EULAR’s growth and new initiatives set the scene for London

Dear Colleagues,

The start of the next EULAR Annual European Congress of Rheumatology is fast approaching and is set to take place 8–11 June 2016 in London. The annual EULAR congresses that began in 2000 are today a major event in the calendar of world rheumatology. The meeting will again provide a unique occasion for the exchange of scientific and clinical information. You are certainly aware that participating in the congress is just one element of the annual educational package provided by EULAR. Thus, in addition, the participants will have the opportunity to watch virtually all oral presentations through electronic capture and will be provided with a complimentary 1-year access to the newest developments and publications in the field of rheumatic and musculoskeletal diseases (RMDs).

EULAR has grown rapidly in terms of the number of participants and the quality of the submissions. We are expecting around 14,000 patients, physicians, scientists, health professionals, and professionals representing the pharmaceutical industry, from more than 100 countries in Europe and around the world, to participate, making this 17th EULAR congress one of the best attended in our history. The number of scientific contributions to the EULAR congress remains at a very high level, this year again reaching more than 4,000 abstracts submitted, with 56% accepted for presentation and another 27% for publication. A total of 314 were accepted as oral presentations this year, and the congress boasts 200 sessions and poster tours with 350 speakers. An additional 32 industry-supported scientific symposia complement the programme. This enormous response reflects the ever-increasing interest in RMDs, which has been seen in most societies and is now recognised also by the EU. It not only reflects the availability of more and more high-quality information on the size, burden, and cost of these diseases for society, but also the significantly improved ability to diagnose and treat them. The incorporation of health professional and patient organisations within EULAR has been a considerable stimulus for these advances.

The EULAR Congress 2016 in London will once again provide a wide range of topics including clinical innovations, clinical translational research, and basic science. In addition, there will be significant contributions made by People with Arthritis and Rheumatism in Europe (PARE), by Health Professionals in Rheumatology (HPR), and by the healthcare industry. The core science and central activity of the congress will be the poster presentations and poster tours, with their highly interactive exchanges between participants. Out of the nearly 2,000 poster displays spread over 3 days, almost 500 will be explained in 45 themed poster tours.

This year’s congress will mark a record with regard to the presentation of new recommendations concerning important topics such as early forms of arthritis as well as the management of rheumatoid arthritis, spondyloarthritis, and fibromyalgia. These recommendations reflect the enormous efforts of the EULAR members in helping to improve patient care.

The congress evening event and dinner on Friday, 10 June, at the beautiful Natural History Museum near South Kensington Underground station, offers a great opportunity to network with friends and colleagues from around the world in a relaxed atmosphere and enjoy the unmatched charm and fascination of the museum. The opening plenary session on Wednesday, 8 June, promises an engaging atmosphere showcasing performances that reflect British and London highlights as well as recognition of past EULAR officers for their important contributions and the announcement of newly elected officers. In addition, the young first authors of the highest-scoring abstracts in each category will receive an award. A networking event will follow. A special highlight will be the launch of the EULAR School of Rheumatology, which will be a major step forward towards our goal to make EULAR the preeminent provider of education in rheumatology.

The Emerging EULAR Network (EMEUNET) organisation of young rheumatologists also hopes to attract young colleagues to the meeting and will disseminate the message that rheumatology is one of the most attractive and successful disciplines of medicine. EMEUNET will host scientific and social sessions and events to attract and introduce aspiring clinicians and researchers to the vast field of RMDs.

The city of London needs little introduction. “Tired of London, tired of life” is a quotation previously used for the 2011 EULAR Congress in London, and it is even more reinforced by the recent accolade of “world city,” indicating how ideal a venue this is for the EULAR congress. The elegance of London should again provide an excellent background for clinical exchange, international collaboration, and renewal of friendships. It is our great pleasure and a real joy to welcome medical doctors, patients, health professionals, and representatives of the pharmaceutical industry, and we wish you all a delightful, informative, and educational stay in London.

Prof. Gerd R. Burmester
President of EULAR
THE EVOLVING LANDSCAPE
OF RHEUMATOLOGY:
BIOSIMILARITY & EXTRAPOLATION

17:30–19:00, THURSDAY 9 JUNE 2016
Capital Suite 11, ExCel London, UK

Chair: Peter Taylor

17:30–17:40 Welcome and introductions
Peter Taylor (University of Oxford, Oxford, UK)

17:40–18:00 Laying the foundation: analytical and functional characterisation of protein products and the demonstration of molecular similarity
Emily Shacter (ThinkFDA, Maryland, US)

18:00–18:20 Building the totality-of-the-evidence: confirming biosimilarity and supporting extrapolation
Craig Leonardi (Central Dermatology, St. Louis, Missouri, US)

18:20–18:40 Impacting the clinical landscape: the role of biosimilar therapies in rheumatology
Peter Taylor

18:40–19:00 Panel discussion and summary
Led by Peter Taylor, joined by all
Diversity of research sessions makes scientific programme ‘a multidimensional experience’

The scientific programme for EULAR 2016 once again will present a diverse portfolio of sessions and abstracts reflecting advances in basic and clinical science in many areas of rheumatic disease.

“The tradition of EULAR is to try to capture all new developments in the field of rheumatology from very basic and translational highlights to entirely new topics like chronobiology, and this year will be similar,” said Prof. Dirk Elewaut, chair of the EULAR Scientific Programme Committee. “We provide a bridge between basic lab science and the clinic side.”

“The EULAR conference is a multidimensional experience because there are many parallel sessions,” added Prof. João E. Fonseca, chair of the EULAR Abstract Selection Committee. “Attendees can go from session to session just covering a particular area like lupus or osteoarthritis, or because there is so much diversity, can go to sessions covering novel findings in all areas regardless of individual disease. It’s the kind of conference where you can customise your own path.”

Busy clinicians can gain an appreciation of updates in the field just by attending the What Is New (WIN) and How to Treat/Manage (HOT) sessions, said Prof. Fonseca, professor of rheumatology and head of the rheumatology department at Lisbon Academic Medical Centre in Portugal. This year’s WIN sessions will cover topics including new developments in psoriasis, vasculitis, systemic sclerosis, and gout and crystal diseases, while the HOT sessions will go over techniques for managing gout and calcium pyrophosphate disease, fibromyalgia, and IgG4-associated diseases, among others, as well as discuss the role of imaging in the diagnosis of rheumatic diseases.

“The field of rheumatology is still a very office-based practice where the physical exam is very important, but what we have seen is much more emphasis over the past few years on trying to document joint inflammation and even preceding clinical symptoms by imaging,” said Prof. Elewaut, group leader of the VIB Inflammation Research Center in Gent, Belgium. He also is professor of rheumatology and chair of the department of rheumatology at Gent University Hospital in Belgium.

“Viewing joints by ultrasonography, for example, you can sometimes see inflammation at sites where you clinically would think there’s not much going on. We are trying to educate rheumatologists from Europe and from all over the globe in these techniques.”

With 2016 being named the Global Year Against Pain in the Joints by the International Association for the Study of Pain, one Basic and Translational Science Session will address pain and its pathophysiology in both early and severe osteoarthritis, Prof. Elewaut said.

Also this year, he said, “there will be many sessions devoted to entirely new topics, for example, looking at why inflammatory pain has a certain circadian rhythm. Why do we have morning stiffness and pain at night?” A Basic and Translational Science Session on the so-called Chronobiology of the Immune Response will go over recent studies in this area out of Germany, the United Kingdom, Norway, and Colombia.

“We also will look at more fundamental areas of science, such as endoplasmic reticulum stress and inflammasome biology, but these are not standalone sessions,” he said. “What we do at EULAR is bring the basic science into an area that is interesting for clinicians. For example, inflammasome biology is now very important for auto-inflammatory diseases and also for gout.”

Additional Basic and Translational Science Sessions of interest will cover areas such as kinase inhibitors, the use of cannabinoids and neuropeptides in pain and inflammation, nanomedicine in rheumatology, and endoplasmic reticulum stress and rheumatic disease.

Recent clinical trials also will be discussed at EULAR, Prof. Elewaut and Prof. Fonseca said. In the field of osteoarthritis, for example, results from a placebo-controlled proof-of-concept trial on TNF inhibition indicates there may be some type of cytokine targeting that can prevent structural progression in patients, Prof. Elewaut commented.

In rheumatoid arthritis patients, “there have been several very interesting recent trials that have tested inhibitors of the intracellular pathways that control inflammation,” Prof. Fonseca said. “The results are very promising for several molecules.” Two potential

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About Samsung Bioepis

Samsung Bioepis is actively devoted to developing affordable and high-quality biopharmaceutical and biosimilar products. We strive to become the next global leader in advancing healthcare and people’s wellbeing.

FRIDAY, 10 JUNE 2016
08.15–09.45
EULAR, Capital Suite 07, London

BIOSIMILARs:
Your questions answered
Addressing key questions regarding biosimilars and their impact on the management of Rheumatoid Arthritis

AGENDA

Chairperson: Paul Emery

08.15–08.25  Paul Emery (United Kingdom)
What do you think about biosimilars?

08.25–08.40  Brian Min (Republic of Korea)
How does Samsung Bioepis rapidly develop and manufacture high-quality biosimilars?

08.40–08.55  Michael Rawlins (United Kingdom)
How are biosimilars regulated and monitored?

08.55–09.15  Thomas Dörner (Germany)
How can clinicians interpret biosimilar studies?

09.15–09.35  Paul Emery (United Kingdom)
What if biologics were readily available?

09.35–09.45  Paul Emery (United Kingdom)
Questions & Answers
drugs have been submitted to the European Medicines Agency for approval, and others are in the advanced stage of clinical trials, he said: “This will be very important news for RA patients in the near future.”

Additional presentations will cover new biotherapies for spondyloarthritis that have had effective results in inhibiting interleukin-17 and IL-23, Prof. Fonseca added, as well as new biological approaches to treating lupus and inflammatory joint diseases. “Some of these are in very early phases, meaning they are not even in clinical trials but are just conceptual and coming from animal models. Others already are in phase I trials. There are plenty of novelties over the scope of rheumatic diseases.”

On the clinical side, said Prof. Elewaut, there will be numerous abstracts and presentations on current and potential advances in therapy. “There is one quite attractive abstract, for example, on GI disease and microbial translocation in patients with systemic sclerosis, looking at the effect of dietary intervention and what it means for the microbiome. The answer is not yet settled, but it’s definitely something that’s trending.”

Another study may shed light on the development of ankylosis in some axial spondyloarthritis patients, he said. “There is a certain type of lesion in these patients which on MRI looks like fat, so if you develop these fatty lesions, they mark the beginning of new bone formation,” he said.

One study to be presented biopsied these lesions and examined which cells are responsible for their development. In updates in diagnostics, another study will discuss a marker against CD74 that may be indicative of spondyloarthritis, he said.

The clinical relevance of immunogenicity and therapeutic drug monitoring will be discussed during a Clinical Science Session that Prof. Fonseca is chairing. “We know if we give an antibody to any patient we induce immunogenicity,” he said. “The challenge now is to understand how important it is for clinical practise to really measure circulating antibodies and potentially make changes in therapy.” The discussion will also envelop the experience with biosimilars.

With close to 3,400 abstracts being presented, deciding what to see can be overwhelming, Prof. Elewaut said. Poster tours arranged by theme, such as infection-related rheumatic diseases, the genetic basis and genomics of disease, new insights into osteoarthritis, and new approaches to back pain, will allow attendees to best capture updates in specific areas.

“The level of abstracts submitted this year was very, very high,” Prof. Fonseca said. “Most of the selected abstracts are, in fact, scientific projects that are finished and being submitted for publication in high-impact journals, so EULAR 2016 is really a place where you have the opportunity to see what will be published in a very short time in major journals.”

As in previous years, this year’s conference also will include sessions for young rheumatologists; presentations for paediatric rheumatologists; Challenges in Clinical Practice sessions that allow rheumatologists to discuss difficult cases in Sjögren’s syndrome and other areas; and Practical Skills sessions that review the proper methods for ultrasonography, capillaroscopy, and local procedures including injections, aspirations, and biopsies. The programme also features sessions for Health Professionals in Rheumatology and for People with Arthritis/Rheumatism in Europe (PARE) on topics such as optimising treatment and care through precision medicine; designing solutions to support young people to address the challenges of living with rheumatic and musculoskeletal diseases; and what is being done for those with rare diseases. A session on patient organisations in action will highlight news from Greece, the United Kingdom, Canada, and Spain.

Additional sessions will go over the new EULAR guidelines for outcome measures in clinical practise in gout and calcium pyrophosphate disease and discuss the organisation’s projects in education, epidemiology, and health services.
Precision Medicine:
Maximising treatment benefit for RA patients

Thursday 9 June 2016, 17:30–19:00
Hall C, ExCel. London, London, UK
Food and refreshments will be served from 17:00

Chair
Prof. Ernest Choy, UK

Welcome and introduction
Prof. Ernest Choy, UK

Reviewing the role of glucocorticoids in RA management
Prof. Eric Ruderman, USA

Monotherapy in the RA treatment landscape
Prof. Cem Galbay, Switzerland

Can biomarkers help guide biologic treatment approaches?
Prof. Georg Schett, Germany

Innovating future treatment approaches in RA through previous clinical experiences
Prof. Ernest Choy, UK

Summary
Prof. Ernest Choy, UK

Question and answer session

This promotional symposium is sponsored by Roche and Chugai.

Based on US rules, this symposium is only intended for physicians practising outside the USA.

RCUKACTE01469n Date of preparation: April 2016
EULAR Health Professionals sessions focus on fundamental changes in delivery of care

The most challenging issue currently facing health professionals in rheumatology is "the coordination of skills, competencies, educational offerings, and certification over the 22 countries that make up the health professionals section," according to Prof. Anthony Redmond, Chair of the EULAR Standing Committee for Health Professionals in Rheumatology.

Such coordination involves more than managing cultural differences. The health professionals within EULAR need to adjust their work to "reflect the differing expectations and needs of HPs working in varying healthcare systems, with differing professional relationships and with sometimes profoundly differing patient-related expectations," Prof. Redmond said in an interview.

EULAR congress attendees who make Health Professionals in Rheumatology (HPR) sessions a priority will experience a mix of "scientifically rigorous material and clinically applicable content," chosen from dozens of proposals received every year, said Prof. Redmond, Professor of Clinical Biomechanics and head of the Clinical Biomechanics and Physical Medicine section at the University of Leeds, United Kingdom. Sessions of the Health Professionals in Rheumatology (HPR) sessions a priority will experience a mix of "scientifically rigorous material and clinically applicable content," chosen from dozens of proposals received every year, said Prof. Redmond, Professor of Clinical Biomechanics and head of the Clinical Biomechanics and Physical Medicine section at the University of Leeds, United Kingdom. Sessions of the Health Professionals in Rheumatology (HPR) sections will complement and extend the EULAR Congress 2016 programme.

"When topics are particularly timely, such as this year’s sessions on physical activity, which is an issue affecting the whole of society, we can be confident that there is something for every delegate to take home and apply, either in their own practice or even in their own personal lives,” Prof. Redmond added.

EULAR 2016 includes nine Health Professional sessions, with topics that reflect fundamental changes in the ways health professionals deliver care in rheumatology, including sessions on user-centered models of healthcare services and shared decision-making.

Some sessions feature research on the consequences of rheumatic and musculoskeletal diseases (RMDs) that will be clinically relevant to health professionals attending the congress, Prof. Redmond said. Topics selected for this year’s sessions include the presentation and management of pain in osteoarthritis patients, the consequences of rheumatoid arthritis fatigue and the role of physical activity, and a session on sex and intimacy as related to RMDs. “Finally, one very topical session will be exploring the role that modern technologies such as e-health or telehealth can play in providing care and improving outcomes for people with RMDs,” Prof. Redmond said.

“Personally, I am interested in understanding and learning more about telemedicine and e-health, which will be much more frequently used in the future,” Prof. Christina Opava, vice president representing the Health Professionals in Rheumatology, said in an interview. "I also think that user-centered design of products and services for people with rheumatic and musculoskeletal diseases is a very interesting area," she added. "I hope to learn more about tailored care for men with rheumatic disease and about intimate life and sexual relations among patients with rheumatoid arthritis," said Prof. Opava, Professor of Physiotherapy at the Karolinska Institutet, Stockholm.

"Most HPR sessions include evidence-based knowledge of high relevance to clinical practise and for patients’ everyday life,” Prof. Opava noted. “There will be sessions on how to manage pain and fatigue, how to assess physical activity, and how to understand and treat osteoarthritis. I expect that the content of these sessions could be integrated into health professionals’ practise immediately after their return from the congress,” she said.

"Each year, I am positively surprised by all the skills and knowledge that health professionals in rheumatology have to share at congress,” Prof. Opava said. However, an ongoing challenge remains, namely, how to engage the interest of rheumatologists in what they can learn from other health professionals to improve clinical and research collaboration and patient care. Prof. Opava cited the strategic nature of the congress as health professionals continue to work for expanded research opportunities and education for health professionals in rheumatology, as well as raising their profile within EULAR.

“At the London congress, we will launch an academic mentorship programme where experienced HP scientists have signed up to support younger colleagues to grow in their professional role,” Prof. Opava said. “At present, we also work intensely on an educational strategy where all activities, such as the HPR online course, will fit and form a cohesive, accessible whole that meets high-quality standards,” she said.

The past year has seen an increased emphasis on HP education, Prof. Redmond said.

“The HP section has for the first time convened its own educational subcommittee, and this committee has worked hard to produce an educational strategy which will be finalised later this year,” he explained.

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EULAR recommendation updates include axial spondyloarthritis and DMARDs for RA

Updates to EULAR recommendations for the management of patients with axial spondyloarthritis and for the treatment of rheumatoid arthritis with disease-modifying antirheumatic drugs (DMARDs) stand out because of the relatively large numbers of patients with either of these two diseases, said Prof. van Vollenhoven, professor of rheumatology and director of the Amsterdam Rheumatology and Immunology Center.

Other recommendation updates slated for presentation at the congress include those for managing early arthritis, fibromyalgia, Behçet’s disease, ANCA-associated vasculitis, preventing and managing osteoporotic fractures, and classification criteria for clinically suspect arthralgia.

These updates, scheduled for presentation during sessions on Thursday 9 June and Saturday 11 June, continue EULAR’s programme to provide its membership with timely, periodic revisions of management recommendations for a broad array of rheumatic diseases. More than a decade ago, “EULAR recognised that at a time of rapidly accumulating information, it is important to distill this information” for practising rheumatologists, other physicians, patients, and other interested stakeholders, Prof. van Vollenhoven said. This initiative has resulted in a standardised cycle of updates released about every 3 years, especially for areas of practice that undergo rapid change. Other rheumatologic disorders with a slower pace of change require less frequent revision.

The updated recommendations for axial spondyloarthritis and DMARD management of rheumatoid arthritis are also noteworthy because both feature several classes of biologic drugs that are both effective and expensive, resulting in updated recommendations that have “major implications for both patients and healthcare systems,” Prof. van Vollenhoven said. For example, the axial spondyloarthritis update will include a whole new class of biologics, the interleukin-17 inhibitors, such as secukinumab. The update to treating rheumatoid arthritis with DMARDs also features a new drug class, the orally delivered Janus kinase inhibitors, such as tofacitinib.

Fibromyalgia is another relatively common rheumatic disease, but so far researchers have made substantially less progress in understanding it and developing highly effective management options.

As EULAR’s programme of management guidance developed and grew over the past 15 or so years, some recommendations have received broad uptake and have been highly influential, Prof. van Vollenhoven said. The rheumatoid arthritis recommendations, for example, have been widely used not only by physicians and patients but also by regulatory agencies and payers. But EULAR recommendations for certain other diseases have not been embraced nearly as much. “We’d like to see them all widely used, but that is not happening now,” he noted. This is an issue that EULAR is studying, and the organisation hopes to eventually increase the impact of recommendations that currently receive more muted attention.

But Prof. van Vollenhoven and his colleagues recognise that widespread attention for management recommendations is a double-edged sword.

“We always return to the premise that these recommendations are written primarily for physicians and patients to guide treatment,” he said. “Sometimes, if we were to say [in a recommendation] what we really believed, we realise it could potentially be used by a payer to restrict a particular treatment, or misunderstood to say that we are promoting the pharmaceutical industry.”

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“Running parallel to that, we have launched the EULAR online course for HPRs, which took in its first enrolment at the end of 2015. With some excellent and really exciting plans in the pipeline around novel content and delivery, plus accreditation for HPRs using EULAR material, the work done this year in education promises to have a lasting impact,” he said.

When asked about the goals for HPRs within EULAR, Prof. Redmond emphasised the overall agenda is to ensure the best possible, consistent, evidence-based care for individuals with RMDs in EULAR member countries.

“In practise, this means the HPRs section is continuing to strive to generate evidence and ensure that the knowledge is disseminated. It involves education and direct support to improve the knowledge and skills across the board, and finally supporting networking to share examples of good practice and build the links that will raise the standards of all and minimise unwarranted variation in care,” Prof. Redmond said. “And there is nowhere better to get started with all of that than the EULAR congress,” he added.
PARE sessions prioritise patient empowerment and self-management

The national organisations of People with Arthritis/Rheumatism in Europe (PARE) continue to thrive, and the sessions at this year’s EULAR congress showcase their ongoing aim to increase patient competence and quality of life.

National PARE organisations have been represented in EULAR via the Standing Committee of PARE for more than a decade, and the committee’s stated vision includes developing networks of user-led organisations to make the voices of patients with rheumatic and musculoskeletal diseases (RMDs) heard by healthcare decision makers across Europe.

“It is PARE’s aim to raise the patient’s competence to enjoy a life to the fullest in spite of a lifelong chronic condition,” Dieter Wiek, chair of the EULAR Standing Committee of PARE, said in an interview. To that end, several sessions at this year’s congress focus on self-management, including sessions entitled “Digital applications for the benefit of the patient” and “Designing solutions to support young people.”

“Based on my experience as an [ankylosing spondylitis] patient since adolescence, it is my strong belief that self-management is the key to a self-determined and successful life,” Mr. Wiek said.

In addition, the scientific programme at EULAR is equally valuable as a way to learn about the latest scientific developments in rheumatology and musculoskeletal diseases, Mr. Wiek said. Sessions such as “Latest Advances in Treatment and Management of Systemic Sclerosis and Fibromyalgia” and “New Approaches to Understanding and Managing Chronic Musculoskeletal Pain” will convey new research findings in a patient-oriented way.

“Most of our attendees are also representatives of patient organisations,” Mr. Wiek noted. A session on “Patient Organisations in Action,” is designed with this group in mind.

Mr. Wiek said he believes the advances in technology are an important topic this year. “Personally, I think that we have to explore how people with RMDs may benefit from newly developed digital solutions. This is exciting and challenging and comprises many different aspects,” he said.

EULAR attendees who make PARE sessions a priority will find a combination of scientific expertise and patient perspective. “People joining our sessions will certainly experience how a topic is looked at from different angles,” Mr. Wiek said.

The enthusiasm of member organisations for the exchange of ideas and knowledge is one of the significant and rewarding accomplishments of the standing committee over the past year, Mr. Wiek said. Ideally, these exchanges will help to drive improvements in the healthcare of people with RMDs and reduce inequalities of such care within Europe, although it is a long process, he said.

Future activities for PARE include building on the successful World Arthritis campaign, and adding new programmes designed to work with new technology and how people learn. In particular, two new initiatives, the Knowledge Transfer Programme and the Engagement Programme, will involve “online courses to contribute to the development of our patient organisations. This will indeed be a new challenge for PARE,” Mr. Wiek said.

The patient perspective remains the signature element of the EULAR PARE sessions, Mr. Marios Kouloumas, EULAR Vice President representing PARE, said in an interview.

“This year, the PARE sessions at congress will feature a variety of topics that we think are very interesting,” he said. The sessions “will give the opportunity to the attendees to learn how they can effectively manage RMDs.” In addition, the sessions will include information for representatives of organisations “who can be inspired by and learn from their peers from all over Europe,” he said.

Topics in the PARE programme at this year’s congress include information targeting specific demographics: tailoring healthcare for men, providing better support for patients with rare diseases, and learning how young RMD patients can be active and work toward a better future. Other sessions will address how to optimise treatment and patient care through precision medicine and how the latest technical advances can benefit patients. Sessions on patient empowerment and the potential of complementary and alternative therapies are scheduled as well, and they maintain the patient orientation and perspective, Mr. Kouloumas said.

“The most challenging session to build was the one we titled ‘There Is More Than Drugs.’” Mr. Kouloumas noted. “There is a lot going on in the area of complementary therapies,” and PARE organisations and EULAR attendees are interested in learning about these options, he said. However, he acknowledged that evidence-based research on complementary and alternative therapies for RMDs is limited, and “it would be good to see more studies being financed in this area.”

Some of the most exciting sessions at the congress will feature “the technical advances that enable the patient to take much more responsibility” Continued on following page
New EULAR School of Rheumatology to launch

The EULAR Standing Committee on Education and Training is set to launch the EULAR School of Rheumatology at this year’s congress in London.

The initiative will focus on more structured education in the field of rheumatology for a range of learners, said committee chair Prof. Annamaria Iagnocco. The EULAR School of Rheumatology aims to increase and optimise current educational offerings by promoting a wide range of education and training opportunities in rheumatology in Europe and other continents, she said. The school will facilitate access to programmes, give personalised overviews, and allow students who sign up for a membership to use various incentives and special offers as well as to obtain certifications.

The school will be for “students, graduates, and rheumatologists who are already experts who want to be updated on different aspects of rheumatology,” and will also provide many learning opportunities for patients and health professionals in rheumatology, Prof. Iagnocco said in an interview. “We will also work with scientists in the field. During the congress, this project will be launched and you will hear the details.”

The EULAR School of Rheumatology builds on the ongoing work of the EULAR Standing Committee on Education and Training. The purpose of the committee is to formulate and promote education and training opportunities in rheumatology within Europe. The group designs and updates high-quality educational programmes for rheumatologists and health professionals that cater to their immediate and changing needs.

The committee aims to develop a broad range of educational offerings, and 2015 was no exception, said Prof. Iagnocco, adjunct professor of rheumatology at the Sapienza University of Rome. This includes live courses, scientific training bursaries, rheumatology textbooks, DVDs demonstrating diagnostic and treatment practises, and workshops. EULAR also provides educational grants to individuals who wish to improve their skills and knowledge through research and training stints abroad or daily educational visits.

In 2015, the committee aided in the launch of a new (second) edition of the EULAR Textbook on Rheumatic Diseases. Each chapter of the book is written by two expert rheumatologists from two different European countries to give the writing balance. The new text includes learning objectives, a main text with figures and tables, summary points, and key references.

In addition, the committee helped to conduct a postgraduate course in October 2015 in Prague for the second time. The graduate course was aimed at newly certified rheumatologists, fellows, and residents, as well as experienced rheumatologists and clinician scientists. The postgraduate course addressed risk factors and treatment of rheumatoid arthritis, spondyloarthritis, osteoarthritis, disease mechanisms and treatment, systemic lupus erythematosus, systemic sclerosis/myositis, autoinflammatory diseases/vasculitis/pain, case discussions, and how to write papers.

Other courses offered from 2015 to 2016 include a EULAR ultrasound course, an ultrasound ‘teach the teachers’ course, an epidemiology course, a capillaroscopy course, an immunology course, and a health economics course.

Continued from previous page

for their health and to be more informed,” Mr. Kouloumas said. New apps and other technology require thorough assessment, but for younger patients in particular they may be “a great step forward in taking control,” he said. “Personalised medicine and precision medicine are also hot topics for PARE and we look forward to some very interesting discussions with our audience,” he said.

The development of Young PARE is PARE’s most significant achievement of the past 2 years, Mr. Kouloumas said. “Young PARE is now active and represented in all PARE activities, and we have a great and enthusiastic team that is very committed,” he said.

“All PARE projects benefit from their energy, and they work very professionally. Young PARE is our future. We are proud to have them also running a PARE session at the congress,” he added.

The lay versions of the EULAR recommendations are another significant PARE achievement, Mr. Kouloumas said. Lay versions are now produced for all new EULAR recommendations and have been created for many preexisting recommendations, he said.

“This is an important step towards the empowerment of people with rheumatic and musculoskeletal diseases at a national level,” Mr. Kouloumas emphasised. “We are promoting the dissemination and the translation of these lay versions, and EULAR has developed a dedicated guide to support this process.”

Mr. Kouloumas added that recognition of PARE continues to grow, and that the PARE abstracts submitted to EULAR are increasing in quality as well as in quantity.

“We have very inspirational abstract contributions this year, not only from Europe but also from Canada, Australia, and the United States – a sign that the quality of PARE is also recognised outside of Europe,” he said. “Every year the PARE sessions at the congress get better; the evaluations show that the chosen topics focus on important issues that are relevant for the life of the patients, but also for the organisations.”
Young Rheumatologist sessions offer expert perspectives and advice

Young Rheumatologist sessions at the EULAR congress in London aim to give professionals who are establishing themselves in rheumatology the chance to interact and receive advice from key opinion leaders in the field on matters of designing research studies, refining clinical skills, and finding their way in an increasingly international arena.

Dr. Anna Moltó, chair of the Emerging EULAR Network (EMEUNET) steering committee, and chair-elect Dr. Sofia Ramiro will host the insightful sessions, which should be of interest to all young professionals in the field of rheumatology.

“The Young Rheumatologist is a session path dedicated mainly, but not only, to young professionals,” explained Dr. Moltó of Cochin Hospital in Paris. “These sessions are focusing on education and the basics of clinical and translational research.”

The sessions will “cover topics that are not found in the rest of the programme of the congress, and more importantly, they are sessions where experiences are shared,” added Dr. Ramiro of Leiden University in Leiden, the Netherlands. The sessions will “provide young rheumatologists with an opportunity to listen to the experience of well-known key opinion leaders in the field, and due to the interactive character of the session, important discussions can follow from these sessions, both at a plenary level and also at the individual level with the speakers at the end of the sessions.”

There are eight Young Rheumatologist sessions that cover a wide range of topics, including correct use of statistics, developing clinical skills, expanding career and research paths and horizons internationally, defining the best appropriate use of social media between physicians and patients, and an exploration of EULAR’s educational courses and projects.

“These sessions focus on topics that are not easy to find in textbooks or online, and the idea is that they are as interactive as possible, in a relatively informal setting, where all questions can be asked,” Dr. Ramiro said.

OA clinical practise recommendations one of many musculoskeletal imaging projects

Judging by the sheer volume of recommendations and discussion documents due to be presented at congress this year, the EULAR Standing Committee on Musculoskeletal Imaging has been incredibly busy.

One could say it has taken its mission statement of promoting education and research in the use of imaging modalities quite literally. The good news is that EULAR delegates have the opportunity to get a front row seat on what the committee has achieved over the last year in an update about ongoing EULAR projects on musculoskeletal imaging on the first day of the congress.

During this session, the committee will give an update on the development of recommendations for the use of imaging in osteoarthritis in clinical practise. According to committee chair-elect Lene Terslev, Ph.D., the guidelines will give clinicians advice on how to use the different imaging modalities available as well as help to define their place in clinical practise. At the same session, delegates will be treated to a preview of the committee’s recommendations for the appropriate use of musculoskeletal ultrasound in clinical practise. Both sets of recommendations are the culmination of around 2 years of work and are in their final stages.

Other updates will offer details of projects underway that are more in their infancy, such as work on the definition of bone erosion in rheumatoid arthritis and a standardised training model for ultrasound-guided synovial biopsies in small and large joints, said Dr. Terslev, consultant in rheumatology and head of the Ultrasound Unit in the Center for Rheumatology and Spine Diseases at Glostrup Hospital in Denmark.

Delegates will also learn about the committee’s views on the role and training needs of nonmedical health professionals using musculoskeletal ultrasound for patients with rheumatic and musculoskeletal diseases.

Dr. Terslev, who takes over as committee chair when current chair Dr. Esperanza Naredo steps aside later in the year, said the future looks just as busy for the committee. Toward the Continued on following page
RMD Open sees strong start in first year

Annals of the Rheumatic Diseases, published by EULAR and BMJ, is the leading journal in rheumatology research. But over the past decade and a half, as research support for the rheumatic diseases has grown in Europe and elsewhere, the number of submissions to Annals has also increased, resulting in an acceptance rate of less than 15%.

This meant that many quality papers – particularly preliminary, negative, or smaller-scale studies – have struggled to find a home. Last February, EULAR and BMJ responded by creating RMD Open, an online-only, open-access journal, as a sister publication to Annals of the Rheumatic Diseases.

The idea was not only to publish papers that Annals lacked space for, but to publish them fast, and also to cover a broader spectrum of rheumatic and musculoskeletal diseases than that of the print journal, says editor-in-chief Prof. Bernard Combe of Université Montpellier in France.

RMD Open’s peer review process, Prof. Combe said in an interview, is as rigorous as that of Annals, with most papers reviewed by three experts. (Papers that pass review at Annals can be transferred to RMD Open without further review.) RMD Open now averages 27 days from first decision to publication. Prof. Combe said that he hopes to bring the time closer to 20 days in the coming year.

The online journal’s founders predicted from the outset that it would be attractive to researchers, Prof. Combe said. It drew on the strengths of the EULAR and BMJ brands, a large editorial team, and an editorial board comprising many leaders in rheumatology.

In certain ways, RMD Open has even been more successful in its first year than expected. Prof. Combe said he assumed that many if not most of its papers would be transfers from Annals. But “very quickly after we started, we got a significant number of papers that were submitted directly” to RMD Open, he said. “And the quality of the papers submitted was good.” The online journal’s acceptance rate is 50%, a number that encompasses both transfers and original submissions.

Another early indicator of the online journal’s appeal, Prof. Combe said, has been the enthusiastic participation of reviewers. “Colleagues from Europe but also North America and Japan have accepted very kindly to review submissions to RMD Open,” he said.

Still, challenges remain for RMD Open if it’s to be seen as more than a way to contain spillover from Annals. It will be important, Prof. Combe said, to attract more submissions from the osteoporosis, spine, and pain fields, which ”will take time.” RMD Open is also attempting to distinguish itself by carrying more reviews and educational articles.

“We’ve published about 15 of these in our first year, and we’re in the process of inviting more authors to write review articles,” he said.

Every new journal, even one backed by BMJ and EULAR, will struggle to build its impact factor, and Prof. Combe said that when he gets the first results for RMD Open’s citations in the coming weeks, they’ll likely be modest. “When we get our first impact factor in 2017, we expect it to be around 1,” he said. “But our expectation for the future is not 1 for sure. In the future, it should be closer to 5.”
London’s many medical museums offer rich history

Think of the history of London and your mind most likely goes to the Tower, the Crown Jewels, missing princes, beheaded queens, the Battle of Britain, and perhaps a touch of the Beatles and Carnaby Street. But behind all these glamorous images, there is an equally vibrant and productive history of medicine associated with the ancient city.

A medical history tourist to London can choose from an abundance of riches in the form of museums and exhibitions, most of which are housed in or associated with some of the most important historical – and still functioning – medical facilities in the city.

The following are some of the must-see sites, all of which are conveniently located in central London:

• The Royal London Hospital Museum. (closest to the ExCel convention centre). The London, founded 1740, became Britain’s largest voluntary hospital and now houses the Royal London Museum in the crypt of the former hospital church. Exhibits cover the 18th, 19th, and 20th centuries and feature dentistry, surgery, paediatrics, nursing, the National Health Service, uniforms, x-rays, and videos. The lives and works of individuals like Edith Cavell, Sydney Holland, and Joseph Merrick (known to film buffs as the ‘Elephant Man’) are also featured (www.bartshealth.nhs.uk/rlhmuseum).

• The Chelsea Physic Garden. This is London’s oldest botanical garden, founded by the Worshipful Society of Apothecaries of London in 1673 for its apprentices to study the medicinal qualities of plants. It was one of the most important centres of botany and plant exchange in the world throughout the 18th century (www.chelseaphysicgarden.co.uk).

• The Alexander Fleming Laboratory Museum. St. Mary’s Hospital on Praed Street is home to the Alexander Fleming Laboratory Museum, which includes Fleming’s laboratory, restored to its 1928 condition. The discovery and development of penicillin is detailed in the museum through displays and video (www.imperial.nhs.uk/about-us/who-we-are/fleming-museum).

• The Old Operating Theatre and Herb Garret. Hidden in the roof of a church, a 300-year-old herb garret – used for the storage and curing of medicinal herbs – houses the only surviving 19th-century operating theatre, complete with wooden operating table and observation stands. There are weekly demonstrations of ‘speed surgery’ from that era, which was a necessity because of the lack of anaesthesia and antiseptics (www.thegarret.org.uk).

• The Wellcome Collection. The collection explores the connections between medicine, life, and art in contemporary and historical exhibitions and collections. It is located in Euston Road in central London. During the 2016 EULAR Congress, it will be featuring the exhibition, “States of Mind: Tracing the edges of consciousness,” including a ticketed, day-long symposium on 11 June titled “Out of Control” exploring automatic and unwilled aspects of human experience (www.wellcomecollection.org).

• The Royal College of Physicians Museum. The RCP is the oldest medical college in England, and its museum provides a pictorial and sculptural record of presidents, fellows, and other physicians associated with the college from its foundation in 1518 to the present day, as well as the Symons Collection of medical instruments and the Hoffbrand Collection of apothecary jars. A treasured artefact of the museum is William Harvey’s demonstration rod. A special exhibit on display during the congress is titled “Scholar, courtier, magician: the lost library of John Dee” (www.rclondon.ac.uk/about-rcp/venue/museum-garden-and-architecture).

In addition to the above museum and exhibits, bibliophiles may choose to visit the Royal Society of Medicine (RSM) Library, which has an unparalleled collection of medical archives including an original 1628 edition of Dr. William Harvey’s “Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus,” which first established the circulation of the blood.

The progenitor of the RSM began at the Freemasons’ Tavern, Great Queen Street, on 22 May 1805 as the Medical and Chirurgical Society of London. It received its royal charter in 1834 from King William IV and its title became the Royal Medical and Chirurgical Society (RMCS) of London. Notable honorary fellows included Charles Darwin, Louis Pasteur, and Sigmund Freud.

Of particular interest to rheumatologists, one notable RMCS president was Sir James Paget (1875), whose name became eponymous with Paget’s disease.

King George V and Queen Mary opened the final home of the now-named Royal Society of Medicine at No. 1 Wimpole Street in May 1912, where it can be visited (www.rsm.ac.uk/library/archives.aspx). During the congress, the library will display the special exhibit, “Charcot, Hysteria, & La Salpêtrière.”