the Academy was founded in Madrid and directed by Joseph Cervi, who was one of the most eminent physicians in service to the Spanish Court.

Surgeons, as compared with regular physicians, were originally not held in high esteem, being mere barber-surgeons for the majority of this early period.

The first college of surgery in Spain was not founded until 1748 in Cadiz, with the second in Barcelona (1764), and the third in Madrid in 1778.

Some of the history of medicine’s more interesting medical figures came from Spain, many of whom had their careers launched in or associated with Madrid.

One of the more interesting figures, physician and army surgeon Francisco Xavier Balmis, spans the global empire that gave Spain generations of world hegemony. He brought the vaccine revolution to the Spanish New World in a fashion similar to that which Edward Jenner wrought for English North America.

By order of King Carlos IV, the “Real Expedición Filantrópica de la Vacuna” (royal philanthropic expedition of the smallpox vaccine), under the medical command of Dr. Balmis, embarked from Spain in 1803 with the aim of sailing round the world and spreading the use of Jenner’s smallpox vaccine to all the Spanish possessions in the New World and Asia.

On board the corvette “María Pita” with Dr. Balmis were three surgeons, Edward Jenner’s smallpox vaccine sailed to the Americas with Dr. Balmis.

Continued on page 13
Efficacy
Safety

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Continued from page 10

two first aid practitioners, four male nurses, and 22 boys, aged 8-10 years old from an Orphan House in Madrid. The expedition also carried 2,000 copies of Dr. Balmis’s translation of Moreau de La Sarthe’s book on vaccines, which were to be handed out to medical and political authorities wherever they landed.

Perhaps the most interesting medical aspect of the long voyage was the way the live vaccine was maintained during the journey. The initial vaccination was performed in Madrid and carried on to the port of debarkation through sequential vaccination in five of the orphans. During the voyage itself, Dr. Balmis and his associates sequentially vaccinated the 22 boys kept on board arm to arm every 9 or 10 days, thereby maintaining a viable transmission chain.

His voyage of vaccination visited ports in the Caribbean and South in Madrid, and North America, reaching up to San Antonio, Tex., U.S.A. They then travelled to the Philippines, Macao, among other destinations, landing back in Spain in 1806.

Upon his return, Dr. Balmis was made Continued on following page

ORENCIA® (abatacept) PRESCRIBING INFORMATION

See Summary of Product Characteristics before prescribing.

PRESENTATION: 250 mg powder for concentrate for solution for IV infusion containing 250 mg abatacept per vial. Each ml contains 25 mg of abatacept, after reconstitution; 125 mg pre-filled syringe for SC injection. Each pre-filled syringe contains 125 mg of abatacept in 1 ml.

INDICATION: Rheumatoid arthritis (RA) infusion and SC pre-filled syringe). Treatment of moderate to severe active rheumatoid arthritis (RA), in combination with methotrexate, in adult patients who have responded inadequately to previous therapy with one or more disease-modifying anti-rheumatic drugs (DMARDs) including methotrexate (MTX) or a Tumor Necrosis Factor (TNF) inhibitor. A reduction in the progression of joint damage and improvement of physical function have been demonstrated during combination treatment with abatacept and methotrexate. See SmPC. Polymyositis/Polymyositis and Dermatomyositis (PM/DM) (pJIA) (IV infusion only): Oremcia 250 mg powder for concentrate for solution for infusion is indicated for treatment of moderate to severe active pJIA in paediatric patients 6 years of age and older who have had an insufficient response to other DMARDs, including at least one TNF inhibitor. DOSE and ADMINISTRATION: Treatment should be initiated and supervised by specialist physicians experienced in the diagnosis and treatment of RA. Oremcia 250 mg powder for concentrate for solution for IV infusion - Adults and elderly: Patients weighing ≥ 80 kg: 250 mg (1 vial). Patients weighing ≥ 80 kg: 250 mg (2 vials). Patients weighing ≥ 80 kg: 250 mg (3 vials). Patients weighing < 80 kg: 100 mg (4 vials). Treatment of pJIA: Paediatric patients, 8 to 17 years of age, weighing less than 75 kg: 10 mg/kg paediatric patients weighing 75 kg or more: to be administered adult dosage, not exceeding a maximum dose of 1,000 mg. See SmPC for details of reconstitution and administration as a 30 minute IV infusion. After initial administration, Oremcia should be given at 2 and 4 weeks, then every 4 weeks thereafter. Children: Use in children below 8 years of age is not recommended. Oremcia 125 mg solution for injection (SC pre-filled syringe)

Adults and elderly. Treatment should be initiated with a loading dose using an intravenous infusion. This loading dose is the first 125 mg subcutaneous injection of Oremcia should be given within a day, then 125 mg subcutaneous injections once weekly. Patients who are unable to receive an infusion may initiate weekly injections of subcutaneous Oremcia without an intravenous loading dose. Patients transitioning from Oremcia IV therapy to SC administration should administer the first subcutaneous dose instead of the next scheduled intravenous dose. Children: Administration in children below 18 years of age is not recommended. The continuation of treatment with abatacept should be re-assessed if patients do not respond within 6 months. CONTRAINDICATIONS: Hypersensitivity to the active substance or excipients. Severe and uncontrolled infections such as sepsis and opportunistic infections. WARNINGS AND PRECAUTIONS: Allergic Reactions: Caution in patients with a history of allergic reactions. Oremcia should be discontinued if a serious infection occurs. Treatment with abatacept and methotrexate may be associated with progressive multifocal leukoencephalopathy (PML). Oremcia treatment should be discontinued if neurological symptoms suggestive of PML occur, and appropriate diagnostic measures initiated. Malignancies: The potential role of Oremcia in the development of malignancies is unknown, see SmPC. Elderly: Caution should be used when treating elderly patients due to a higher incidence of infections and malignancies in this patient group. Autoimmune processes: Theoretical risk of deterioration in autoimmune disease. Immunisation: Live vaccines should not be given simultaneously or within 3 months of discontinuation of Oremcia. See SmPC. DRUG INTERACTIONS: Concomitant therapy of Oremcia with a TNF-inhibitor is not recommended. No major safety issues were identified with the use of Oremcia in combination with sulfasalazine, hydroxychloroquine or leflunomide.

PREGNANCY AND LACTATION: Do not use in pregnancy unless clearly necessary. Women should use contraception and not breast-feed during treatment and for up to 14 weeks after the last dose treatment. UNDESIRABLE EFFECTS: In adult placebo-controlled trials the following adverse drug reactions were reported: Very Common (≥1/10): Upper respiratory tract infection including rhinitis, nasopharyngitis. Common (≥1/100 to < 1/10): Lower respiratory tract infection (including bronchitis), urinary tract infection, herpes simplex, mumps, pneumonia, influenza, leukopenia, headache, dizziness, ear pain, sinusitis, conjunctivitis, hypertension, flushing, blood pressure increased, cough, abdominal pain, diarrhoea, nausea, dyspepsia, mouth ulceration, aphthous stomatitis, vomiting, liver function test abnormal (including transaminases increased), rash (including dermatitis), alopecia, pruritus, pain in extremity, fatigue, anaemia, injection site reactions. Uncommon (≥1/1000 to < 1/100): Tooth infection, onychomycosis, herpes zoster, sepsis, musculoskeletal infections, skin abscess, pyelo-nephritis, pelvic inflammatory disease, basal cell carcinoma, skin papilloma, thrombocytopenia, hypersensitivity, depression, anxiety, sleep disorder, migraine, dry eye, visual acuity reduced, vertigo, palpitations, tachycardia, bradycardia, hypotension, hot flush, vassilitis, blood pressure decreased, bronchospasm, wheezing, dyspepsia, gastritis, increased tendency to bruise, dry skin, urticaria, pruritus, arthralgia, amenorrhea, menorrhagia, influenza like illness, weight increased. Rare (≥1/10,000 to < 1/1000): Bacteraemia, gastrointestinal infection, lymphoma, lung neoplasm, malignant, throat tightness. See SmPC for further details. LEGAL CATEGORY: POM MARKETING AUTHORISATION NUMBER AND BASIC NHS PRICE: Oremcia 250 mg concentrate for solution for infusion - EU/1/07/389/001, 1 vial pack: £302.40. Oremcia 125 mg solution for injection - EU/1/07/389/007, 4 pre-filled syringes with needle guard: £1209.60. MARKETING AUTHORISATION HOLDER: Bristol-Myers Squibb Pharmaceuticals Ltd, 1000 Providence Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH. Tel: 0800-731-1736. DATE OF PREPARATION: October 2012. Job No: 427UK12PM087

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Bristol-Myers Squibb Pharmaceuticals Ltd Medical Information on 0800 731 1736 or medical.information@bms.com.
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Inspector General of Vaccination for Spain and the Indies.

At the height of Spain’s Golden Age, the importance of medicine and a curiosity about human anatomy fueled the interests of some of Spain’s most renowned artists, as shown by many paintings housed in Madrid’s Museo del Prado, home to one of the world’s great collections of art. These include works by the famed painter Diego Velázquez, depicting a wide variety of then more common medical conditions, including achondroplasia, cretinism, hydrocephalus, and osteitis deformans.

He also had a special fascination, as did many Renaissance painters, with dwarfism, a condition he portrayed with then uncharacteristic dignity and respect. The Prado also features Carreño de Miranda’s similar representations, including those of endocrine obesity.

Visitors to Madrid can also explore the historical Real Oficina de Farmacia (Royal Pharmacy), one of the oldest in Europe, located in a wing of the Royal Palace in Madrid. It was wholly dedicated to attending to the Spain’s royalty for several centuries. At a less august level, there is also a Museum of Military Pharmacy in Madrid, run by the Spanish Defense Department, which opened in 1928 and is available for viewing by appointment.

In addition, the History Museum in Madrid is housed in the former Real Hospicio de San Fernando, which has an entrance crafted by Pedro de Ribera in the 1720s, which is considered one of the finest examples of baroque architecture in the city.
Annual European Congress of Rheumatology
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