EULAR 2022 Report

By Philip A. Baer, MDCM, FRCPC, FACR

Another pandemic year, another virtual European Alliance of Associations for Rheumatology (EULAR) meeting for me. This time, the meeting was hybrid in nature, with live sessions in Copenhagen. I thought I was fortunate to have an abstract accepted on the results of the ADAGIO study (POS0288) of patterns of methotrexate (MTX) de-escalation in Canadian patients initiating an advanced therapy for rheumatoid arthritis (RA). When this poster was then selected for a poster tour, that seemed even better. I recorded a 5-minute overview of the study and uploaded it to the EULAR portal without any difficulty — well, it took three takes to precisely squeeze all I wanted to say into the time allotted, but that was not unexpected. Finding out that I was needed for 3 minutes of live Q&A at 3:45 a.m. Toronto time was the shock. Fortunately, that was on the Saturday of the meeting, so I could catch up on lost sleep later that day. Having attended virtually, at least there was no jet lag to battle. The session was quite interesting, including another abstract on MTX discontinuation in similar patients (POS0286), and I was able to handle the questions that were lobbed my way.

This was the 75th anniversary of the first EULAR meeting, also held in Copenhagen, which was celebrated at the Opening Ceremony as well as throughout the conference, with an excellent session highlighting EULAR's past, present, and future. The conference platform had exceptional audio and video quality, both for live and pre-recorded sessions. Some sessions were not immediately available to virtual attendees, but the platform remained available until the end of July for review.

Parallel to the conference, there was the usual intense activity on Twitter, as well as daily updates from the RheumNow team led by Jack Cush. I especially enjoyed the 3 half-hour daily summary briefings moderated by Janet Pope and Hughes Allard-Chamard for Canadian rheumatologists. Janet had my favourite Tweet: "I was going to go to the session on fatigue in rheumatic diseases, but I was too tired!"

New EULAR guidelines on RA and axial spondyloarthritis (AxSpA) management were unveiled. The AxSpA guideline, in conjunction with the Assessment in Ankylosing Spondylitis (ASAS) working group, positioned the Ankylosing Spondylitis Disease Activity Score (ASDAS) as the primary measure of daily activity, approved of Janus Kinase (JAK) inhibitors as first-line therapy, and gave preference to interleukin-17 (IL-17) inhibitors in those with skin involvement, and to monoclonal antibodies to tumour necrosis factor (TNF) in those with uveitis.

The RA guideline panel included Canadian input from Janet Pope. The prior EULAR recommendation to use short-term glucocorticoids in combination with conventional synthetic disease-modifying antirheumatic drugs (csDMARDs) was revisited, as it was not in accord with current American College of Rheumatology (ACR) guidelines. The new EULAR language says glucocorticoids are just "to be considered" in this scenario and emphasized they should be discontinued as rapidly as possible. The positioning of JAK inhibitors, previously listed as on par with biologics, was modifed in view of the ORAL-Surveillance trial. Now, JAK inhibitors "may be considered" as first-line advanced therapies, but pertinent risk factors for major adverse cardiovascular events (MACE), venous thromboembolic events (VTE) and malignancy must be taken into account. Data from the ongoing baricitinib safety studies, RA-BRIDGE and RA-BRANCH, may affect this advice once they are released.

An interesting presentation on the impact of guidelines by Professor L. Carmona confirmed that adherence to guidelines improved outcomes but showed that such adherence was low, even at Rheumatology Centres of Excellence.

Gender issues in rheumatic disease were prominently featured. The need for more studies was emphasized, as well as the availability of safe spaces and gender-specific support. I learned a new acronym, DEIB, referring to Diversity, Equity, Inclusion and Belonging, all of which are important considerations in patient care. OP0006 was a study with a gender lens, looking at exposure to silica as a risk factor for RA in women, and finding cleaning activities, dusty clothes laundering, and talcum powder handling as the main sources of exposure.

Looking at the abstracts more broadly, 619 covered all aspects of RA, 209 related to COVID-19, 112 to orphan diseases, with 74 on osteoarthritis (OA), 51 on osteoporosis, and 178 on psoriatic arthritis (PsA) treatment and clinical aspects. Futuristic technologies such as Machine Learning, Neural Networks, and Artificial Intelligence were commonly referenced. Long COVID and difficult-to-treat RA were topics of interest to me as well.

Other papers which caught my eye included the frequency of subclinical giant cell arteritis in PMR (OP0184), the NORDSTAR study of different treatment strategies in early RA (OP0058), and 2 studies on holding MTX after COVID-19 immunization (POS0259 and LB0003). I also noted POS0242 which showed that antimalarials increase drug retention in patients on biologics and JAK inhibitors.

Easy-to-remember trial names were PAISLEY (LB0004), a Phase 2 trial of deucravacitinib in systemic lupus erythematosus (SLE), and GLORIA, a pragmatic trial of low-dose prednisolone in RA patients over age 65 years.

Overall, this was another excellent EULAR conference in all aspects. Next year, the meeting will be held in Milan from May 31 to June 3. Will virtual attendance still be possible? No, according to EULAR's current plan.

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