

# EULAR 2020

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After three months of pandemic-enforced social distancing, everyone has sat through webinars too numerous to count on Zoom, GoToMeeting, Adobe Connect, Microsoft Teams, Google Meet and probably other platforms as well. Manageable for an hour, but longer meetings require strategically turning off the webcam to do some stretching and walk around one's chair.

So, what would a virtual scientific conference over four days look like? After the CRA's narrow escape in February, and with the ORA's annual meeting cancelled in April, EULAR's 2020 e-Congress was my first chance to find out. The decision to go virtual was made fairly late, in my view, in late March 2020. At that point, the COVID-19 situation was far worse in Europe than in Canada. Regular registrations were converted to a much lower e-Congress fee of \$175 US. I cancelled my hotel at no cost, and Air Canada kept only \$150 of my flight cost. I booked off the three weekdays of EULAR from my virtual office: a welcome respite from 12 weeks of daily telephone calls and attempts at video visits with my patients.

One of the mysteries was whether there was actually anyone in Frankfurt for EULAR. Other than rheumatology health professionals who live there, probably not.

Communications were quite good. In late May, two weeks before the congress start, all the abstracts were released for review and conference planning. There was no EULAR app this time. I made sure I had my EULAR login credentials updated. Reviewing the scientific program, all sessions remained based on Central European Time, so the conference started for me in Toronto on Wednesday at 7 a.m., and on the other days at 4 a.m.

The program showed a mix of posters, live abstract presentations, and pre-recorded expert lectures. Each only becomes available on the day of presentation, and then will remain on the website until the end of August 2020. The posters were in e-poster format, with the abstract but not the e-poster being downloadable. Most posters included a short video commentary by the presenting author. At the live conference, problems can include no poster on display and no poster presenter available for discussion. In the e-Congress version, the counterpart issues are finding an abstract, but no e-poster and/or no video. Overall, however, this system worked well.

Of course, the key issue which cannot be resolved until the congress goes live is whether the platform has the capacity to deal with all the participants trying to access it. On Wednesday at 6 a.m., logging in resulted in messages about platform overload. Eventually, I could access the welcome ceremony and the press conference, but not the opening plenary. Fortunately, matters improved for the next three days. The prerecorded lectures on WIN (What is New) and HOT (How to Treat) worked as expected. The availability

of material for three months mimics ACR Beyond and ACR SessionSelect and allows for later review, as well as catching up with sessions that were scheduled simultaneously.

Still, one misses the energy of a live conference, the chance interactions and networking, the Meet the Professor sessions and live poster tours. Sitting at a computer screen for hours is tiring in its own way. Industry symposia still occurred, but there were no exhibit booths, and no adventures in food and drink to be had.

Clinical abstract award winners included one from Canada by Andre Luquini, MD, of Arthritis Research Canada, Richmond, and a PhD candidate at the University of British Columbia, Vancouver, for investigating the effects of the Making-it-Work online self-management program for people with inflammatory arthritis on presenteeism and work cessation (abstract OP0010).

We also had a Canadian winner for the undergraduate abstract award: Hsin Yen Liu, a third-year medical student at Western University, London, was recognized for his investigation into risk factors for retinopathy induced by antimalarials in systemic lupus erythematosus (SLE) and other autoimmune disorders (abstract OP0333), supervised by Janet Pope.

The CRA also provided expert video commentary on EULAR abstracts this year, featuring Drs. Pope, Louis Bessette and Susa Benseler, all of whom provided thought-provoking and incisive reviews of key studies.

Highlights included many studies on JAK-inhibitors, featuring comparative effectiveness studies such as SELECT-CHOICE and JAK-pot, and multiple other trials of upadacitinib and filgotinib, both in RA and seronegative disorders such as psoriatic arthritis and ankylosing spondylitis. The correlation of VTE risk with high RA disease activity, and the reduction in VTE risk with TNF inhibitors vs. conventional DMARDs were also explored. Studies showed that JAK inhibitors could work after prior JAK failure, and that they could allow for steroid tapering.

A working group study called ASAS MRImagine, led by our own Dr. Walter Maksymowycz, has developed new definitions that showed a high degree of specificity in identifying structural lesions of the sacroiliac joints on MRI indicative of axial spondyloarthritis. A session on "Cardiovascular risk and management in IMIDS" featured Dr. Dafna Gladman providing her expert perspective on cardiovascular disease risk in patients with psoriasis and psoriatic arthritis.

The CONTROL trial results suggested that adalimumab introduction results in better outcomes than methotrexate escalation in psoriatic arthritis. On the other hand, methotrexate might actually prevent rather than exacerbate RA-ILD, according to another study.

I could go on, but you can access the EULAR e-Congress yourself if you want to learn more. With hopes of early successes with antivirals and vaccines fading, this is the new normal. ACR retitled its annual meeting as ACR Convergence in May, and in June announced that the 2020 meeting would also be entirely virtual in November. Difficult decisions loom for CRA 2021 in Quebec City, and EULAR 2021 scheduled for Paris.