

emeunews

EDITION JANUARY 2017

PRESS REVIEW



Annals of the Rheumatic Diseases

Arthritis and Rheumatology

Arthritis Care & Research

Arthritis Research & Therapy

Rheumatology (Oxford)

The Journal of Rheumatology

Miscellaneous

Dear young rheumatologists and researchers in rheumatology,

We are happy to present you the new issue of the EMEUNETS Press Review.

The Press Review is released three times a year and aims at providing you with an overview of most relevant articles published both in top rheumatology journals and in most important general medicine journals during the previous 4 months.

The selection is totally personal and therefore very limited and incomplete, but it still might give an overview of hot topics that have been discussed and investigated in the most recent literature.

In this issue you will also find details about upcoming educational events.

If this is your first contact with EMEUNET, we invite you to explore more and join us via our website (<http://emeunet.eular.org>). If you are already part of our community, we kindly remind you that sharing is caring. Spread the word about our activities and work, and help us reach more young rheumatologists and researchers.

We hope that you enjoy reading this Newsletter and would be happy to receive any comments and suggestions.

*Mike Becker, Richard Conway and Alessia Alunno
on behalf of the EMEUNET Newsletter Subgroup*



DIRECTORY

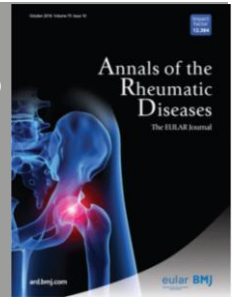
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ANNALS OF THE RHEUMATIC DISEASES

Volume 75 Issues 9-12

Richard Conway, MD



Richard has completed specialist training in rheumatology and general internal medicine and is currently a vasculitis fellow at University College Dublin, Ireland. His major research interests include giant cell arteritis and meta-analysis

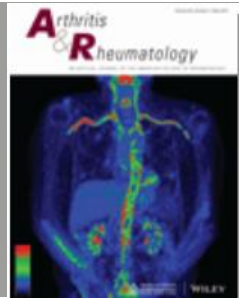
The role of the lung as an early and perhaps initiator site of **rheumatoid arthritis** (RA) is intriguing; Reynisdottir et al. (pp 1722-1727) demonstrated evidence of immune activation and inflammation in the lungs of untreated patients with early RA. Suboptimal dosing of medications remains a problem in many areas of clinical practice. Durán et al. (pp 1595-1598) in a systematic review report on the suboptimal dosing of methotrexate in biological clinical trials in RA, a potential source of bias in the interpretation of the results of these studies. The prediction of which RA patients will suffer a relapse on tapering DMARDs is one of the barriers to such strategies in clinical practice, Rech et al. (pp 1637-1644) reported on the utility of the multibiomarker disease activity score, in combination with ACPA status, in this setting. Hørslev-Petersen et al. (pp 1645-1653) reported on the 2 year results of the OPERA trial, confirming their earlier findings that an aggressive methotrexate and intra-articular steroid based strategy provided excellent outcomes in early RA irrespective of biologic induction treatment. Richter et al. (pp 1667-1673) demonstrated the safety of biologic agents in RA patients with serious infections, indeed outcomes were improved in this group, whereas once again high dose steroids were shown to be a significant predictor of worse outcomes. Suboptimal dosing and fear over adverse events are two of the many factors which may lead to persistent moderate disease activity being accepted in clinical practice. Nikiphorou et al. (pp 2080-2086) highlight the harm of such tolerance in early RA where disease activity was associated with both poor functional outcomes and the need for orthopaedic interventions. The search for effective novel treatments in **systemic lupus erythematosus** remains a challenging one. Some promise was demonstrated in a phase 2 trial of the anti-interferon- α monoclonal antibody sifalimumab (Khamashta et al., pp 1909-1916). Zou et al. (pp 1964-1970) in a meta-analysis showed that 75% of the overall treatment effect seen in studies in **osteoarthritis** to date is attributable to contextual effects rather than treatment specific ones, suggesting a reconsideration of how these treatments are evaluated. Solomon et al. (pp 1674-1679) showed that colchicine is associated with a 49% reduction in cardiovascular risk in patients with **gout**. Eason et al. (pp 2075-2079) evaluated predictors of radiographic progression in gout, finding that the development of new tophi was a key predictor, highlighting the importance of the tophus in the disease pathogenesis.



ARTHRITIS AND RHEUMATOLOGY

Volume 68 Issues 9-12

Joanna Zalewska, MD PhD



Joanna works as senior assistant at the Jan Biziel Hospital in Bydgoszcz, Poland. Her main area of research focuses on RA, Sjögren Syndrome, Hashimoto disease, effectiveness of radiation synovectomy in rheumatic diseases, SLE and vasculitis

Genovese et al. (pp 2857–2866) evaluated the efficacy and safety of ABT-494, a selective JAK-1 inhibitor, in a group of 300 patients with moderate-to-severe **rheumatoid arthritis** (RA) and an inadequate response to methotrexate. They reported that the proportion of ACR20 responses was higher with ABT-494 than with placebo (using nonresponder imputation) ($P < 0.05$). There was also a significant dose-response relationship among all ABT-494 doses ($P < 0.001$). The safety and tolerability profile was similar to other JAK inhibitors. Kremer et al. (pp 2867–2877) compared the efficacy and safety of ABT-494 with placebo in patients with moderate-to-severe RA and an inadequate response or intolerance to at least 1 anti-TNF agent. Significant dose-dependent improvements in RA signs and symptoms were seen when ABT-494 was added to methotrexate. The safety and tolerability was similar to those of other drugs in this class. Deodhar et al. (pp 2901–2910) evaluated the effect of secukinumab in patients with active **ankylosing spondylitis** in a phase III study. 371 patients were randomized (1:1:1) to receive intravenous secukinumab 10 mg/kg at baseline and weeks 2 and 4 followed by subcutaneous secukinumab 150 mg every 4 weeks (IV→150 mg group), or SC secukinumab 75 mg every 4 weeks (IV→75 mg group), or placebo. Patient-reported outcomes included the BASDAI, BASDAI criteria for 50% improvement (BASDAI 50), physical component summary (PCS) and mental component summary (MCS) scores of the SF36, ASQoL questionnaire, BASFI, EQ-5D questionnaire, FACIT-F, and WPAI-GH. Secukinumab resulted in significant and sustained improvements in patient-reported disease activity and health-related quality of life, and reduced functional impairment, fatigue, and the impact of disease on work productivity. Lally et al. (pp 2550–2554) assessed the efficacy and safety of tocilizumab (TCZ) in newly diagnosed **polymyalgia rheumatica** (PMR) in a 15-month single-center open-label study. They enrolled patients who had been treated with glucocorticoids (GCs) for < 1 month. Patients were treated with TCZ 8 mg/kg monthly for 1 year, with a rapid tapering of GCs according to a standardized protocol. The primary end point was the proportion of patients in relapse-free remission without GC treatment at 6 months. The authors suggest that TCZ may be an effective, safe, and well-tolerated treatment for newly diagnosed PMR.



ARTHRITIS CARE & RESEARCH

Volume 68 Issues 9-12

Antonis Fanouriakis, MD MSc



Antonis is a consultant rheumatologist in "Attikon" University Hospital of Athens. He has completed a Master's program in Molecular Medicine and his thesis on neuropsychiatric SLE. His scientific interests focus on systemic autoimmune diseases, mainly pathogenesis and treatment of SLE.

Wechalekar et al. (pp 1616-1623) utilized data from an early **rheumatoid arthritis** (RA) cohort to detect the presence of foot synovitis and its impact on long-term outcomes despite apparent disease remission (according to indices that omit the foot joints). Interestingly, the authors found that up to 36% of patients in CDAI or SDAI remission had foot synovitis, which in turn was associated with an increased risk of relapse and worse physical function. In a follow-up report of the TEAR study, Jalal et al. (pp 1751-1757) tested the cost-effectiveness of different therapeutic regimens in RA. Immediate triple therapy (methotrexate+ sulfasalazine+hydroxychloroquine) was associated with the greatest cost-effectiveness. Despite the superior clinical efficacy of immediate etanercept therapy at 5 years, its high cost significantly surpassed the cost-effectiveness threshold of most health care settings. Medina-Rosas et al. (pp 1310-319) conducted a meta-analysis of studies comparing the utility of urinary protein-creatinine ratio and 24-hour urine collection as measures of urine protein loss in **systemic lupus erythematosus** (SLE). Although several studies showed good correlation between the two methods, analysis of agreement revealed poor agreement, indicating that protein-creatinine ratio should be used as a screening test but not as a surrogate of 24-hour urine collection for the accurate measurement of protein loss in SLE patients. In a longitudinal study, Mok et al. (pp 1295-1302) found that almost 80% of SLE patients are non-compliant with, or have subtherapeutic levels of, hydroxychloroquine. In **osteoarthritis**, Raynauld et al. (pp 1560-1566) reported on the 6-year follow-up data of the Osteoarthritis Initiative cohorts, showing a beneficial long-term effect of glucosamine and chondroitin sulfate on the progression of structural changes in knee osteoarthritis, as evidenced by cartilage loss on magnetic resonance imaging. In a statewide study from Nebraska, Han et al. (pp 1417-1427) estimated annual rates of emergency department visits, hospitalizations and medical charges related to **rheumatic conditions** during the period 2007-2012. The authors found a significantly escalating rate of all of these parameters during the study period, indicating a substantial public health burden and a challenge for physicians. Similarly, as part of the National Health and Nutrition Examination Survey, Shmagel et al (pp 1688-1694) examined the epidemiology and social impact of **chronic low back pain** in the US population. The magnitude of the problem was highlighted in the significant associations seen between frequent medical visits (>10/year) and unemployment, income from disability, depression, and sleep disturbances. Chronic low back pain was more frequent in socioeconomically disadvantaged individuals.





ARTHRITIS RESEARCH AND THERAPY

Volume 18 Issues September-December

Mike Becker, MD

Arthritis Research
& Therapy



Elsevier

After starting out in Haemato-Oncology, Mike was a clinical and research fellow in the Department of Rheumatology and Clinical Immunology at the Charité Medical Faculty in Berlin, Germany, from 2007-2016. He earned a MSc degree Oxford University, UK and joined the staff of the Department of Rheumatology at the University Hospital Zürich, Switzerland in 2016. His main interests are connective tissue diseases, especially systemic sclerosis.

In **rheumatoid arthritis** (RA), Vordenbäumen et al. identified novel diagnostic autoantibody candidates by screening three independent patient cohorts (pp 235): A (n=72 patients with established RA); B/B- (n=116 patients with early RA (B) and n=51 CCP-negative patients with early RA from B (B-)); and C (n=184 patients with early seronegative RA) - in comparison to matched healthy controls. Johansson et al. (pp 201) investigated the occurrence of antibodies against *P. gingivalis* virulence factor arginine gingipainB (RgpB), and a citrullinated peptide (CPP3) derived from the *P. gingivalis* peptidylarginine deiminase enzyme in blood donors before a diagnosis of RA and in established RA patients. Anti-RgpB IgG levels were significantly increased in pre-symptomatic individuals and in RA patients, whereas anti-CPP3 antibodies were detected in 5% of pre-symptomatic individuals and in 8% of RA patients, with elevated levels in both subsets compared with controls ($p < 0.001$ for each). Anti-CPP3 antibodies followed the ACPA response, with increasing concentrations over time, whilst anti-RgpB antibodies were elevated and stable in pre-symptomatic individuals with a trend towards lower levels after RA diagnosis. Landolt-Marticorena et al. investigated urine samples from **systemic lupus erythematosus** (SLE) using a proteomics approach to identify potential urinary biomarkers associated with lupus nephritis (pp 218). Ten proteins (adiponectin, PAI-1, IL-16, wVF, IP-10, TIMP-1, eotaxin, sgp130, HGF, and PDGF-BB) were found to significantly correlate with the activity score on renal biopsy, eight of which (not HGF and TIMP-1) strongly discriminated between active proliferative and non-proliferative/chronic renal lesions.

Karamanolis et al. (pp 195) reported a decrease in heartburn and regurgitation scores and an increased lower esophageal sphincter (LES) resting pressure in a 4-week, open-label trial of the 5-HT_{1A} receptor agonist buspirone in **systemic sclerosis** (SSc) patients. A study by Andréasson et al. (pp 278) revealed that the majority (75.5%) of 98 hospitalised SSc patients exhibited dysbiosis as defined by a validated genome-based microbiota test. Dysbiosis was more severe and more common in patients with esophageal dysmotility, and also more pronounced in patients with abnormal plasma levels of transthyretin or micronutrient deficiency. The usefulness of CXCL4 as a biomarker in SSc was evaluated by Volkmann et al. (pp 305) in the Scleroderma Lung Study II. While CXCL4 levels were not correlated with the extent of interstitial lung disease (ILD) at baseline, changes in CXCL4 at 12 months predicted future progression of SSc-ILD from 12 to 24 months.

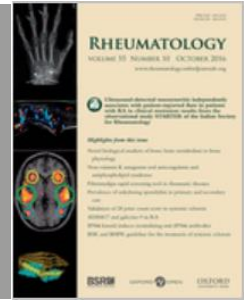




RHEUMATOLOGY (OXFORD)

Volume 55 Issues 9-12

Antonis Fanouriakis, MD MSc



Antonis is a consultant rheumatologist in "Attikon" University Hospital of Athens. He has completed a Master's program in Molecular Medicine and his Thesis on neuropsychiatric SLE. His scientific interests focus on systemic autoimmune diseases, mainly pathogenesis and treatment of SLE.

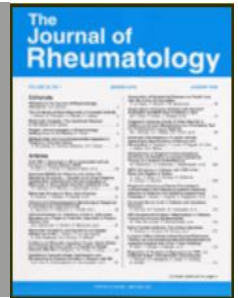
In **rheumatoid arthritis** (RA), two studies explored the role of patient preferences on the choice of therapy and intensification of treatment. Through a short questionnaire, Hendrikx et al. (pp 1938-1945) examined the effect of patient's perception of their health on subsequent therapy changes. Patient satisfaction with current status was independently associated with no escalation in therapy (OR 0.21 for therapy intensification). Similarly, Hazlewood et al. (pp 1959-1968) provided 152 early RA patients with different sets of treatment options according to outcome, risk, and dosing regimen, and then documented patients' preferences. Although an increased risk of serious infections or possible increased risk of cancer was considered important, most patients were willing to accept this risk for a 15% absolute increase in the chance of improvement in disease symptoms. In a study from the Norfolk Register of early inflammatory polyarthritis, Cook et al. (pp 1601-1609) identified higher tender joint count and HAQ, depression, obesity, and hypertension as baseline predictors of an inability to reach remission at 5 years. Dean et al. (pp 1820-1825) found that only one third of Scottish **ankylosing spondylitis** patients are actually managed in a specialist rheumatology setting (the remainder in primary care), thus indicating a potential unmet need in the care of patients with this disease. In a combined study from two biologics registries in Scandinavia, Højgaard et al. (pp 2191-2199) showed that in **psoriatic arthritis** (PsA) the presence of obesity (common in PsA patients) was significantly associated with a 60% increased risk of anti-TNF discontinuation and a >50% reduction in the odds of achieving a good or moderate EULAR response. A large UK population study (Rutherford et al. pp 2176-2180) calculated trends in the incidence of native joint **septic arthritis** over a 15-year period (1998-2013), demonstrating a 43% increase in the incidence of septic arthritis, with patients >75 years showing the greatest increase. In a murine model of **experimental arthritis**, Cavalli et al. (pp 2220-2229) showed that administration of IL-37, a member of the IL-1 family acting as a natural inhibitor of innate immunity, was able to ameliorate symptoms of inflammation and reduce joint infiltration by neutrophils. Iudici et al. (1623-1630) performed a retrospective cohort study in **systemic lupus erythematosus** (SLE) and found that low-dose aspirin was associated with less cardiovascular events, and thus may be beneficial as primary prevention in SLE patients.



THE JOURNAL OF RHEUMATOLOGY

Volume 43 Issues 9-12

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Martikainen et al. (pp 2101-2105) show that long-term productivity costs increase significantly in parallel with time after a diagnosis of **rheumatoid arthritis** (RA). Barber et al. (pp 1965-1973) demonstrated gaps in cardiovascular disease risk management in RA patients and highlight the need for quality improvements. They have selected key targets for improvement, e.g. coordination of cardiovascular disease care between rheumatologists and primary care physicians, and the awareness of an increased risk of cardiovascular disease in these patients. In their study Baraliakos et al. (pp 2131-2135) demonstrated that in patients with **RA or ankylosing spondylitis** complaining of neck pain, bone marrow edema was found in a variety of cervical sites, including the facet joints and spinous processes. Interestingly, the occurrence and severity of bone marrow edema did not correlate with the severity of neck pain. Fibromyalgia is a frequent comorbidity in patients with **spondyloarthritis**, especially in peripheral forms. Wach et al. (pp 2056-2063) observed that in patients with spondyloarthritis and fibromyalgia, disease activity may be overestimated when measured by the Bath Ankylosing Spondylitis Disease Activity Index, and to a lesser extent by the Ankylosing Spondylitis Disease Activity Score-C-reactive protein, and that this overestimation could lead to inappropriate treatment escalation. In their article Juneblad and colleagues (pp 2155-2161) demonstrated that patients with **psoriatic arthritis** have a small but significant increase in standardized mortality ratio due to diseases of the circulatory system. Risk of death was positively associated with the disease activity index, as well as in combined axial and peripheral disease, indicating that more aggressive disease phenotypes have a higher mortality. Najm et al. (pp 2113-2119) showed that ultrasound-guided synovial biopsies can be performed safely in clinical practice in patients with **undifferentiated arthritis** and heterogeneous clinical presentations. The success rate in acquiring synovial tissue is high and the procedure usually retrieves quality tissue, but only leads to a definitive diagnosis in a minority of patients. As reported by Damjanov et al. (pp 1858-1863), ultrasound may be a reliable technique in the multiobserver scoring of grey scale parenchymal inhomogeneity of major salivary glands in patients with established **primary Sjögren's syndrome**; the use of color Doppler scoring of salivary glands needs further standardization for multicenter studies. The study by Bhansing et al. (pp 1838-1843) reported the interesting observation that patients with **systemic sclerosis/polymyositis** overlap have a worse survival rate than patients with systemic sclerosis.



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Francesco currently works as consultant at the Department of Internal Medicine, ASL 1 Avezzano, L'Aquila, Sulmona, and senior research fellow at the Rheumatology Unit, University of L'Aquila, Italy. His main interests are Sjögren's syndrome, and musculoskeletal ultrasonography.

MISCELLANEOUS

Alessia Alunno, MD & Francesco Carubbi, MD PhD

In the field of **rheumatoid arthritis** (RA), Smolen et al. published an extensive review article encompassing all aspects of the disease, from pathogenesis to diagnostic and therapeutic strategies (Lancet 2016;388:2023-38). As far as the therapy of RA and chronic inflammatory arthropathies in general is concerned, the lack of head-to-head studies for biologic agents and the increasing use of biosimilars are hot topics currently. The EXXELERATE study compared efficacy and safety of certolizumab pegol and adalimumab (both used in combination with methotrexate) in a large cohort of RA patients over a 2 year period and did not evidentiate any significant differences between the two compounds (Lancet 2016;388:2763-2774). In addition, since non-responders were switched to the other compound at week 12, the authors demonstrated that half of primary non-responders responded to the second anti-TNF at week 24. However, Gottenberg et al. demonstrated that if patients who failed an anti-TNF were randomised to receive either another anti-TNF or a biologic agent with an alternative mechanism of action, the group receiving a second anti-TNF was less likely to reach low disease activity at weeks 24 and 52 (JAMA 2016;316:1172-1180). Chingcuanco et al. performed a systematic literature review (SLR) regarding data on the bioequivalence of biosimilar anti-TNF agents compared with their reference biologics (Ann Intern Med 2016;165:565-574). The main concern raised by this SLR is the lack of data regarding several biosimilars. In addition, less than 1/3 of the eligible studies that could be included in the SLR were phase III randomised controlled trials; the majority being either phase I studies or observational studies. Keeping in mind these caveats, the authors observed that data from phase III trials demonstrated a similar efficacy and safety profile of the biosimilar compared to the originator. However, several questions remain open and need to be addressed by additional studies. A key aspect of the therapeutic approach in rheumatic diseases is the continuous development of novel pharmacological agents. In fact, the more we know about disease pathogenesis, the more diverse, and possibly selective, are the compounds that we use. Tsokos et al. reviewed novel insights in the pathogenesis of **systemic lupus erythematosus** (SLE) pointing out the importance not only of identifying novel therapeutic targets, but also of aiming to tailor and individualize

MISCELLANEOUS

(Continued)

the treatment strategy in different subgroup of patients (Nat Rev Rheumatol 2016;12:716-730). In this setting, Trotter et al. focused on lupus nephritis providing an overview of current knowledge on pathogenic mechanisms and their therapeutic implications (Curr Opin Rheumatol 2016;28:460-467). In addition Dörner et al. discussed the possibility of therapeutic approaches more selectively targeting B lymphocyte subpopulations as an alternative to pan-B cell depletion, as is currently obtained with rituximab for example (Nat Rev Rheumatol 2016;12:645-657). The interference with B-T cell crosstalk or with B lymphocyte intracellular signalling pathways are promising strategies as they may allow inhibition of pathogenic B cells without hampering the B regulatory cell counterpart. Similarly to patients with other rheumatic diseases such as RA, patients with SLE also display a higher risk of cardiovascular (CV) events. The pivotal role of inflammation in both SLE manifestations and atherosclerosis underpins the hypothesis that targeting inflammation may reduce the burden of both. Lewandowski et al. reviewed the most recent studies on CV risk in SLE pointing out the role of risk factor assessment and the effects of conventional synthetic and biologic disease-modifying anti rheumatic drugs (DMARDs) (Curr Opin Rheumatol 2016;28:468-476).

In recent years the use of biologic agents in **osteoporosis** is under intense investigation. Cosman et al. reported the results of the Fracture Study in Postmenopausal Women with Osteoporosis (FRAME) trial, where over 7000 patients with postmenopausal osteoporosis were randomised to receive either romosozumab, a monoclonal antibody against sclerostin, or placebo for 12 weeks and then switched to denosumab until week 24. At week 12 romosozumab significantly decreased the risk of fracture compared to placebo and patients receiving placebo from baseline to week 12 still displayed a higher risk of fracture at week 24 despite receiving denosumab for 12 weeks (N Engl J Med 2016;375:1532-1543).

Finally, a comprehensive review article on **gout** has been published by Dalbeth et al. who highlighted novel urate-lowering drugs and pointed out the importance of long-term lowering of serum urate as a basic principle for an effective therapeutic approach in this disease (Lancet 2016;388:2039-52).

EDUCATIONAL EVENTS

FEBRUARY-MARCH 2017

FEBRUARY 2017

2nd Musculoskeletal Sonography Course for Rheumatologists

o **When and Where:** 2-4 February 2017, Zagreb, Croatia

o **Website:**

http://www.eular.org/myUploadData/files/Edu_endors_MSUS_knjizica_2017.pdf

Sonoanatomy Course

o **When and Where:** 2-4 February 2017, Barcelona, Spain

o **Website:** http://www.eular.org/myUploadData/files/SonoanatomyWeb_2.pdf

ICR 2017 : 19th International Conference on Rheumatology

o **When and Where:** 16-17 February 2017, London, United Kingdom

o **Website:** <https://www.waset.org/conference/2017/02/london/ICR>

4th RA International Course

o **When and Where:** 23-26 February 2017, Florence, Italy

o **Website:** <http://www.florencecourse2017.org/>

MARCH 2017

37th European Workshop for Rheumatology

o **When and Where:** 2-4 March 2017, Athens, Greece

o **Website:** <http://www.ewrr.org>

Musculoskeletal Ultrasound in Rheumatology - Basic course

o **When and Where:** 2-4 March 2017, Rome, Italy

o **Website:**

http://www.eular.org/myUploadData/files/Programma%20SIR%20US_Roma-1-FINALE.pdf

Intensive Course in Applied Epidemiology

o **When and Where:** 6-10 March 2017, Aberdeen, United Kingdom

o **Website:** <http://www.abdn.ac.uk/iahs/research/epidemiology/icae-aberdeen-course-158.php>

4th International Congress on Controversies in Rheumatology and Autoimmunity

o **When and Where:** 9-11 March 2017, Bologna, Italy

o **Website:** <http://cora2017.kenes.com>



EDUCATIONAL EVENTS

FEBRUARY-MARCH 2017

MARCH 2017 (continued)

5th Workshop on Ultrasound in Large Vessel Vasculitis and Polymyalgia Rheumatica

o **When and Where:** 17-19 March 2017, Kristiansand, Norway

o **Website:**

<http://www.efsumb.org/euroson-sch/es-kristiansand2017-programme.pdf>

WCO-IOF-ESCEO Florence 2017 - World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Diseases

o **When and Where:** 23-26 March 2017, Florence, Italy

o **Website:** <http://www.wco-iof.esceo.org/>

12th International Congress on Systemic Lupus Erythematosus (LUPUS 2017) & the 7th Asian Congress on Autoimmunity (ACA 2017)

o **When and Where:** 26-29 March 2017, Melbourne VIC 3004, Australia

o **Website:** <http://lupus2017.org/>



THE EULAR EPIDEMIOLOGY COURSE

This year's course will cover the topic of outcome measures, from how to develop and validate them to their measurement properties.

WHERE AND WHEN? Berlin, 30 June & 1 July 2017 (2 day-course)

FOR WHOM? This 2-day course is aimed at young rheumatologists/HPR/researchers with at least some previous experience in epidemiology/outcomes research/clinical trials/statistics.

WHY? The main goal of the course is to increase the interest, knowledge and skills of young researchers in epidemiology and outcome measures and to stimulate critical thinking in the design and reading of research studies. Furthermore, the course will also allow young researchers to get together, which will facilitate future collaborations; as well as interact with the prestigious speakers.

HOW MUCH? This EULAR Course costs 425 euros (with 1 night accommodation) or 500 Euros (with 2 nights accommodation); this includes the courses, all meals and hotel (so additionally you only have to pay the travel costs). You may also ask for a EULAR bursary which will cover the Course costs (or ask for pharma company support if you wish).

HOW TO PARTICIPATE? The number of participants is limited to 45 and this is a competitive application process! Applicants will be selected based on their curriculum vitae/application form.

For more information, please refer to:

EULAR website: http://www.eular.org/edu_course_epidemiology.cfm

Course flyer/programme: http://www.eular.org/myUploadData/files/Epid_Course_Flyer_2017.pdf

You can find some additional information on previous courses with feedback from participants:

http://emeunet.eular.org/epi_course_2012.cfm

http://emeunet.eular.org/new_epi_course_2013.cfm

**Applications are now open! The application deadline is 30th March 2017
but the sooner you sign up, the better.**

Bursary applications can be made through: http://www.eular.org/bursary_app_epidemiology.cfm

The epidemiology course application form should be sent to:

Mrs Gaëlle Notzli, c/o MCI Suisse SA

Phone: +41 22 33 99 628

Fax: +41 22 33 99 601

E-mail: Gaëlle.Notzli@mci-group.com



THE EULAR ULTRASOUND COURSES

The aim of this annual multi-level course is to cover the whole spectrum of conditions in which musculoskeletal Ultrasound (MSUS) could be used in rheumatology practice and research.

The **advanced course** (for up to 50 participants with considerable experience in MSUS) focuses on difficult issues within MSUS and emerging research fields in MSUS (contrast enhanced, 3D, quantification of inflammation). This includes time for discussion with expert rheumatologists and radiologists in MSUS.

The **intermediate course** (for up to 50 participants with some experience in MSUS) aims at consolidating standardised MSUS scanning methods according to EULAR guidelines, as well as describing and identifying musculoskeletal lesions/abnormalities by US and knowing the role of MSUS in different musculoskeletal pathologies (inflammatory, degenerative and/or traumatic). The standardised approach in the study of the various anatomic regions as well as the future development of US technique and its role as a research tool is discussed.

NEW: The **EULAR-PReS paediatric musculoskeletal ultrasound course**, is a combination of lectures and workshops on the principal applications of musculoskeletal ultrasound in children, ultrasound scanning of paediatric joints and basic ultrasound abnormalities in children with rheumatic diseases. The course is recommended to rheumatologists or paediatricians with special interest in paediatric musculoskeletal ultrasound.

The 24th EULAR Ultrasound Courses will take place on 11-13 June 2017,

The PRes US course will take place on 12-14 June 2017

All courses in Madrid, Spain

Applications are now open! EULAR grants 20 bursaries to young rheumatologists attending the intermediate, advanced level courses or the paediatrics US course to cover part of the attendance fee

For additional information and to apply: http://www.eular.org/edu_course_ultrasound.cfm



THE EUREKA CERTIFICATE PROGRAM

EULAR is offering 2 bursaries for the EUREKA certificate program in Translational Medicine, in Siracusa (Sicily - Italy) next April (23-29, 2017).

The bursaries will cover the full cost, including the registration fee of €2500/participant, accommodation and registration, excluding travel.

Follow this link to find more info about the program <http://eurekainstitute.org/certificate-course/associated-events/9th-annual-international-certificate-program/>

Briefly, EUREKA is an international initiative aiming at developing a community of translational medicine professionals equipped to inspire and catalyze the application of discoveries for the benefit of human health (<http://www.eurekainstitute.org>).

The annual intensive 7 day certificate program instils the principles of translational medicine, bringing together experts and young researchers from different areas, together with a faculty of expert scientists, educators and institutional administrators.

If you are interested, first apply to the course via EUREKA at the following link (deadline 1st of February) <http://eurekainstitute.org/certificate-course/registration/>

Then, apply for the EULAR bursary by sending an email to EMEUNET emeunet@eular.ch, also by the 1st of February, containing:

- confirmation of application to EUREKA
- curriculum vitae
- brief personal statement of your needs and expectations of the course as well as why you would be a suitable candidate

If you have any queries about the course itself, please contact EUREKA directly info@eurekainstitute.org



EULAR IMAGING COURSE

For Rheumatology trainees and Rheumatologists, this is a comprehensive new course on conventional radiography, magnetic resonance (MR), computerized tomography (CT) and ultrasonography (US). The course will further focus on lectures and workshops. The lectures will convey the possibility of questions and interactive discussion with the faculty in the end. The workshops will consist of interactive learning and practical training, discussing clinical cases and images (some of which selected from participant's applications).

This course aims to enrich the current EULAR educational curriculum, being useful for both the basic and the advanced training of any Rheumatologist, either involved in clinical practice, clinical or translational research.

Registration requires participants applying for the course to send 5 radiography pathology images, 3 MR pathology images, 2 CT scan pathology images and 3 ultrasound pathology images

**The 1st EULAR Imaging Course will take place on
30 March-1 April 2017 in Lisbon, Portugal
EULAR grants 5 bursaries at 600 EUR each**

For more information and to register until 15th February 2017 :

http://www.eular.org/eular_imaging_course.cfm

EULAR-ENDORSED COURSE ON SYSTEMIC LUPUS ERYTHEMATOSUS

This course on SLE takes place once every 2 years and is aimed at young rheumatologists under 40 years of age and fosters international collaboration among experts. The attendees learn about the major clinical, pathogenetic and therapeutic aspects of SLE.

Much time is devoted to the clinical discussion of personal experience in the management of SLE patients, and participants are encouraged to discuss difficult clinical cases followed at their units. The sessions also include practical exercises and case discussions to improve the clinical skills of the attendees.

**The 8th EULAR Imaging Course will take place on 21-26 May 2017 in Pisa, Italy -.
EULAR grants up to 10 bursaries of 1000EUR each to cover part of the registration fee
to young rheumatologists
Application deadline is 16th March 2017**

Official website: <http://ecm.clinexprheumatol.org/en/corso.asp?IDC=57>

For more information and to apply: http://www.eular.org/edu_course_sle.cfm

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THE 2017 ACR-EULAR EXCHANGE PROGRAM

The purpose of the EULAR/ACR Exchange Program is to promote the international exchange of clinical and research skills, expertise and knowledge within rheumatology. The program recognizes outstanding rheumatology professional faculty in both laboratory and clinic-based research, and provides exposure to the exciting work being done by colleagues



Overseas. This exchange program allows participants to share knowledge and experience, and creates opportunities for collaboration. The program supports junior academic rheumatologists and rheumatology professionals to travel from Europe to the US to experience the ACR Annual Meeting, engage in a half-day exchange program with American colleagues at the Annual Meeting and participate in a subsequent site visit at a local institution. Successful candidates will receive a complimentary registration to the ACR Annual Meeting and a travel stipend of 2'000 EUR.

Applicants need to fulfil the following requirements:

- To hold a non-tenured faculty appointment or equivalent position (below the level of full professor) at an academic center in a EULAR member country.
- Applicants should have a doctoral degree (MD, PhD, DSc, or equivalent) in a field/area relevant to rheumatology
- Demonstrate a firm commitment to academic medicine
- Must be 45 years of age or under at time of application

The application process for exchange to the ACR in San Diego, California, on 3-8 November 2017 is now open and will close on 14th February 2017

Read the feedback from 2016 participants to have more insights about the Program

"It was a huge experience to take a part in the ACR/EULAR Exchange program and I am very honored I could visit NIH. Lectures from senior researchers were brilliant, very informative and interesting. Also the presentation form exchange program colleagues were versatile, interesting and inspiring. We were also rewarded with a tour around the National Institute of Arthritis, Musculoskeletal and Skin Diseases (NIAMS) at NIH"

(Polona Žigon, Slovenia)

"I consider the ACR/EULAR Exchange program a great opportunity to interact with colleagues from other centers in Europe and USA and to get the chance to establish collaborations. It was a fascinating experience to visit the NIH, get to know the ongoing research and listen to presentations from experts in the field. It was a truly inspiring experience."

(Katerina Chatzidionysiou, Sweden)

"I would recommend the ACR/EULAR Exchange program to every researcher in rheumatology. Not only you meet the American experts in their field in a formal and informal manner, but you also meet like minded researchers out of Europe! Great and inspiring experience"

(Diederick De Cock, Belgium/United Kingdom)

"Inspiring, fascinating and contagious research environment, excellent networking opportunity, an opportunity to not miss. If you are a young researcher in rheumatology, try to not miss the opportunity to join the ACR/EULAR Exchange program, even if you need to apply more than once, it's worth it!"

(Sofia Ramiro, Portugal/The Netherlands)

"The ACR/EULAR Exchange program in Washington was a brilliant experience. The team of rheumatology fellows were a great mix of researchers doing clinical, epidemiological and basic research. I found it very easy to interact and got both new ideas and new potential collaborators. Also, the senior hosts and invited speakers were all highly influential researchers but still took their time to sit down and give good advice, and we were even invited for a private dinner. Thanks to the ACR and EULAR for arranging this program"

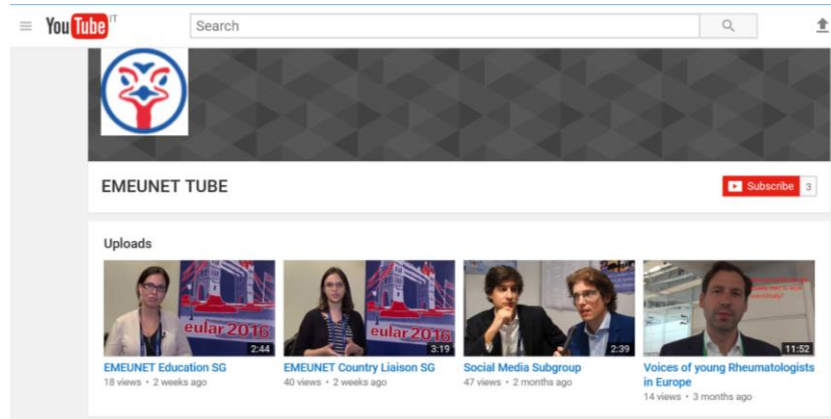
(Tue Kragstrup, Denmark)

"A friendly environment where worldwide renowned American senior researchers share their experience with young European colleagues and give them the opportunity to present their own research. I was fascinated by the visit to the National Institute of Arthritis, Musculoskeletal and Skin Diseases (NIAMS) at NIH and I strongly recommend to apply for the program and take the chance to be involved in such an inspiring experience"

(Alessia Alunno, Italy)

EMEUNET GOES YOUTUBE

EMEUNET recently launched a YouTube channel, EMEUNET TUBE, to share various contents such as interviews to young rheumatologists as well as professors providing their views and perspectives on different topics. Want to know more about EMEUNET Subgroups (SG) and activities? Check the interviews of SG leaders explaining the projects and aims of each SG.



YOUR OPINION IS IMPORTANT TO US!

We aim at tailoring all our activities according to the needs of young rheumatologists and at meeting future participants' expectations. Therefore, we launch on-line surveys on a regular basis to gather the opinion and suggestions from our EMEUNET community.

Keep an eye on emails from EMEUNET and browse the dedicated section on our website:

http://emeunet.eular.org/survey_education.cfm

“Sharing is caring”: please distribute the links for the surveys to anyone that might be interested in EMEUNET activities. Thank you!

More information about EMEUNET can be found in
<http://emeunet.eular.org>

You can also reach us through the following email
emeunet@eular.ch



www.facebook.com/EMEUNET



www.twitter.com/EMEUNET



<http://www.linkedin.com>