

The Plaza Mayor is a major public space in the heart of Madrid.

eular

EUROPEAN  
CONGRESS OF  
RHEUMATOLOGY  
2019 | 12-15 JUNE

# EULAR Congress News

An authorized publication of the European League Against Rheumatism

## INSIDE

**10 //** Large-scale JIA studies assess etanercept safety

**16 //** Monitor immunoglobulin levels to predict rituximab serious infection risk

**19 //** How to optimise e-health tools for patients with RMDs

**20 //** Rituximab, belimumab combo shows promise against severe SLE

20th Annual European Congress of Rheumatology // eularcongressnews.com // Madrid // 12 June 2019 • **WEDNESDAY**

## WEDNESDAY AT A GLANCE

**12:00** Exhibition opens  
**13:00 – 14:00** Opening Plenary Session  
**14:15 – 15:45** Scientific Sessions  
**15:45 – 16:15** Coffee break and visit of the exhibition  
**16:15 – 17:45** Scientific sessions  
**18:00** Exhibition closes  
**18:15 – 19:45** Satellite Symposia  
**20:00 – 22:00** Networking Platform

## SESSIONS

**14:15 – 15:45**  
**WIN & HOT (What Is New & How to Treat) Session**  
New avenues of OA & osteoporosis management | [Hall 6](#)

**Challenges in Clinical Practice Session**  
How to maintain remission in vasculitis | [Hall 7A](#)

**Clinical Science Sessions**  
Best practices in spondyloarthritis | [Hall 8](#)

Comorbidities in psoriatic arthritis | [N103/N104](#)

Pharmaceutical pipeline in OA | [N102/N102](#)

**From Bench to Bedside**  
CPPD – a forgotten disease that requires more attention ?!!!! | [Hall 7B](#)

**EULAR Projects in Paediatric Rheumatology** | [N117/N118](#)

**Basic and Translational Science Session**  
Environmental influences on disease development | [South Auditorium](#)

**Health Professional Welcome Session** | [N115/N116](#)

**PARE Session**  
What's new: Latest news on biological treatment | [N105/N106](#)

Continued // 23

## 20th Annual Congress reflects close collaboration across the EULAR pillars

Welcome to Madrid for the start of the 20th Annual EULAR European Congress of Rheumatology!

We are happy to again have Madrid as our host city as we bring together 14,000 participants from more than 120 countries in Europe and around the world.

We are grateful to have you with us, and we are delighted in particular to celebrate our close cooperation with paediatric colleagues in this congress, which is jointly organised with the Paediatric Rheumatology European Society (PReS). We are proudly disseminating the latest progress in our exciting and increasingly diverse array of EULAR- and PReS-supported activities, all focused on improving



Prof. Johannes W.J. Bijlsma

the well-being of people with, or affected by, rheumatic and musculoskeletal diseases. Together we will

assimilate knowledge across the spectrum of the “decades of life.”

The vibrant city of Madrid offers remarkable history, architecture, galleries, museums, and delicious food to facilitate interaction among physicians, scientists, patients of all ages and their families, health professionals, and professionals representing the pharmaceutical industry, from across Europe and around the world.

EULAR Congresses arouse tremendous interest in terms of participation reflected by the remarkable quality of contributions. This year, we have received 4,900 abstract submissions. Overall, 45% have been accepted for presentation and another 30% for publication. More than 350 were

Continued // 2

## Obesity might be targetable driver of psoriatic arthritis progression

Two sets of data are being presented this afternoon that support the potential for weight loss to be a valuable adjunctive strategy for improving outcomes in patients with psoriatic arthritis (PsA).

One set, drawn from the ongoing PsABio observational study, will correlate increasing body mass index with greater disease activity and greater disability. Another, based on patients followed for 12 months, will show that a weight loss of about 15% is associated with a significant reduction in PsA activity.

“As clinicians, we largely focus on drugs in the treatment of PsA, but these data draw attention to obesity as a potential target for improving outcomes in PsA,” said Dr. Stefan Siebert of the Institute of Infection, Immunity and Inflammation at the University of Glasgow.

Continued // 2

## Experts provide first consensus for interstitial lung disease in systemic sclerosis

New expert consensus statements for the identification and management of interstitial lung disease (ILD) in systemic sclerosis are the first of their kind, according to investigators.

The statements address long-standing practice gaps that have led to inconsistent care across treatment centres, said lead author Dr. Anna-Maria Hoffmann-Vold, who believes that the publication should provide clear guidance where there has previously been none.

“We want to increase the awareness for clinicians, and we want to give standardised guidance for the identification and medical management for all [systemic sclerosis] patients with ILD around the world,” said Dr. Hoffmann-Vold, head of scleroderma research at Oslo University Hospital.

Continued // 8

# JOINT CONGRESS MIXES PAEDIATRICS THROUGHOUT SESSIONS Continued from // 1

accepted as oral presentations this year, and the congress features over 125 sessions and poster tours with more than 500 speakers.

Possibilities for new treatments as well as the impact, burden, and cost of rheumatic and musculoskeletal diseases for the individual and society remain our focus. EULAR Congress 2019 once again addresses a wide range of topics including innovation in population, health service, clinical, translational, and basic science research. Sessions dedicated to People with Arthritis and Rheumatism in Europe (PARE) and Health Professionals in Rheumatology (HPR) will feature prominently! High-quality health-care industry sessions providing in-depth and focused insights will again be offered.

Our poster presentations and poster tours will offer a highly interactive exchange of knowledge and solutions amongst participants. Out

of the 2,226 poster displays plus 10 late-breaking posters spread over 3 days, 425 posters will be explained in 36 themed poster tours.

Our programme increasingly

of both fields, is especially invigorating. Paediatric rheumatology encompasses many fascinating, recently recognised autoinflammatory diseases that directly inform (adult)

meritorious service award, and FO-REUM awards. It will finish with a surprising TED talk.

The EULAR congress has only been possible and come to be realised thanks to the untiring effort and support of all the EULAR members, including the Steering Group, the Scientific and Executive Committees, the EULAR Secretariat, and the MCI staff.

Madrid will once again provide an excellent background for clinical exchanges, international collaborations, and renewal of friendships. We take great pleasure in welcoming physicians, including our paediatric colleagues, patients, their families, health professionals, and representatives of the pharmaceutical industry, to EULAR 2019 and hope that their stay in Madrid will be informative, educational, and thoroughly enjoyable.

**Johannes W.J. Bijlsma**  
EULAR President

**"We take great pleasure in welcoming physicians, including our paediatric colleagues, patients, their families, health professionals, and representatives of the pharmaceutical industry, to EULAR 2019 and hope that their stay in Madrid will be informative, educational, and thoroughly enjoyable."**

reflects the participation of the EULAR EMEUNET (Emerging EULAR Network) organisation of young rheumatologists that continues to attract young colleagues to the meeting and thus offer an exciting vision for our discipline. Finally, the unique opportunity to create our congress together with PReS, enabling interaction and stimulation

rheumatologists. Mutual knowledge exchange is assured and will be of undoubted benefit to all!

The opening plenary session will once again be the first event of the congress this afternoon. This session will bring you the latest EULAR news and will honor the winners of the best abstracts, the Stene Prize, new honorary members, the

## Continued from // 1

Dr. Siebert cautioned that his data show association, not causation, but he said these data add to a growing body of evidence that provide compelling support for trials to test the premise that weight loss improves outcomes.

Although not a trial, a study by Dr. Eva Klingberg of the Sahlgrenska Academy at the University of Gothenburg (Sweden) and associates tested this premise and showed weight loss was associated with improved outcomes. This study will show improvement in multiple PsA activity parameters 6 and 12 months after a significant weight loss program.

"This is just one study, so we need more data, but we are already using weight loss to manage PsA in obese patients in Sweden," said Dr. Klingberg, speaking about her work in advance of the presentation. Like Dr. Siebert, she agrees that weight loss is an important potential treatment strategy in PsA.

In the observational PsABio study, which is following patients with PsA at rheumatology centres in eight European countries, the goal of its analysis is to evaluate disease activity and outcomes in relationship to baseline weight for patients starting a biologic therapy as part of standard clinical practice. Of the 917 patients evaluated, 450 started ustekinumab and 467 started a tumour necrosis factor inhibitor (TNFi).

At the time of enrolment, 40% were overweight as defined by a BMI ranging from 25 to 29 kg/m<sup>2</sup>, and 30.4% were obese as defined by a BMI of 30 and above. The median baseline BMI was 28.1. The mean age of the study population was 49.7 years. Slightly more than half were female.

Relative to a BMI less than 25, higher BMI at baseline will be shown in multiple regression analysis to be independently and significantly

linked to disease activity assessed by the clinical Disease Activity Index for Psoriatic Arthritis (cDAPSA;  $P = .026$ ), to patient perception of disease impact as measured by Psoriatic Arthritis Impact of Disease (PsAID-12;  $P$  less than .0001), and to greater disability as measured with Health



**Dr. Siebert**



**Dr. Klingberg**

**Clinical Science Session**  
**Comorbidities in Psoriatic Arthritis**  
Wednesday, 14:15 – 15:45  
N103/N104

Assessment Questionnaire Disability Index (HAQ-DI;  $P$  less than .0001).

"There are multiple sets of data that show obesity predicts who develops PsA. Our data further show that, of patients with PsA who are candidates for a biologic, those with obesity have greater disease activity," Dr. Siebert said. "We are using all of these expensive drugs, but I think there is now a need to also focus on lifestyle interventions, in addition to drug therapy, to reduce disease activity and improve outcomes in PsA."

The data to be presented by Dr. Klingberg pro-

vide a step in that direction. In this study, 39 PsA patients participated in a weight-loss treatment that restricted calorie intake to 640 kcal/day. The median weight loss over a 12- to 16-week treatment period was 16.1 kg, representing about 16% of their body weight at entry.

Dr. Klingberg will show that disease activity in those who achieved and maintained weight loss after the program was significant at 6 and 12 months when measured with the Psoriatic Arthritis Response Criteria (PsARC) or the American College of Rheumatology (ACR) 20, 50, and 70 criteria. In the 85% of patients followed for 12 months, 35.9% fulfilled PsARC and 53.8%, 35.9%, and 15.5% fulfilled the ACR 20, 50, and 70 responses, respectively.

"In Sweden, any obese individual can be referred for a weight loss program because of the multiple health benefits that are associated with weight reduction," Dr. Klingberg explained. "We were able to look at patients with PsA and show that this substantially reduces the burden of their joint disease in addition to the other health advantages of losing weight."

An improvement in symptoms is a logical expectation from reducing the mechanical strain imposed by obesity on inflamed joints, but Dr. Klingberg is more impressed by the potential for weight loss to reduce the proinflammatory signalling generated by adipose tissue. In PsA, there is evidence that weight loss reduces disease activity in the skin, as well as the joints, which supports this link.

"We need more data to document the benefits from weight loss in patients with PsA, but I think management of the comorbidities of PsA, including obesity, is something that should already be routinely discussed with patients," Dr. Klingberg said.



JOIN  
US TODAY!

# Metacognition in RA:

Thinking about our thinking in RA management

EULAR 2019 | Madrid

Wednesday 12 June 2019

18:15–19:45

Hall 7 B, IFEMA,  
Feria de Madrid

reflect

Could we *think differently* about our thinking and practices in RA management?

pain

think

inflammation

fatigue

ask

RA

feel



For more information, please visit  
[www.alliance-rheumatology.com/symposium2019](http://www.alliance-rheumatology.com/symposium2019)

SANOFI GENZYME



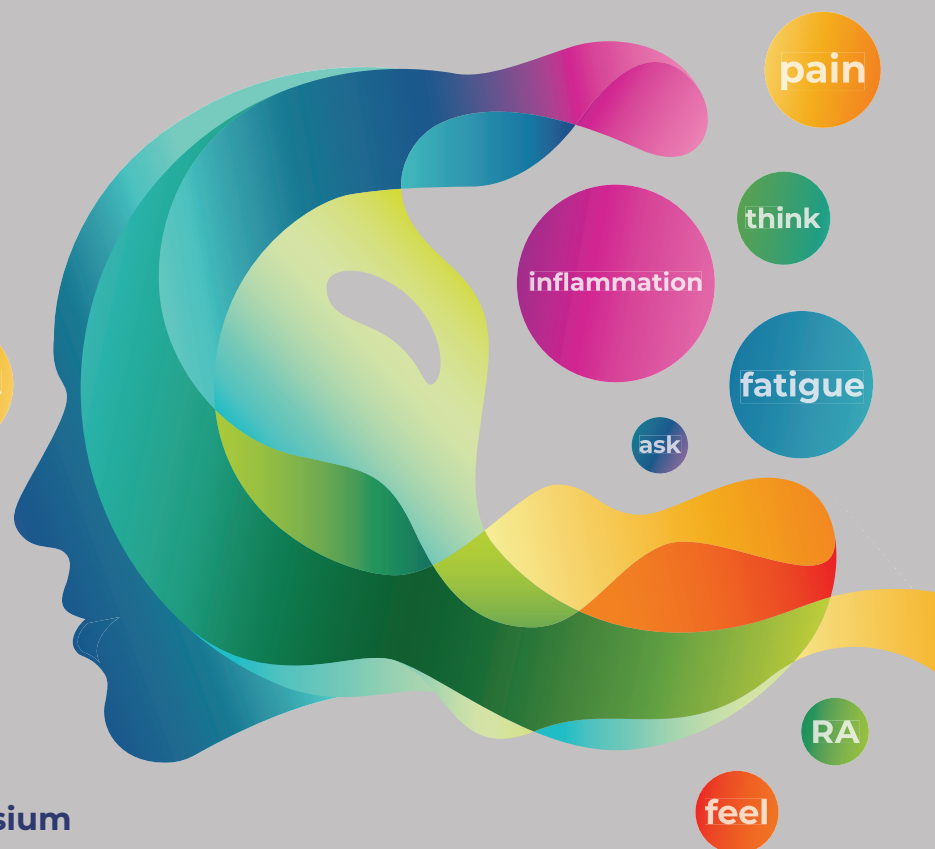
REGENERON

A Sanofi Genzyme Regeneron  
sponsored satellite symposium

This programme is hosted by Sanofi Genzyme and Regeneron  
Speakers were compensated by Sanofi Genzyme and Regeneron  
© 2019 Sanofi Genzyme and Regeneron Pharmaceuticals, Inc. All Rights Reserved | May 2019 | SAGLB.SARI.19.02.0128bx

JOIN  
US TODAY!

# Metacognition in RA: Thinking about our thinking in RA management



A Sanofi Genzyme Regeneron sponsored satellite symposium

TIME	TOPIC	PRESENTER
18:15–18:25	<b>Introduction:</b> Is it possible to achieve better disease control in RA?	<b>Leonard Calabrese</b> Professor of Medicine, Lerner College of Medicine, and Director of the RJ Fasenmeyer Center for Clinical Immunology, Cleveland Clinic, USA
18:25–18:40	<b>The role of patient beliefs in RA adherence and therapy optimisation</b>	<b>John Weinman</b> Professor of Psychology as applied to Medicines, Institute of Pharmaceutical Science, King's College London, UK
18:40–18:55	<b>The ideal vs the norm:</b> What does Minimally Important Difference mean and why is this important in management of RA today?	<b>Daniel Aletaha</b> Associate Professor of Medicine and Consultant Rheumatologist, Division of Rheumatology, Medical University of Vienna, Austria
18:55–19:10	<b>Changes in daily RA practice:</b> Dealing with loss vs gain in switching vs cycling	<b>Andrea Rubbert-Roth</b> Deputy Hospital Director, Department of Rheumatology, Kantonsspital St. Gallen, Switzerland
19:10–19:20	<b>Holistic care of patients with RA</b>	<b>Leonard Calabrese</b>
19:20–19:40	<b>Q&amp;A</b>	All, moderated by <b>Leonard Calabrese</b>
19:40–19:45	<b>Close</b>	<b>Leonard Calabrese</b>

For more information, please visit  
[www.alliance-rheumatology.com/symposium2019](http://www.alliance-rheumatology.com/symposium2019)

SANOFI GENZYME 

REGENERON



This programme is hosted by Sanofi Genzyme and Regeneron  
Speakers were compensated by Sanofi Genzyme and Regeneron  
© 2019 Sanofi Genzyme and Regeneron Pharmaceuticals, Inc. All Rights Reserved | May 2019 | SAGLB.SARI.19.02.0128bx



# Basic science and clinical abstract awardees honoured

**A**t this afternoon's Opening Plenary Session, first authors from six basic science and six clinical abstracts will each receive awards for achieving the highest overall scores from an expert review panel. Each winner will receive EUR 1,000.

## Basic science abstract winners

**Olivier Malaise, MD, PhD**, of GIGA Research at the University and CHU of Liège (Belgium) and the Institute for Regenerative Medicine and Biotherapy at the University of Montpellier (France) is receiving a prize for leading a study on the link between osteoarthritis development and mesenchymal stem cell senescence (abstract OP0071). In an in vitro test, Dr. Malaise and associates found that the ability of mesenchymal stem cells to self-renew was

altered during senescence; in an in vivo test of C57BL/6, SAMP8/R1 wild-type mice with OA induced by collagenase injection, p16<sup>INK4A</sup>-induced cellular senescence in mesenchymal stem cells significantly degraded articular cartilage. Specifically targeting these stem cells could represent a new and promising treatment for OA.

**Richard Stratton, MD, PhD**, of the UCL division of medicine Royal Free Campus at the Centre for Rheumatology and Connective Tissue Diseases in London is being honoured for his paper on synthetic peptides and the inhibition of pathogenic macrophages in systemic sclerosis (abstract OP0182). He and his colleagues sought to determine the macrophage activation signature in systemic sclerosis, assess CD206 as a biomarker of fibrotic

activity, and measure the synthetic peptides' effect on macrophage activation and macrophage-fibroblast crosstalk. In assay tests, most of the four synthetic RP peptides tested inhibited macrophage growth, though the effect did not always reach statistical significance.

**John Bowes, PhD**, of the Arthritis Research UK Centre for Genetics and Genomics at the University of Manchester (UK), is receiving an award for his work on the genetic differences between the seven clinical subgroups of juvenile idiopathic arthritis (JIA) as defined by the International League of Associations for Rheumatology (ILAR) (abstract OP0189). He and his associates conducted a large case-control association study on single-nucleotide

polymorphisms (SNPs) in patients with JIA to identify novel susceptibility loci and how these associates differed between ILAR groups. While

six of the seven SNPs the investigators discovered had already been identified, one, located in the CCDC101 intron, was novel; however, no strong evidence was found linking any SNP to a specific ILAR group.

**Kate Duffus, PhD**, also of the Arthritis Research UK Centre for Genetics and Genomics at the University of Manchester, is being honoured for leading a study on gene regulation of RA risk enhancers at the 5q11 locus using CRISPR interference and activation (abstract OP0192). Dr. Duffus and associates found that, in the Jurkat T cells with CRISPR activated, three SNPs significantly increased ANKRD55 expression; two of those SNPs also significantly

increased IL6ST expression. In CRISPR-interfered Jurkat T cells, two SNPs significantly decreased ANKRD55 expression. Intronic enhancers such as those tested in the study will be crucial to the translation of genome-wide association studies.

**Remy Pollock, PhD**, of the Krembil Research Institute in Toronto is receiving an award for leading a study on the epigenomic landscape of patients with psoriasis who will develop psoriatic arthritis (PsA) (abstract OP0203). Dr. Pollock and colleagues sought to discover predictive biomarkers of PsA and determine epigenomic differences in a cohort of 120 patients with psoriasis, half of whom converted to psoriatic arthritis and half of whom

did not. They found several individual CpG sites, differentially methylated regions, and inflammatory pathways in patients who converted to psoriatic arthritis that were not found in nonconverters, which supports the hypothesis that DNA methylation could serve as a biomarker for PsA progression in patients with psoriasis.

**Anastasia Filia, PhD**, of the Biomedical Research Foundation Academy of Athens is being honoured for her work on the prediction of major organ involvement in systemic lupus erythematosus (SLE) (abstract OP0277). She and her associates used machine learning and RNA sequencing to detect the smallest number of genes predicting SLE Disease Activity Index (SLEDAI) and organ involvement in whole blood samples from 150

patients with SLE. The gene signature used to predict organ involvement had good accuracy, specificity, and sensitivity, whereas the gene signature used to predict SLEDAI did not have high accuracy. The investigators theorised this was because certain disease manifestations are not currently included in SLEDAI.

## Clinical abstract winners

**Lianne Kearsley-Fleet** of the University of Manchester (UK) is receiving an award for research into determining whether to switch to a different tumour necrosis factor inhibitor (TNFi) or a drug from a different class after failure of a first TNFi in patients with juvenile idiopathic arthritis (JIA) (abstract OP0016). The former is what the NHS England guidelines recommend, but the evidence base for the recommendation is limited. They

investigated outcomes in 151 children and young people with JIA: 115 patients (76%) who were switched to a different TNFi and 36 (24%) who were switched to another drug class. The investigators found that, in this real-world cohort, rates of drug continuation and effectiveness outcomes at 1 year were not different between those switching to another TNFi and those switching to another class of drug.

**Ai Li Yeo, MBBS**, a rheumatologist and immunocompromised infectious disease fellow at Monash Health and a PhD candidate at Monash University, both in Melbourne, is being honoured for assessing costs and effectiveness of repeated antinuclear antibody (ANA) testing (abstract OP0020). With a positive result defined as 1:160, they found that 14,058 of the 36,715 tests were positive (38.3%); however, of the 7,825 re-

peat ANA tests (21.4%), only 6.5% (n = 511) changed from negative to positive. The direct total cost to the government of all ANA testing was AUD\$903,189; repeat testing contributed AUD\$193,725 to that number. The investigators concluded that, with a positive predictive value of 0.01, there is limited utility and high cost in repeat testing.

**Md Yuzaiful Md Yusof, MBChB, PhD**, a National Institute for Health Research (NIHR) academic clinical lecturer at the Leeds (UK) Institute of Rheumatic and Musculoskeletal Medicine at the University of Leeds, is receiving an award for research into predictors of serious infection events in repeat cycles of rituximab and the outcomes of hypogammaglobulinaemia in terms of other risks (abstract OP0021). Investigators retrospectively analysed 700

consecutive patients with a total of 2,880 patient-years. They found that some non-rituximab specific comorbidities, such as diabetes and heart failure, and some rituximab-specific ones, such as higher corticosteroid dose, were associ-

Continued // 6

## Undergraduates' research studies garner awards

**E**ULAR is awarding EUR 1,000 each to three students who were the first authors of top-scoring research studies in rheumatology that were conducted while they were medical students.

**Roline Krol** of the pediatric rheumatology department at Wilhelmina Children's Hospital in Utrecht, Netherlands,



**Ms. Krol**

is receiving an award for her work on inflammatory bowel disease (IBD) in patients with juvenile idiopathic arthritis (JIA) being treated with etanercept (abstract OP0058). Among 8,309 patients in the Pharmachild database, Ms. Krol and associates identified 50 cases of IBD in 47 patients. Enthesitis-related arthritis was the most common JIA subtype in patients who also had IBD, and nearly three-quarters of patients with information available were being treated with etanercept at the date of disease onset. Methotrexate was found not to have a protective role in preventing IBD.

**Huiyi Zhu** of the department of rheumatology at Peking Union Medical College Hospital in Beijing is being honoured for her



**Ms. Zhu**

paper on the identification of dermatomyositis subgroups using cluster analysis (abstract OP0062). Ms. Zhu and associates reviewed 720 patients with dermatomyositis, in which they used cluster analysis to identify six subgroups, and while all six had significant differences in treatment, three clusters were most likely to require aggressive immunosuppressive therapy.

**He Chen**, a PhD candidate at the Graduate School of Peking Union Medical College and also with the department of rheumatology at China-Japan Friendship Hospital, both in Beijing, is receiving an award for his work on molecular characterisation and stratification of idiopathic inflammatory myopathies (IIM) (abstract OP0181). Mr. Chen and associates' work suggests that IIM could be classified, using an interferon scoring system, into interferon-dominant, interferon-moderate, and interferon-weak subgroups.



**Mr. Chen**

paper on the identification of dermatomyositis subgroups using cluster analysis (abstract OP0062).

Ms. Zhu and associates

department of rheumatology at China-Japan Friendship Hospital, both in Beijing, is receiving an award for his work on molecular characterisation and

stratification of idiopathic inflammatory myopathies (IIM) (abstract OP0181). Mr. Chen and associates' work suggests that IIM could be classified, using an interferon scoring system, into interferon-dominant, interferon-moderate, and interferon-weak subgroups.

## HPR, PARE, and FOREUM investigators win awards

**F**irst authors of the top Health Professionals in Rheumatology (HPR) abstract, the best People with Arthritis and Rheumatism in Europe (PARE) abstract, and the winning Foundation for Research in Rheumatology (FOREUM) abstract at this year's congress will each receive an award prize of EUR 1,000 at this afternoon's Opening Plenary Session.

**Ross Wilkie, PhD**, of Keele (UK) University is receiving an award for the top HPR abstract for research



**Dr. Wilkie**

on mediators of osteoarthritis's effects on mortality (abstract OP0155-HPR). The investigators looked into how anxiety, depression, insomnia, and walking frequency affect mortality in osteoarthritis patients to identify these as modifiable risks for HPRs to target. The strongest mediator was walking frequency, followed by depression and insomnia (anxiety was not a mediator), which suggests that physical activity is an important target for HPRs to address.

**Tinja Saarela** of the Finnish Rheumatism Association in Helsinki is receiving an award for the best PARE abstract for research on the use of geocaching projects to encourage

physical activity among patients with rheumatism (abstract OP0070-PARE). Association members placed



**Ms. Saarela**

waterproof containers with log books, and participants looked for them using GPS-enabled devices; representatives of participating associations were provided the necessary training to set up geocaches. By the time the project ended last October, 48 caches had been made by 13 associations that had altogether been logged 6,593 times.

**Juan L. Garrido-Castro, PhD**, of Instituto Maimónides de Investigación Biomédica de Córdoba (Spain) has received an award for the top FOREUM abstract for research on the relationship between mobility in the lumbar segment of the spine, structural



**Dr. Garrido-Castro**

al damage there, and disease severity in axial spondyloarthritis (abstract SAT0327). The investigators' findings suggested that structural damage is the primary determinant of decreasing lumbar mobility, according to the investigators.

### Continued from // 5

ated with higher risk of serious infection events. They also validated low immunoglobulin G before each cycle as a predictor.

**Fenne Wouters** of the department of rheumatology at Leiden (Netherlands) University Medical Centre is receiving a prize for investigating the prognostic value of MRI-detected joint erosions for diagnosis of rheumatoid arthritis among patients with clinically suspect arthralgia (abstract OP0022). Investigators assessed the wrist, metacarpophalangeal, and metatarsophalangeal joints with MRI and scored it according to the RA MRI scoring system (RAMRIS) in 491 patients with clinically suspect arthralgia. With a median fol-



**Ms. Wouters**

low-up of 17 months, the investigators found that the presence of MRI-detected erosions did not predict development of RA; the hazard ratio on multivariable analysis was 0.85 (95% confidence interval, 0.52-1.40).

**Hirotaka Matsuo, MD, PhD**, of the department of integrative physiology and bio-nano medicine at the National Defense Medical College, Tokorozawa, Japan, is being honoured for research into genes associated with serum uric acid levels (abstract OP0048). The investigators performed a genome-wide meta-analysis on three Japanese cohorts including 120,000 individuals and compared their findings with previous genome-wide associated studies. Not only could the genomic loci they've found help provide insight into regulation of serum uric acid and pathogenesis of gout and hyperuricemia, they may also provide targets for future research and perhaps treatments.

**Anna-Maria Hoffmann-Vold, MD, PhD**, head of systemic sclerosis research in the department of rheumatology at Oslo University Hospital, is receiving an award for research



**Dr. Hoffmann-Vold**

into the safety and efficacy of fecal microbiota transplant using commercially available anaerobic cultivated human intestinal microbiota (ACHIM) in patients with systemic sclerosis (abstract OP0327). Investigators conducted a randomised, double-blind, placebo-controlled, 16-week pilot at Oslo University Hospital that included 10 patients. They found use of the commercially available ACHIM appeared safe and effective at reducing lower GI symptoms; it also seemed to change the composition of gut microbiota and affect the mucosal immune system.



# WHAT DO WE REALLY KNOW ABOUT RA



## RHEUMATOID ARTHRITIS, redefined

**Rheumatoid arthritis is a destructive autoimmune disease** driven by pathogenic antibodies and proinflammatory cytokines.<sup>1</sup>

**Constant renewal of T cell–initiated immune response<sup>2</sup>** results in the production of autoantibodies and the perpetuation of proinflammatory cytokines.<sup>1</sup>

**Elevated levels of autoantibodies and cytokines** lead to increased disease activity, structural damage, functional impairment, and extra-articular manifestations.<sup>1,3</sup>

Visit **Bristol-Myers Squibb Booth 24**  
to learn more

#### References:

1. Smolen JS, et al. *Nat Rev Dis Primers*. 2018;4:18001.
2. Edwards JC and Cambridge G. *Nat Rev Immunol*. 2006;6(5):394-403.
3. Dougados M, et al. *Ann Rheum Dis*. 2014;73:62-68.



**Bristol-Myers Squibb**

© 2019 Bristol-Myers Squibb Company  
IMSEP1901413-01 Mar/19

# Criteria found largely interchangeable for classifying radiographic axial spondyloarthritis

For the purpose of classifying patients with axial spondyloarthritis with radiographic sacroiliitis, the modified New York (mNY) criteria and the Assessment of Spondyloarthritis International Society (ASAS) criteria identify comparable groups of patients, according to comparisons undertaken in large cohorts to be presented this afternoon.

"The major finding is that patients classified with one set of the criteria are essentially the same as those classified with the other," said Anne Boel of Leiden (Netherlands) University Medical Centre. Providing a preview of data she will present in the "Spondyloarthritis on the move: Thrilling developments" oral abstract session, Ms. Boel explained that the study addresses a controversy that has persisted since the newer ASAS criteria were introduced several years ago.

The definition of radiographic involvement is the same for both classification sets, but there are modest differences in other (clinical) criteria. Both sets of criteria are used, which complicates efforts to compare patient populations among studies. Those who meet the mNY



**Anne Boel**

criteria are labelled as having ankylosing spondylitis (AS). Those who meet the ASAS criteria are labelled as having radiographic axial spondyloarthritis (r-axSpA).

In this study, patients from eight cohorts were evaluated with the two classification sets. In addition to having the diagnosis of axSpA with radiographic sacroiliitis, all patients had to have back pain for longer than 3 months, which is also mandatory for both classification sets. Of the 3,434 fulfilling the ASAS criteria for r-axSpA, 96% fulfilled the mNY criteria for AS. Of the 3,882 meeting the

**Abstract Session**  
**Spondyloarthritis on the move:**  
**Thrilling developments**  
Wednesday, 16:15 – 17:45  
Hall 7A

mNY criteria, 93% fulfilled the ASAS criteria for r-axSpA.

"We never expected to show 100% agreement. Patients cannot be classified according to the ASAS criteria if they first develop back pain at age 45 years or older, so this is one difference between the two criteria sets that would affect classification," Ms. Boel explained. She said this is not the only difference between the two classification sets, but it turned out to be the main difference.

When tallied, 7% of the 4,041 patients with axSpA with radiographic sacroiliitis evaluated met only the mNY criteria, 3% met only the ASAS criteria, 89% met both sets of criteria, and 1% met neither, according to Ms. Boel. Of those who met the mNY criteria but not the ASAS criteria, almost all (95%) did so because they had not received a diagnosis before the age of 45 years. The rest were not classified because of the absence of SpA fea-

tures required by the ASAS classification system.

Of the 3,434 patients fulfilling the ASAS criteria, 90% fulfilled the mNY criteria because of the presence of inflammatory back pain. Most of those without inflammatory back pain had a mobility restriction, thereby fulfilling the mNY criteria, yet a small proportion without inflammatory back pain or mobility restriction fulfilled the ASAS criteria because of other SpA features.

Based on the persistent debate over whether AS patients identified by mNY criteria are the same as r-axSpA identified by ASAS criteria, these findings will be of greatest interest to researchers, according to Ms. Boel. She said these data support a direct comparison between literature on AS and literature on r-axSpA. ASAS members agree. When these data were presented at an annual workshop that took place earlier this year, they voted to accept the terms AS and r-axSpA as interchangeable, according to Ms. Boel, who had no conflicts of interest to disclose. Many of her coauthors reported financial relationships with a variety of pharmaceutical companies.

## Continued from // 1

ILD occurs in about half of all patients with systemic sclerosis; among these, approximately one out of three will experience lung disease progression, Dr. Hoffmann-Vold said. Despite these high prevalence rates and known associations with high morbidity and mortality, Dr. Hoffmann-Vold described widespread uncertainty surrounding such patients, which prompted the present initiative.

"We don't have standardised guidance on how to screen these patients, how to diagnose them, how to monitor and follow up these patients, and we don't know when to initiate and escalate and have few treatment options available," Dr. Hoffmann-Vold said. "So that was the starting point for this study."

The study, to be presented in an abstract session this afternoon, involved a comprehensive literature review in combination with consensus opinions from 27 European-based pulmonolo-

gists, internists, and rheumatologists. Using a modified Delphi process, involving three rounds of online surveys, a face-to-face discussion, and a WebEx meeting, the expert panel established statements defined by at least 80% consensus.

Topics agreed upon include risk factors, screening, diagnosis and assessment of severity, treatment initiation and options, disease progression, and treatment escalation. Statements for lung ultrasound and biomarkers were not included because both lack sufficient data and biomarker testing is inadequately standardised, according to Dr. Hoffmann-Vold.

Out of all the expert consensus statements, Dr. Hoffmann-Vold emphasised that screening is the most important.

"Everyone needs to be screened because systemic sclerosis in itself is the highest risk factor for interstitial lung disease, and a lung function test is not enough," she said. "So all clinicians need to conduct HRCT [high-resolution CT] on the patients to verify presence or absence



**Dr. Anna-Maria Hoffmann-Vold**

**Abstract Session**  
**Myositis and SSC: Clinical highlights 2019**  
Wednesday, 16:15 – 17:45  
N101/N102

[of ILD]. This is something I would really like all rheumatologists to know: Please screen all your patients for interstitial lung disease."

The consensus statements mark a step forward for ILD in systemic sclerosis, but Dr. Hoffmann-Vold said that much work remains undone.

"I would really like to work on more evidence for screening, diagnostics, and management of ILD in systemic sclerosis," Dr. Hoffmann-Vold said. "We need much more in-depth knowledge including all these topics." In particular, Dr. Hoffmann-Vold noted that more studies are needed to guide severity grading, predict which patients will experience lung disease progression, and develop better treatment options.

"We may increase the standard of care for all patients throughout Europe with this study," Dr. Hoffmann-Vold said, "but there are still huge knowledge gaps that we need to fill."

The investigators disclosed relationships with Boehringer Ingelheim, GlaxoSmithKline, Actelion, and others.



# Treatment timing considerations in biologic management of SLE: the long and short of it

A GSK-sponsored promotional symposium at EULAR 2019

**Thursday 13 June 2019, 17:30–19:00**

**Room N117/N118**

## Agenda

### Welcome and introduction

*Dr Alejandro Olivé Marqués, Spain (Chair)*

### Long- and short-term treatment goals in SLE

*Dr Alejandro Olivé Marqués, Spain*

### Balancing the benefits and risks of treatment in SLE

*Dr José A. Gómez-Puerta, Spain*

### When to start biologic therapy in SLE?

*Professor Luca Iaccarino, Italy*

### Experience with initiating biologic therapy earlier in the disease course

*Professor Andreas Schwarting, Germany*

### Faculty discussions

*All faculty*

### Summing-up and concluding remarks

*Dr Alejandro Olivé Marqués, Spain*



La ficha técnica de cualquier producto de GSK estará disponible en el simposio y en el stand promocional

The SmPC for any GSK products mentioned will be available at the symposium and at the GSK promotional booth

# Large-scale JIA studies assess etanercept safety

By analysing registry data from more than 10,000 patients with juvenile idiopathic arthritis (JIA), two recent studies further characterise the safety of etanercept in real world practice, with a focus on risks of immune-mediated diseases, malignancies, and infections. The studies, to be presented this afternoon, offer reassurance in some areas while keeping other safety concerns on the radar.



**Ms. Krol**

The first study, conducted by Roline Krol, of Utrecht (Netherlands) University, and her colleagues, evaluated the association between etanercept exposure in JIA patients and subsequent development of inflammatory bowel disease, a possible adverse event that has been highlighted by previous research, Ms. Krol said.

"Earlier studies found that etanercept was used more often in [JIA] patients who developed IBD," Ms. Krol said, "but also that methotrexate had a protective effect on IBD development."

To evaluate this possibility, Ms. Krol and her colleagues turned to the Pharmachild JIA registry, the largest international registry of its kind, according to Ms. Krol.

"[Pharmachild] gives us the possibility to find out a lot more about adverse events," she said, "and I think a lot of research is needed in this area because there's quite a lot we don't know yet."

The investigators reviewed data from 8,309 patients with JIA, finding that 260 had reported gastrointestinal disorders. Of these, 50

confirmed or suspected IBD cases were identified in 47 patients.

Further data analysis, to be presented this afternoon, showed that patients who developed IBD were generally older (9.1 vs. 7.1 years;  $P = .002$ ) and more likely to be male (67.6% vs. 48.9%;  $P = .011$ ). In the



**Dr. Klotsche**

14 patients who had sufficient data about IBD onset and concurrent medication usage, 10 (71.4%) were taking etanercept and 7 (50%) were taking methotrexate at or within 3 months preceding IBD onset.

Ms. Krol said that the first finding, concerning a possible relationship between etanercept and IBD, aligns with previous publications, suggesting that a link may be present; in contrast, methotrexate did not appear to have a protective effect.

"I think a lot of people were thinking that methotrexate was safer for patients regarding development of IBD," Ms. Krol said, "[but] we did not find that. I think that's important to keep in mind."

Ms. Krol said that this study sets the direction for future projects. "It's just the start, I think," she said. "We want to start to develop a predictive model now ... to treat earlier or maybe even to prevent IBD from developing by choosing the right medication."

Ms. Krol suggested that future research will also incorporate other biologics, such as adalimumab. "A lot still needs to happen," she said.

The second study, to be presented by lead author Dr. Jens Klot-

sche, of the German Rheumatism Research Center in Berlin, relied upon the German BiKeR registry and its follow-up registry, JuMBO, to evaluate the risk of malignancies, serious infections, and new-onset autoimmune events in JIA patients receiving etanercept.

"Etanercept was the first approved biologic for the treatment of polyarticular JIA in Germany," Dr. Klotsche said. "It is still the most frequently used biologic in JIA and patients may be exposed to etanercept over long periods of time to control the inflammation."

Although long-term etanercept use is relatively common, Dr. Klotsche noted that concerns remain about adverse events, particularly increased risk of malignancies, which prompted a U.S. Food and Drug Administration black-box warning for all anti-TNF therapies in 2008.

Out of 4,546 patients currently in the BiKeR registry, 2,584 patients with JIA were older than 18 years and therefore eligible for JuMBO. Of these patients, 1,765 (68%) had received etanercept at some time, and 1,101 had been followed into adulthood. The mean exposure to etanercept was 4.2 years, with 518 patients exposed for more than 5 years.

In the data to be presented today, 5.8% of patients had a reported autoimmune event with an average onset of 10.2 years after starting treatment, and 0.4% of patients had a reported, new-onset immune-mediated disorder with an average onset of 6.8 years.

In all, 11 malignancies were reported, which represents a rate of 0.10 events per 100 person-years, with an average onset of 12.1 years after JIA onset and 7.5 years after first etanercept exposure.

## Abstract Session PreS

**JIA: From new horizons of treatment to perspectives on current ones**

Wednesday, 16:15 – 17:45  
South Auditorium

Of these 11 patients, 4 developed malignancy in childhood and 7 in young adulthood. Three out of the 11 patients were exposed to at least one other biologic therapy. Dr. Klotsche also pointed out that the data confirm the low risk of serious infections associated with etanercept.

"We have not identified any risk that might have questioned the benefit of a biologic therapy," Dr. Klotsche concluded. "Most importantly, in patients treated with bDMARDs in childhood or adolescence, we did not find a significantly increased risk of malignancy."

However, Dr. Klotsche, like Ms. Krol, stressed the importance of monitoring long-term etanercept therapy moving forward.

"Despite the available data and long-term use of biologics in children, there are still some concerns about possible long-term consequences of biological DMARDs," Dr. Klotsche said. "It is therefore imperative to monitor JIA patients who have been treated with various DMARDs including biologics from childhood and adolescence into adulthood to get more information about the long-term safety of drugs and the risk of malignancies and other serious events in JIA patients."

Ms. Krol and Dr. Klotsche had no disclosures to report. Several coauthors reported financial relationships with numerous pharmaceutical companies.

## EULAR Congress dinner at La Quinta de Jarama

**Friday, 14 June 2019, 20:00 – 24:00**

**Price: EUR 95 per person (not included in the registration fee)**

EULAR 2019 welcomes you to La Quinta de Jarama for the congress dinner held on Friday, 14th June.

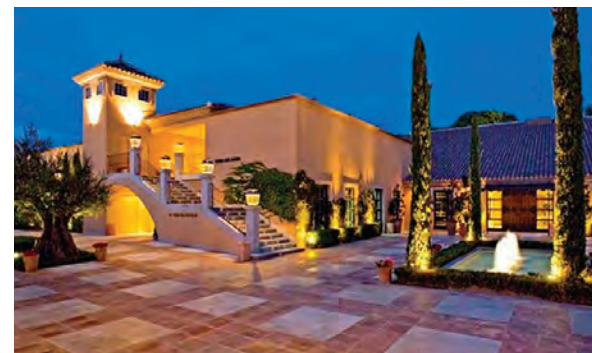
La Quinta de Jarama is an exclusive venue located only 30 minutes from Madrid city center.

The cocktail party will be held in its beautiful space full of nature composed by gardens, olive

trees, and fountain.

After enjoying cocktails in these amazing gardens, a dinner will be served in its elegant indoor spaces and its porches.

The EULAR Congress Dinner is a great opportunity to dine and meet with friends and colleagues from around the world in a relaxed atmosphere, while enjoying the unmatched charm and fascination of Madrid. Those who have shared this evening with us in previous years would not want to miss it. Come and join us!







CHANGES WHAT  
HAPPENS HERE

WHAT  
EXCESS NGF  
DOES HERE

# EXCESS NGF IS ONE OF THE KEY DRIVERS OF CHRONIC PAIN

In response to injury or inflammation, cells at the site of pain release a number of biochemical mediators, including prostaglandins, cytokines, and a neurotrophin called nerve growth factor (NGF). NGF plays a key role in driving chronic pain. Excess NGF can change the way nerves signal pain. In the periphery, excess NGF can lead to peripheral and central sensitization, amplifying pain signaling and heightening the perception of pain.<sup>1-5</sup>

Discover more at  
[KeyPainDrivers.com](http://KeyPainDrivers.com)

**References:** 1. Chang DS, Hsu E, Hottinger DG, Cohen SP. Anti-nerve growth factor in pain management: current evidence. *J Pain Res.* 2016;9:373-383. 2. Pinho-Ribeiro F, Verri Jr W, Chiu I. Nociceptor sensory neuron-immune interactions in pain and inflammation. *Trends Immunol.* 2017;38:5-19. 3. Latremoliere A, Woolf C. Central sensitization: a generator of pain hypersensitivity by central neural plasticity. *J Pain.* 2009;10:895-926. 4. McGreevy K, Bottros MM, Raja SN. Preventing chronic pain following acute pain: risk factors, preventive strategies, and their efficacy. *Eur J Pain.* 2011;5(suppl):365-372. 5. Mantyh PW, Koltzenburg M, Mendell LM, Tive L, Shelton DL. Antagonism of nerve growth factor-TrkA signaling and the relief of pain. *Anesthesiology.* 2011;115:189-204.

Exhibitor’s List

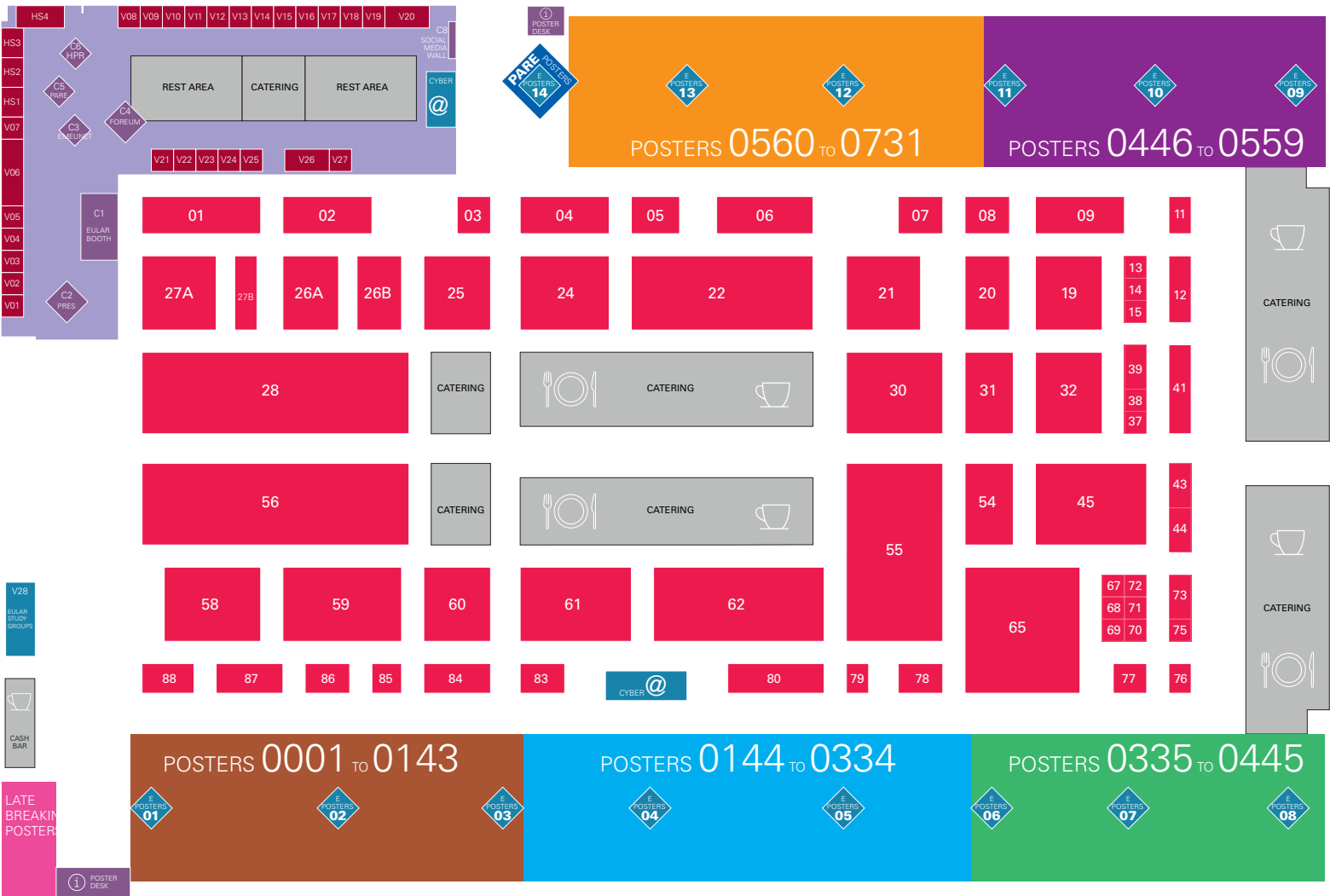
Status as of 17 May 2019

Commercial Exhibition – Exhibitors’ List

COMPANY	STAND N°	COMPANY	STAND N°
ABBVIE	56 + 59	LA LETTRE DU RHUMATOLOGUE	73
ACCORD HEALTHCARE	12	LCA PHARMACEUTICAL	78
ALPINION MEDICAL SYSTEMS	77	LG CHEM	07
AMGEN	08 + 20	MEDAC	06
AURINIA PHARMACEUTICALS	43	MEDI	14
BIOGEN	32	MENARINI GROUP	54
BOEHRINGER INGELHEIM	65	MSD	03 + 25
BRISTOL-MYERS SQUIBB	24	MYLAN	26B
CELGENE	60 + 84	NIKON	76
CELLTRION HEALTHCARE	01 + 02	NORDIC PHARMA	09
CLINICAL AND EXPERIMENTAL RHEUMATOLOGY	69	NOVARTIS	05 + 22
CYTOKINE SIGNALLING FORUM	70	PFIZER	26A + 28
ELI LILLY AND COMPANY	55	REGENERON	62
ESAOTE	75	REGEN LAB	13
EXPANSCIENCE	83	REGENYAL LABORATORIES	38
FIDIA FARMACEUTICI	80	ROCHE	27A + 27B
FRESENIUS KABI	19	SAMUMED	04
GEDEON RICHTER	44	SANDOZ	21
GILEAD SCIENCE	45	SANOFI GENZYME	62
GRIFOLS	79	SCANDINAVIAN JOURNAL OF RHEUMATOLOGY	68
GRÜNENTHAL	41	SOBI	86
GSK	30 + 31	SPRINGER NATURE	71
GUNA	39	THE JOURNAL OF RHEUMATOLOGY	67
HEMICS	15	TILMAN	85
IBSA INSTITUT BIOCHIMIQUE	87 + 88	UCB	61
IZASA SCIENTIIFIC	76	WISEPRESS	72
JANSSEN	58	XIRALITE	37
KONICA MINOLTA BUSINESS SOLUTIONS EUROPE	11		

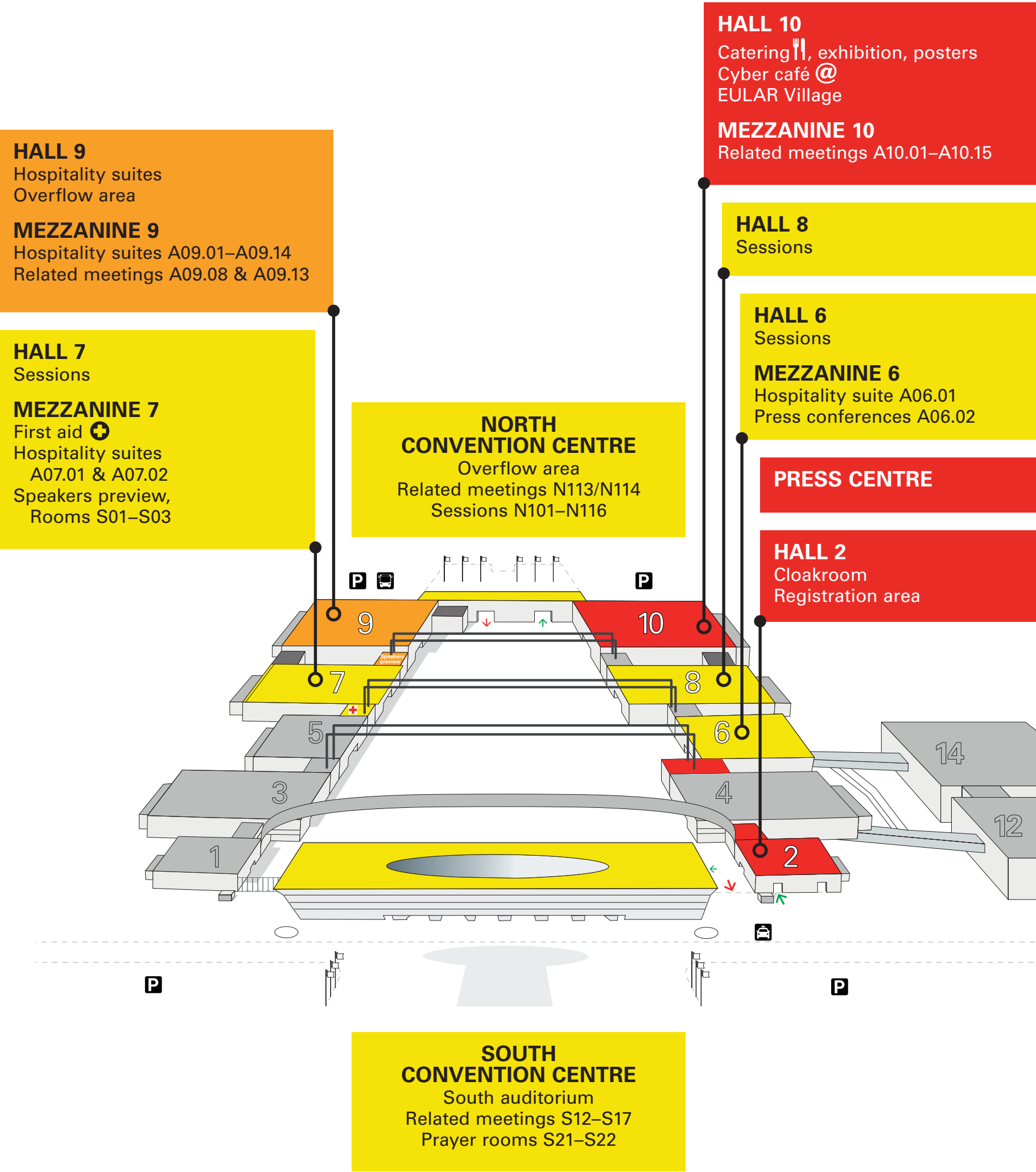
EULAR Village – Exhibitors’ List

COMPANY	STAND N°	COMPANY	STAND N°
AGORA	V14	FUTURE EVENTS	V19
AMERICAN COLLEGE OF RHEUMATOLOGY	V01 + V02	GISEA/OEG	V12
ANKYLOSING SPONDYLITIS FEDERATION (ASIF)	V13	HELP POINT FOR SMARTPHONES AND MOBILE DEVICES - EYELED	V25
APLAR 2020	V04	JAPAN COLLEGE OF RHEUMATOLOGY	V05
ASSOCIATION OF WOMEN IN RHEUMATOLOGY	V22	LIGA REUMATOLOGICA ESPANOLA (LIRE)	V24
BMJ	V06	LUPUS EUROPE	V15
BRITISH SOCIETY FOR RHEUMATOLOGY	V08	MEDITERREAN JOURNAL OF RHEUMATOLOGY	V11
EMEUNET	C3	OSTEOARTHRITIS FOUNDATION INTERNATIONAL (OAFI)	V26
ERN ReCONNET	V20	PANLAR 2020	V03
EULAR STUDY GROUPS	V28	PreS - PAEDIATRIC RHEUMATOLOGY EUROPEAN SOCIETY	C2
EULAR EXECUTIVE SECRETARIAT	C1	ReDO-REUMATOLOGHE DONNE	V21
EULAR HEALTH PROFESSIONALS IN RHEUMATOLOGY	C6	RHEUMATOLOGY NEWS	V27
EULAR PARE	C5	SOCIETA ITALIANA DI REUMATLOGIA - SIR	V10
EULAR SOCIAL MEDIA WALL	C7	THE LUPUS ACADEMY	V17
EULAR STUDY GROUPS	V28	TURKISH LEAGUE AGAINST RHEUMATISM (TLAR)	V09
EUROPEAN LUPUS SOCIETY	V18	TURKISH SOCIETY FOR RHEUMATOLOGY (TRD)	V09
EUROPEAN NETWORK FOR CHILDREN WITH ARTHRITIS (ENCA)	V07	WCO-IOF-ESCEO 2020	V26
EUROPEAN PAIN FEDERATION EFIC	V23	WORLD SCLERODERMA FOUNDATION	V16
FOREUM FOUNDATION FOR RESEARCH IN RHEUMATOLOGY	C4		
FOUNDATION ARTHROSE	V26		





# Congress Venue Overview Plan



# Prednisone taper works during low RA disease activity, remission while on tocilizumab

**T**apering prednisone may be an option for the majority of RA patients with low disease activity or remission while taking tocilizumab, with or without conventional synthetic disease-modifying antirheumatic drugs (csDMARDs), according to results from a randomised, controlled clinical trial to be presented this afternoon.

In the randomised, placebo-controlled phase 3b/4 SEMIRA trial, “more than two-thirds of patients who tapered prednisone to 0 mg/day over 24 weeks could do so without losing disease control, flare, or experiencing adrenal insufficiency,” said Prof. Gerd R. Burmester, director of the department of rheumatology and clinical immunology at Charité-Universitätsmedizin Berlin and Free University and Humboldt University of Berlin. “Therefore, tapering glucocorticoid [GC] treatment with an aim for complete discontinuation is worth considering for all patients once they achieve disease control in line with treat-to-target recommendations.”

According to EULAR and American College of Rheumatology guidelines, patients with RA should typically receive the lowest necessary dose of GC treatment while avoiding doses above 5 mg/day for longer than 3-6 months, but many early or estab-

**Abstract Session**  
**RA therapy – JAK inhibitors and beyond**  
Wednesday, 16:15 – 17:45  
Hall 8

lished RA patients receive a 5 mg/day or higher dose for extended periods of time. In addition, Prof. Burmester noted in an interview that “treating physicians largely rely on personal experience when tapering GCs,” but there is a lack of methodologically appropriate clinical trials and guidelines for when and how to taper GCs or continue therapy.

Patients were included in the study if they received tocilizumab with or without csDMARDs and GCs at a prednisone-equivalent dose of 5-15 mg/day for at least 24 weeks. Prior to randomisation, patients had at least low disease activity defined as a Disease Activity Score in 28 joints using erythrocyte sedimentation rate (DAS28-ESR) of 3.2 or less and were receiving a stable combination of prednisone at a 5 mg/day with tocilizumab with or without csDMARDs for at least 4 weeks or more.

At baseline, mean DAS28-ESR score was 1.9, and the mean disease duration was 9.2 years. Patients randomised to the tapering group (n =

131) received a 1-mg/day reduction every 4 weeks and stopped taking the medication entirely between 16 weeks and 24 weeks, whereas patients who continued on GC therapy (n = 128) received 5 mg/day over the 24-week period.

There was a 0.61-unit difference in DAS28-ESR between the tapering and continuation arms (95% confidence interval, 0.35-0.88; *P* less than .001), with better control in the continuation group. Tocilizumab monotherapy resulted in a between-group difference of 0.47 DAS28-ESR units (95% CI, 0.1-1.0), while combination tocilizumab and csDMARD therapy yielded a between-group difference of 0.68 units (95% CI, 0.2-1.0).

Overall, 65% of patients in the tapering and 77% of patients in the continuation arm achieved “treatment success,” defined as staying in at least low disease activity, lack of flare, and lack of adrenal insufficiency requiring replacement therapy. Flares occurred among 26% of patients in the tapering arm and in 11% of patients in the continuation arm, and there were no discontinuations in the tapering arm as a result of insufficient flare control, compared with one patient in the continuation arm. With regard to adverse events, 3% of patients in the tapering arm and 5%



**Prof. Gerd R. Burmester**

of patients in the continuation arm experienced serious adverse events, and there were no deaths or GI perforations reported. The investigators noted that no patients experienced symptomatic adrenal insufficiency that required replacement therapy.

“Our results provide valuable, robust evidence quantifying and qualifying clinical risks/benefits of GC withdrawal associated with the studied tapering scheme, allowing physicians to engage and inform patients for whom tapering may be desirable,” Prof. Burmester said.

Prof. Burmester reported being a consultant and on the speakers' bureau for Roche and Sanofi-Genzyme.

## Clinicians and patients look ahead to genomic-based outcomes

**M**ore research programmes worldwide continue to explore the use of genomics to inform treatment selection and optimise outcomes for patients with rheumatic diseases, according to Prof. Anne Barton of the University of Manchester (UK).

Prof. Barton will be speaking in the Personalised Medicine in Rheumatic Disease Basic and Translational Science Session this afternoon.

“The major challenges to targeting the right treatments to the right patients include, first, understanding what we mean by treatment response: Is drug efficacy the same as treatment response, and how should we measure it? Second, how do we account for confounding factors, such as nonadherence, when assessing drug efficacy? And third, should we be looking at synovial tissue or blood?” she said in an interview.

In many cases, rheumatic disease patients are treated for 3-6 months before a decision is made regarding efficacy, said Prof. Barton. Patients undergoing treatment with ineffective medications may experience not only ongoing disease activity

**Basic and Translational Science Session**  
**Personalised medicine in rheumatic disease**  
Wednesday, 18:15 – 19:45  
South Auditorium

but also risk of side effects and potential joint damage, and other quality of life issues, she said.

Personalised medicine aims to target treatments to patients most likely to respond. Currently, C-reactive protein and erythrocyte sedimentation rate are the only biomarkers routinely used to guide whether patients need therapy, she said, although rheumatoid factor and anti-citrullinated protein antibody status are often considered.

Clinicians are moving ahead with personalised medicine using genetics and imaging. “Both genetic and imaging approaches can be used to explore which subcomponents of the DAS28 best reflect drug efficacy and whether that is the same as treatment response; direct testing of drug levels is being explored as an objective measure of adherence, whilst large studies of synovial tissue

and matched blood samples are starting to emerge to determine which tissue to test in future clinical care,” Prof. Barton explained.

Data from recent studies support the use of new outcome measures.

“Genetic and imaging studies both show that the swollen joint count and inflammatory markers are more objective measures of response; these are heritable and therefore potentially predictable, whereas the tender joint count and global well-being visual analogue score are not,” said Prof. Barton. “If clinicians want to know whether a drug is effective in controlling joint inflammation, reweighting of the DAS28 score or new synovitis-response measures may be needed,” she said.

Other areas for research include exploration of additional biomarkers. “Several other promising biomarkers in both blood and synovial tissue need to be confirmed but could also potentially progress to clinical trials,” Prof. Barton said.

Dr. Barton had no financial conflicts to disclose.



# Addressing *Real-World Practice Gaps* in the Management of *RA*



**Paul Emery, MA, MD,  
FRCP, FMedSci (Chair)**  
University of Leeds  
Leeds, England



**Leonard H.  
Calabrese, DO**  
Cleveland Clinic  
Cleveland, U.S.



**Ernest Choy, MD**  
Cardiff University  
School of Medicine  
Cardiff, Wales

**FRIDAY, 14 JUNE 2019 / ROOM N117+118**

**[www.RMEI.com/EULAR2019](http://www.RMEI.com/EULAR2019)**

## ACCREDITED PROGRAM AGENDA

Welcome and Introductions  
*Paul Emery, MA, MD, FRCP, FMedSci* 18:00 – 18:10

Data from EULAR 2018:  
What Do Current Gaps Mean for Patients?  
*Paul Emery, MA, MD, FRCP, FMedSci* 18:10 – 18:20

**Panel Discussion #1:** Pathologic Mechanisms  
in RA and Implications for Management  
*All Faculty* 18:20 – 18:30

Q&A Session with Attendees 18:30 – 18:40

**Panel Discussion #2:** Standards for Disease  
Monitoring to Guide Treatment  
*All Faculty* 18:40 – 18:50

Q&A Session with Attendees 18:50 – 19:00

**Panel Discussion #3:** Switching versus Cycling  
and the Role of New Treatment Options  
*All Faculty* 19:00 – 19:20

Closing Remarks 19:20 – 19:30

**REGISTER TODAY!**

**[www.RMEI.com/EULAR2019](http://www.RMEI.com/EULAR2019)**

**17:30 – 18:00**

**Dinner Reception and  
Posters Review**

**18:00 – 19:30**

**Panel Discussions, Patient  
Perspective, Q&A**

## NEW FOR THE 2019 SYMPOSIUM

✓ **Interactive, Smartphone/  
Audio-enabled Posters  
On-Site During Reception**

### ACCREDITATION STATEMENT

An application has been made to the UEMS  
EACCME® for CME accreditation of this event.



Jointly provided by RMEI Medical Education  
and Advancing Knowledge in Healthcare.

# Monitor immunoglobulin levels to predict serious infection risk with rituximab

**M**onitoring immunoglobulin (Ig) levels before each cycle of rituximab could hold the key to reducing the number of serious infection events (SIEs) in patients needing repeated treatment, according to study findings being presented this afternoon.

During the Opening Plenary Abstract Session, Dr. Md Yuzaiful Md Yusof will present data from a large retrospective study conducted at a tertiary referral centre looking at predictors of SIEs during repeated cycles of rituximab. The study's findings not only validate previous work but also add new insights into why some patients treated with repeat rituximab cycles but not others may experience a higher rate of such infections.

"The reason why this topic is important is because there is no formal guidance on how to safely monitor patients on rituximab," Dr. Md Yusof said in an interview. Low IgG has been linked to a higher risk of SIE in the first 12 months of rituximab therapy, but until now, there has been limited data on infection predictors during repeated cycles of treatment.



**Dr. Md Yuzaiful Md Yusof**

Dr. Md Yusof, who is a National Institute for Health Research (NIHR) Academic Clinical Lecturer at the University of Leeds (United Kingdom), said the value of the study, compared with others is that hospital data for all patients treated with rituximab with at least 3 months follow-up were included, which makes it an almost complete data set.

The researchers examined records of the first 700 consecutive ARD patients treated with at least a cycle of rituximab in Leeds. Over a follow-up period encompassing 2,880

patient-years of treatment, 281 SIEs were recorded in 176 patients, which yields a rate of 9.8 infections per 100 patient-years. Multivariable analysis showed that the presence of several comorbidities – notably chronic obstructive lung disease, diabetes, heart failure, and prior cancer – raised the risk for SIEs with repeated rituximab therapy. The biggest factor, however, was a history of SIEs – with a sixfold increased risk of further serious infection.

A main finding is that pretreatment IgG level is important. "We really have to monitor immunoglobulins at baseline and also before we re-treat the patients because higher IgG level is protective of serious infections," Dr. Md Yusof said.

"Other important secondary findings of this study include poor outcomes in patients with low IgG. For instance, the rates of SIEs are higher than in patients with normal IgG. Low IgG also results in poor humoral response to vaccination," he said, noting that the IgG level remains below the lower limit of normal for several years after rituximab is discontinued in most patients.

Dr. Md Yusof will highlight that

## Abstract Session

### Opening Plenary Abstract Session

Wednesday, 16:15 – 17:45

Hall 6

while IgG is a consistent marker of SIEs associated with repeated rituximab treatment, IgM and IgA should also be monitored to give a full picture of any hypoglobulinaemia that may be present.

He will also present data suggesting that prior treatment with immunosuppressants such as cyclophosphamide could also be blamed for the progressive reduction in Ig levels seen with repeated rituximab treatment rather than entirely because of rituximab.

The EULAR Scientific Programme Committee recognises the potential clinical impact of this work and has selected the research as one of the six best clinical abstracts being presented at this year's meeting.

The research was supported by Octapharma and NIHR. Dr. Md Yusof had no relevant disclosures; several coauthors disclosed financial ties to multiple pharmaceutical companies, including Roche.

## FOREUM thanks donors and announces research, fellowship grants

**S**ince FOREUM was established in 2013 as an independent funding body for research in rheumatology, it has funded more than 30 projects with a total of more than EUR 9 million in the areas of osteoarthritis, systemic lupus erythematosus, spondyloarthritis, registers, and preclinical research studies of rheumatic and musculoskeletal diseases (RMDs), ageing, and stratified medicines.

**FOREUM**  
Foundation for Research in Rheumatology

New from FOREUM are special projects for fellowships, intended to fund excellent research projects in the field of RMDs that address any basic, translational, or clinical aspects of these conditions.

### Donors

While FOREUM is operated by a broad group of experts serving in an honorary capacity with professional secretariat support, the financial base of the foundation comes from its donors.

FOREUM expresses its gratitude for past and continued support to all entities, including

platinum-level donors Lilly, Pfizer, and UCB; gold-level donors AbbVie, Sanofi, and Novartis/Sandoz; silver-level donor Gilead; and bronze-level donors Celgene, Roche, Galapagos, and Bristol-Myers Squibb. Furthermore, FOREUM is supported by EULAR.

"We are grateful to our donors, without which we would not be here nor could we fulfil our mission for the benefit of researchers and patients. Thank you also to EULAR, which enabled us also this year to recognise the Platinum donors at the Opening Plenary Session," said Prof. Gerd Burmester, FOREUM Board of Trustees President and EULAR Past President.

### 2019 calls for research proposals in innovative medicine

FOREUM just announced a programme to support innovative concepts to improve the diagnosis and treatment of RMDs. This programme is designed as an open research call seeking the best and most visionary approaches to better understand RMDs and to improve the life of patients with RMDs. In all, 32 letters of intent were received, and six investigators were invited to submit a full proposal. Two projects will be funded in the end.

### FOREUM-funded science

Two calls for research proposals were held in the past year. A call on 'comorbidities' was launched because these studies help to better interpret the overall patients' condition and prognosis. Because of the ageing population, comorbidities become increasingly important and develop independently from the respective RMD.

A second call was launched for fellows. FOREUM International Exchange Fellowships are intended to fund excellent research projects in the field of RMDs and are based on two stages: First, there is a fellow's initial stay in a host centre where he or she will be introduced, mentored, and trained in specific techniques, models, or patient data that are required to start and successfully conduct the project. Subsequently, the fellow returns to the home centre to further develop and complete the research project in protected academic time through the fellowship.

After thorough evaluation by the Scientific Committee, external peer review, and final approval by the Executive Committee and Board of Trustees, the following applicants were awarded a FOREUM research grant:



Roche-sponsored satellite symposium at EULAR 2019

# Putting New Evidence into Clinical Practice in GCA and RA –*Together We Dare*

**Thursday 13 June 2019, 08:15–09:45**

Hall 7B, IFEMA – Feria de Madrid

## **New Insights into the Treatment of GCA**

Prof John Stone, USA (Chair)

## **Strengthening the Treatment Paradigm in RA**

Prof Frank Buttgereit, Germany

## **Controversial Topics Debate and Q&A**

All Faculty



# Taking axial spondyloarthritis management up a level

**B**est practices in the management of axial spondyloarthritis (axSpA) will be the focus of a Clinical Science Session this afternoon, with presentations on current and future strategies to improve the quality of patient care.

One of the highlights of the session will be a critical appraisal of the “treat-to-target” approach and whether this could be applied to patients with axSpA in daily care. Another will be the presentation



**Dr. Machado**

of nine new quality standards set by a multidisciplinary task force of the Assessment of Spondylo-Arthritis international Society (ASAS) for the management of adults with axSpA.

## Should we treat to target in axSpA?

“Treat to target is an emerging management strategy in axSpA,” Dr. Pedro Machado of University College London said in an interview. “It’s been imported from other chronic conditions like diabetes and hypertension where you have a very specific target that you want to achieve.”

During his talk “A critical look into treat-to-target in SpA,” he will address the pros and cons of the approach, which is not only well established in nonrheumatic diseases but has also been proven in patients with rheumatoid arthritis and psoriatic arthritis with evidence from the TICORA (Tight Control of Rheumatoid Arthritis) and TICOPA (Tight

Control in Psoriatic Arthritis) trials.

Whether or not the approach can also work in axSpA is open to debate. One of the issues is what should be measured and what is the appropriate target? While there is no firm agreement yet, Dr. Machado observed that achieving inactive disease according to the Ankylosing Spondylitis Disease Activity Score (ASDAS) had been proposed.

“There is a lot of observational evidence of the benefit of a treat-to-target strategy,” he said. Such studies have shown that

“achieving inactive disease may improve structural outcomes and stop the development of radiographic damage of the spine.” Importantly, these observational studies also show that achieving inactive disease may also help to improve patients’ functional outcomes and quality of life.

Evidence backing a treat-to-target approach in axSpA from a randomised, controlled trial may currently be lacking, but the TiCO-SPA (Tight Control in Spondyloarthritis) trial is in progress and should help change that, Dr. Machado said.

“The missing bit is a randomised trial, but I would say that the observational evidence is almost enough to advocate a treat-to-target strategy in axial spondyloarthritis.” This was also the view of an international task force who recently published their recommendations and overarching principles for a treat-to-target strategy in spondyloarthritis, including axSpA (Ann Rheum Dis. 2018;77:3-17).



**Dr. Kiltz**

## Clinical Science Session

**Best practices in spondyloarthritis**  
Wednesday, 14:15 – 15:45  
Hall 8

## ASAS quality standards for axSpA

Dr. Uta Kiltz of Ruhr University Bochum and Rheumazentrum Ruhrgebiet in Herne, Germany, will look at improving the quality of axSpA care overall. In her talk “Managing Patients with axSpA: What are the quality standards?” Dr. Kiltz will explain ideas of methods measuring quality of care and will give an overview of the process used to derive the new ASAS quality standards, as well as discuss their applicability to clinical practice.

“Several unmet needs such as delayed diagnosis and restricted access to treatment have been described in patients with axSpA worldwide,” Dr. Kiltz explained in an interview. Results from the ASAS-COMOSPA study (Ann Rheum Dis. 2018;77[3]:405-11), for example, highlighted inequity in the prescription of biological disease-modifying antirheumatic drugs across the globe.

“The variation in quality of care is noted across rheumatologic diseases,” she added, and “assessing the quality of care provided to patients with axSpA is important not only to patients and physicians but also to providers and purchasers of health care.”

A major goal of ASAS is to improve quality of care and health outcomes in patients with axSpA. To address the many gaps in current care, the society set out to develop quality standards to optimise patients’ access to care and their overall treatment.

“A quality standard consists of a quality statement accompanied by a measure. The measure can be used to assess the quality of care or service provision specified in the treatment,” Dr. Kiltz explained. These are different from recommendations or guidelines, she stressed. While the latter imply evidence-based actions that should be done in order to optimally diagnose and treat the disease, quality standards identify resources or processes that need to be optimised in high-priority areas for quality improvement.

The nine ASAS quality standards cover key areas for quality improvement relating to the care of adults with axSpA that need improvement worldwide, such as the time to referral to a rheumatologist and the speed of the diagnostic work-up. Monitoring of disease activity using validated scores every 6 months is included, along with a standard noting when to escalate treatment and another on providing rapid access to a rheumatologist when managing disease flares and side effects. Patient education in self-management and the benefits of regular exercise are also included, and there is a quality standard outlining the need for annual review by a rheumatologist.

“These are the first quality standards applicable worldwide for the improvement of healthcare for adult patients with axSpA,” Dr. Kiltz said, noting that the United Kingdom’s National Institute for Health and Care Excellence has also recently developed quality standards applicable to the United Kingdom. “The ASAS quality standards are all measurable and achievable and intended to minimise variation in quality of care.”

## Continued from // 16

- Prof. Patrick Blanco, France: Immunometabolites to stratify systemic lupus erythematosus patients at high risk of cardiovascular diseases (IMSLE).
- Prof. Weiya Zhang, United Kingdom: Comorbidities in osteoarthritis.
- Prof. Daniel Prieto-Alhambra, United Kingdom: Burden and impact of comorbidity and frailty in patients with RMDs in Europe: a multinational analysis of big healthcare data.
- Dr. Erdal Sag, Turkey: The effect of T cell exhaustion profiles of synovial fluid and peripheral blood from juvenile idiopathic arthritis patients

on disease pathogenesis and prognosis.

- Dr. Blaz Burja, Slovenia: Crosstalk of metabolic and epigenetic pathways in systemic sclerosis.
- Dr. Dragana Lazarevic, Serbia: Applicability of standardised ultrasound examination to estimate disease activity in combination with the Juvenile Disease Activity Score and inflammatory markers in JIA patients.

The FOREUM committee members would like to take the opportunity to congratulate the successful FOREUM research grant recipients and wish all teams much success in their research, which they hope will deliver outstanding results.

## Projects as posters at the FOREUM booth (Hall 10, EULAR Village)

FOREUM is delighted to invite you to learn more about the exciting research that it funds. Visit the FOREUM booth to view the project posters, displaying not only the projects’ objectives and (interim) results but also the related abstracts presented at this year’s congress.

## FOREUM website

For all visitors interested in rheumatology research through FOREUM, please visit [www.foreum.org](http://www.foreum.org). If you are interested in supporting FOREUM or have any questions, visit the FOREUM booth, or send an email to [info@foreum.org](mailto:info@foreum.org).



# How to optimise e-health tools for patients with RMDs

E-health solutions are revolutionising how people communicate and interact across the globe.

How to use such technology when caring for patients with rheumatic and musculoskeletal diseases (RMDs) is the subject of today's session, titled "Bringing digital healthcare solutions to patients." During several presentations, attendees will learn how e-health solutions, such as online and mobile applications, can enhance treatment and redefine their relationships with patients.

"Availability and access to information is manifold and easy by using platforms accessible via the Internet," said Dr. Paul Studenic, a clinical researcher and clinician in internal medicine and rheumatology at the Medical University of Vienna. "This can be used to share information among patients to foster peer support as well as the exchange between patients and health professionals. E-health opportunities will set new standards for patient education and for improved adherence. The integration of e-health technology will set new and more interactive grounds for research and development."

Dr. Studenic's presentation is called, "E-health redefines the relationship between patients with RMDs and healthcare professionals." He noted that online tools enable patients to interact with each other more frequently, which facilitates broader communities for people with



Dr. Studenic

RMDs and leads to a wider range of perspectives. In addition, the transition from paper-based records to electronic medical records not only allows health professionals a more longitudinal view of patient history and outcomes, but provides patients the option to browse their own medical records remotely.

"The integration of patient-generated data in between medical encounters by the use of mobile apps [m-health] is of particular importance in the case of chronic diseases to better depict how well individuals with RMDs are doing and for the identification of flares that may require earlier clinical consultations than previously appointed with the patient," Dr. Studenic said. "The derived data may be used for further development and research or as an opportunity to host platforms for recruitment of patients in



Ms. Karlfeldt



Dr. Najm

clinical trials that may not have been recruited using conventional methods."

Susanne Karlfeldt, a research coordinator at the Karolinska Institute in Solna, Sweden, will focus on how health professionals can include patients in developing e-health solutions. Her presentation, titled "Developing e-health solutions for patients with patients" will summarise how the Patient Council of the Academic Specialist Centre (ASC) at the Karolinska Institute's Centre for Rheumatology assisted in the creation of an e-health tool called "Digital revisit."

"My key take-home point is that you should always include patients and patient organisations when developing your organisation in any way," she said. "At ASC, we ask for our patients' input and feedback on more or less everything we do or plan to do. I hope that my talk will inspire the attendees to include the patients and patient organisations in their organisation and work."

Aurelie Najm, MD, a PhD applicant and trans-

Continued // 20

## DID YOU KNOW ...



Eric Matteson



Lai-Shan Tam



Désirée van der Heijde



Ruxandra Ionescu



Lene Terslev



Annette de Thurah

## HONORARY MEMBERS

As a mark of distinction EULAR elects honorary members.

These are individuals who have rendered outstanding service in accomplishing the objectives of EULAR.

EULAR honorary members 2019:  
**Eric Matteson**  
**Lai-Shan Tam**  
**Désirée van der Heijde**  
**Ruxandra Ionescu**  
**Lene Terslev**  
**Annette de Thurah.**

[eular.org/awards\\_honorary\\_members.cfm](http://eular.org/awards_honorary_members.cfm)



eular

# Combination rituximab and belimumab shows promise against severe SLE

A combination regimen of rituximab and belimumab was effective for systemic lupus erythematosus (SLE) patients with severe, refractory disease in the first long-term study of the treatment, which will be reported this afternoon at the session “SLE, Sjögren’s and APS – treatment.”

The idea behind using belimumab following rituximab treatment arises from the observation that the initial B-cell depletion induced by rituximab triggers a surge in B-lymphocyte stimulator (BLyS) that signals the bone marrow to start making more B cells. Belimumab then inhibits BLyS, also known as B-cell activating factor (BAFF).

“It has previously been shown that circulating BAFF levels rise enormously in SLE patients treated with B-cell depleting agents, such as rituximab. The concept of combining anti-CD20 B-cell depletion with anti-BAFF cytokine inhibition has, however, only been studied in animals,” Dr. Y.K. Onno Teng of Leiden (the Netherlands) University Medical Centre said in an interview.

“In chimeric mice expressing human CD20 on 50% of B cells, anti-human CD20 therapy more effectively depleted B cells than in mice expressing human CD20 on 100% of B cells, indicating that cellular competition for survival factors [e.g., BAFF] can underpin resistance to anti-CD20 therapy,” said Dr. Teng, who will be discussing the study.

Dr. Teng and colleagues previously reported that the combination of rituximab and belimumab effectively reduced relevant antinuclear autoan-



Dr. Y.K. Onno Teng

tibodies (ANAs) and patients showed a clinical response at 24 weeks.

In the current study, called Synbiose, the researchers enrolled 15 adults with severe, refractory SLE

**“The clinical responses are remarkable and give confidence for future studies; however, the results of our study should be considered carefully.”**

and followed them for 2 years. Patients received rituximab at weeks 0 and 2 and belimumab at weeks 4, 6, 8, and then every 4 weeks until week 104.

Overall, 10 patients (67%) showed a good clinical response after 24 weeks, with no major safety concerns.

“Rituximab and belimumab led to long-lasting and specific reduction of anti-ds [double-stranded] DNA, anti-C1q [antibodies], extractable nuclear antigen antibodies, and prevented complete B-cell repopulation throughout the 2-year

## Abstract Session

**SLE, Sjögren’s and APS – Treatment**  
Wednesday, 16:15 – 17:45  
Hall 7B

follow-up,” Dr. Teng said.

“Of interest, response to treatment was associated with more profound depletion of CD20-positive B cells and prolonged suppression of double-negative B cells. Lastly, rituximab and belimumab allowed discontinuation of mycophenolate mofetil associated with significant immune reconstitution,” he noted.

The results support and expand on findings from previous studies, and exploration of the combination therapy in randomised trials is warranted. “With rituximab plus belimumab, clinical benefit was achieved

one can perceive that patients with immune complex-mediated glomerulonephritis, ANA, or anti-DNA positivity and complement usages have a lupus disease that is mainly B cell driven,” Dr. Teng added. “As such, these patients might well be the most ideal population to treat with combined targeted B-cell therapies.”

Dr. Teng’s take-home message for clinicians is that combined B-cell targeting with rituximab and belimumab “appears to be a promising strategy to target pathological autoimmunity mechanisms while resulting in promising beneficial clinical effects.”

He added that “we are, therefore, reassured that rituximab and belimumab can safely be studied in further clinical trials to assess its added value in the treatment of SLE patients with and without renal involvement.”

The next step for research is the Synbiose-2 study, which is designed to compare the observed, beneficial immunological effects of rituximab plus belimumab with conventional treatment with mycophenolate and steroids, Dr. Teng explained.

“The Synbiose-2 study will corroborate our understanding on how rituximab and belimumab is beneficial to new and relapsing lupus nephritis patients and will further establish how to approach a randomised clinical trial in severe SLE, including lupus nephritis,” he said.

The Synbiose study was funded by research grants from the Dutch Kidney Foundation and the Netherlands Organisation for Health Research and Development. Dr. Teng reported receiving lecture fees and consultancy fees from GlaxoSmithKline and Aurinia Pharmaceuticals.

## Continued from // 19

lational researcher and clinician in rheumatology at the Medical University of Nantes (France) and Nantes University Hospital, will address questions regarding mobile health applications from the views, experiences, and preferences of people living with RMDs. Her presentation is titled “What should mobile health applications for RMD patients be like?”

Dr. Najm noted that the explosive development of connected devices and mobile apps in rheumatology during the past few years, particularly in the area of self-management, has raised challenges for both health professionals and people living with RMDs.

## PARE Session

**Bringing digital healthcare solutions to patients**  
Wednesday, 16:15 – 17:45  
N105/N106

“The objective is to provide attendees with some keys to identify mobile health applications that they could recommend to their patients and those they should avoid,” she said. “We have developed guidelines based on both literature and people living with RMDs’ preferences that will not only influence and help the development of future apps but also assist the rheumatology community in recommending apps to their patients.”

Dr. Studenic believes the session will provide attendees not only an overview of current e-health options but food for thought on how novel technologies may help to improve patient care, management, and education in their respective setting.

He added that more work is necessary to further refine e-health and how it’s used in the healthcare setting.

“Due to diverse health systems in every country and very heterogeneous roll-outs of technologies and reservations towards deviation from traditional roles between patients and healthcare providers, there is still a long way ahead to tailor e-health initiatives to serve for a better management of health to everyone.”



[congress.eular.org](http://congress.eular.org)

eular

EUROPEAN  
CONGRESS OF  
RHEUMATOLOGY  
2020 | 3–6 JUNE

# ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY

Frankfurt, Germany  
3–6 June 2020



# Preventing periodontitis may improve RA outcomes

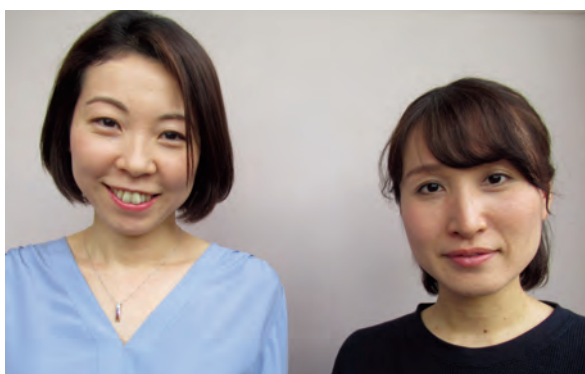
**O**ral care is important for patients with rheumatoid arthritis because it appears to improve disease outcomes in clinical settings, according to Dr. Ryoko Sakai of Tokyo Women's Medical University.

Although previous reports have shown an association between rheumatoid arthritis and periodontitis, these data have been from studies with smaller populations and have yielded inconsistent results, the researchers said.

"A study using a large cohort database is warranted to clarify the clinical importance of periodontitis as a comorbidity in patients with rheumatoid arthritis," Dr. Sakai explained in an interview. "It has been reported that periodontitis is one of the risk factors for the occurrence of RA. However, associations between the presence of periodontitis and RA clinical course, such as disease activity, physical function, and safety, are not clear to date due to a small number of patients in previous studies."

Dr. Sakai will present findings from a large observational study of the Institute of Rheumatology, Rheumatoid Arthritis (IORRA) database cohort, which has been conducted since 2000 and has gathered data from 91,884 patient-years. The survey involves a patient questionnaire, physician evaluations, and laboratory data from more than 5,000 Japanese RA patients, Dr. Sakai noted.

In their study, Dr. Sakai and first author Mayu-



Dr. Ryoko Sakai (left) and Mayuko Hayashi

## Abstract session

**When rheumatoid arthritis (RA) does not walk alone: New data on comorbidities in RA**  
Wednesday, 16:15 – 17:45  
N107/N108

ko Hayashi, a medical student at the university, and their colleagues examined data that were collected between April 2016 and October 2016. Patients were labeled as having periodontitis if they received a diagnosis within the past 6 months. The researchers compared Disease Activity Score in 28 joints (DAS28) and Japanese Health Assessment Questionnaire (J-HAQ) scores between patients with and those without

periodontitis. The researchers also assessed the number of infections requiring hospitalisation or hospital visits in each group.

"Oral management is important for the better outcomes of patients with RA in clinical settings. RA patients with periodontitis had higher disease activity and poorer physical function than those without," Dr. Sakai said. "With regard to safety, periodontitis was significantly associated with the occurrence of infection."

Specifically, the 925 patients with periodontitis were older at baseline than the 2,538 patients without periodontitis, and patients with periodontitis had significantly higher DAS28 and J-HAQ scores at 6 months. The rate of infection was 5.8% among patients with periodontitis and 3.4% in patients without it ( $P = .002$ ), and the adjusted odds ratio for infection in patients with periodontitis was significantly higher (OR, 1.72; 95% confidence interval, 1.10-2.69).

"This is the first report investigating influence of periodontitis on disease activity, physical function, and safety in patients with RA using a large cohort study," Dr. Sakai said.

Dr. Sakai reported that her institution received grants that paid her salary from Ayumi Pharmaceutical, Bristol-Myers Squibb, Chugai, Nippon Kayaku, Taisho Toyama Pharmaceutical, and Mitsubishi Tanabe Pharma. Ms. Hayashi reported no relevant conflicts of interest.

## DID YOU KNOW ...

## EULAR ONLINE COURSES

EULAR offers eight online courses, accessible over a dedicated online platform, 24 hours a day, to learners everywhere:

- **Systemic Lupus Erythematosus (New)**
- **Rheumatic Diseases**
- **Imaging in RMDs**
- **Introductory on Ultrasound**
- **Connective Tissue Diseases**
- **Paediatric Rheumatology**
- **Health Professionals in Rheumatology**
- **Systemic Sclerosis.**

[esor.eular.org](http://esor.eular.org)



eular



# Satellite Symposia Programme // Wednesday, 12 June

18:15 – 19:45 | Hall 8 **AbbVie**

**Achieving remission in RA: Elevating expectations**  
Chair: Peter Taylor (UK)

18:15 Peter Taylor (UK)  
Welcome and introduction

18:20 Maya Buch (UK)  
What defines remission?

18:35 Peter Taylor (UK)  
Why drive for remission?

18:55 Claire Bombardier (CA)  
Achieving remission in the real world

19:15 Peter Nash (AU)  
Can new therapies elevate our expectations

19:35 All  
Panel discussion and Q&A

18:15 – 19:45 | Hall 7A **Pfizer**

**Exploring advanced therapeutic options in rheumatoid arthritis (RA) and psoriatic arthritis (PsA): A case-driven approach**  
Chair: Juan Gómez-Reino (ES)

18:15 Juan Gómez-Reino (ES)  
Welcome and introductions

18:20 Janet Pope (CA)  
Patients with inadequate response to csDMARDs in RA

18:40 Janet Pope (CA)  
Patients who are candidates for monotherapy in RA

19:00 Douglas Veale (IR)  
Patients presenting with joint symptoms and fatigue in PsA

19:20 James Galloway (UK)  
Patients presenting with associated comorbidities in RA/PsA

19:40 Juan Gómez-Reino (ES)  
Summary and close

18:15 – 19:45 | Hall 7B **Sanofi Genzyme Regeneron**

**Metacognition in RA: Thinking about our thinking in RA management**  
Chair: Leonard Calabrese (US)

18:15 Leonard Calabrese (US)  
Introduction: Is it possible to achieve better disease control in RA?

18:25 John Weinman (UK)  
The role of patient beliefs in RA adherence and therapy optimisation

18:40 Daniel Aletaha (AT)  
The ideal vs the norm: What does minimally important difference mean and why is this important in management of RA today?

18:55 Andrea Rubbert-Roth (CH)  
Changes in daily RA practice: Dealing with loss vs gain in switching vs cycling

19:10 Leonard Calabrese (US)  
Holistic care of patients with RA

19:20 All  
Q&A

19:40 Leonard Calabrese (US)  
Close

18:15 – 19:45 | N101/N102 **Novartis**

**Targeting clinical remission in Still's disease with interleukin-1beta inhibition**  
Chair: Sinisa Savic (UK)

18:15 Sinisa Savic (UK)  
Welcome and introductions

18:20 Sinisa Savic (UK)  
Still's disease – a devastating condition for young and adult patients

18:40 Eugen Feist (DE)  
IL-1beta inhibition in adult-onset Still's disease: From successful case experiences to clinical trials

19:00 Pierre Quartier (FR)  
Flexibility in the management of systemic juvenile idiopathic arthritis with IL-1beta inhibition

19:20 All  
Panel discussion: Current and future perspectives on targeting remission

18:15 – 19:45 | N117/N118 **IBSA**

**Management of pain in osteoarthritis: From clinical guidelines to real life**  
Chair: Jean-Yves Reginster (BE)

• Jean-Yves Reginster (BE)  
Welcome and introduction

• Marc Hochberg (US)  
Current recommendations for the management of osteoarthritis

• Alberto Migliore (IT)  
OA treatment: One fits for all?

• Alberto Migliore (IT)  
Towards the appropriate choice of hyaluronic acid product for “my patient”

• Jean-Yves Reginster (BE)  
Efficacy and safety of a single intra-articular injection of high and low molecular weight hyaluronic acid in the symptomatic management of knee osteoarthritis

• All  
Discussion and conclusion

18:15 – 19:45 | N111/N112 **Fresenius Kabi**

**Beyond the joint: An integrated approach of rheumatoid arthritis**  
Chair: Josef S. Smolen (AT)

18:15 Josef S. Smolen (AT)  
Welcome and introduction

18:25 Bruno Fautrel (FR)  
Expanding access to biologics with biosimilars

18:45 Anne Tournadre (FR) and Chris Edwards (UK)  
Rheumatoid Arthritis (RA) – the impact of comorbidities: A focus on sarcopenia and mental health disorders

19:20 Chris Edwards (UK)  
Management of RA patients beyond the disease

19:35 Josef S. Smolen (AT)  
Conclusion and structured discussion

## SESSIONS Continued from // 1

**Practical Skills Sessions**  
Crystal I | N107/N108  
Capillaroscopy I | N109/N110

**The Young Rheumatologist**  
How to perform low-budget high-quality research | N111/N112

16:15 – 17:45  
**Abstract Sessions**  
Opening plenary abstract session | Hall 6

RA therapy – JAK inhibitors and beyond | Hall 8

Spondyloarthritis on the move: Thrilling developments | Hall 7A

SLE, Sjögren's and APS – Treatment | Hall 7B

Crystals | N103/N104

Myositis and SSc: Clinical highlights 2019 | N101/N102

Cartilage, synovium, and bone | N111/N112

Osteoporosis | N117/N118

When rheumatoid arthritis (RA) does not walk alone: New data on comorbidities in RA | N107/N108

Tackling chronic pain; fibromyalgia and back pain | N109/N110

**Abstract Session PReS**  
JIA: From new horizons of treatment to perspectives of current ones | South Auditorium

**Health Professionals Session**  
Rehabilitation; opening Pandora's box | N115/N116

**PARE Session**  
Bringing digital health care solutions to patients | N105/N106

18:15 – 19:45  
**Basic and Translational Science Session**  
Personalised medicine in rheumatic disease | South Auditorium

**Health Professionals Session**  
The riddle of adherence | N105/N106

## EULAR Congress News // Wednesday Edition

An authorised publication of the European League Against Rheumatism

EULAR President Prof. Johannes W.J. Bijlsma, Netherlands	EULAR Congress News Publication Staff
EULAR President-Elect Prof. Iain McInnes, United Kingdom	Editor Jeff Evans
Chair, Scientific Programme Committee Prof. Thomas Dörner, Germany	Associate Editor Gwendolyn B. Hall
Chair, Abstract Selection Committee Prof. John Isaacs, United Kingdom	Art Director Tom C. Lore
	Production Manager Maria Aquino
	Director/FMC Society Partners Mark Branca +001 973 290 8246

© Copyright 2019  
European League Against Rheumatism  
EULAR Executive Secretariat  
Seestrasse 240, CH-8802, Kilchberg, Switzerland  
Tel: +41 44 716 30 30 Direct line: +41 44 716 30 31 Fax: +41 44 716 30 39  
E-mail: eular@eular.org

Produced and distributed for EULAR by Frontline Medical News, a division of Frontline Medical Communications Inc.

All rights reserved. No part of this publication may be reproduced or transmitted in any form, by any means, without prior written permission of EULAR. The opinions expressed in this publication are those of the presenters and authors and do not necessarily reflect the views of EULAR.



# Investigator Sponsored Study (ISS)

GSK supports studies designed and executed by independent investigators, including healthcare institutions and medical networks, that contribute to medical science and improve patient care. Support can be in the form of product, funding or both. Support for a study is based on the importance of the research objectives, scientific rationale for the methodology, and the ability of the investigator to deliver a high-quality, ethical study. The results of GSK ISSs are publicly disclosed regardless of the outcome.

## 2019 ISS Request For Proposals

GSK is accepting ISS proposals

Submission of proposal by Investigators until	July 15, 2019
Committee Review & Selection by GSK	August 2019
Communication to Investigators by GSK	September 2019
Submission of full Protocol and ICF by Investigators	October 2019
Committee Review/Final Decision by GSK	As soon as possible

GSK is committed to deliver the above review timelines, however, the review process might take longer for certain proposals.

## Areas of Research Interest

- BLYS inhibition with focus on diseases consistent with the belimumab anti-BLYS mechanism of action
- Use of anti-BLYS in combination with anti-CD20 in lupus and other mechanism of action compatible diseases
- Belimumab in lupus and other autoimmune diseases
- Lupus patient perception and opinion about their treatment and life (with or without belimumab)
- Association of biomarkers with patient stratification or clinical outcomes in lupus
- Use of belimumab in lupus in clinical practice
- Lupus disease state

**Visit us at medical booth (31) if you would like to discuss further and log-on to <https://iss.gsk.com/> to get started**

## Interested In Access To Clinical Data For Secondary Research?

GSK provides access to anonymized patient-level data for research that can advance science or improve patient care. To learn more, go to: <http://www.clinicalstudydatarequest.com>