

Programme

Tuesday 23 April 2013

09.00 – 10.30

New insights on the pathogenesis and treatment of crystal arthritis | Hall 1

Chairs: Dr Edward Roddy, Arthritis Research UK, Keele University, Keele and Prof George Nuki, University of Edinburgh, Edinburgh

- Aim:** Provide an update on the causes and optimal treatments of common crystal arthropathies
- Outcome 1:** Understand the genetic and environmental risk factors for crystal arthritis
- Outcome 2:** Understand the potential importance of treating to target for gout
- Outcome 3:** Update on existing and new therapeutic options

09.00

Gout: should we treat to target?

Prof Pascal Richette, Universite Paris 7, Paris, France

09.30

Pathogenesis and treatment of pyrophosphate arthropathy

Prof Geraldine McCarthy, Mater Misericordiae University Hospital, Dublin, Ireland

10.00

Genetic and environmental risk for hyperuricaemia and gout

Prof Michael Doherty, University of Nottingham, Nottingham

09.00 – 10.30

Faster, safer, cheaper? Advances in orthopaedic science | Hall 10

Chairs: Dr Fraser Birrell, Newcastle University, Newcastle and Prof George Peat, Keele University, Keele

- Aim:** Joint surgery is undergoing a scientific revolution, with dogma being replaced by evidence based practice. The aim of this session is to highlight some key advances:
- Outcome 1:** Delegates will know about the introduction of fast track surgery (which has reduced complication rates)
- Outcome 2:** Delegates will understand the National Joint registry (which has guided use of particular implants), and the shift in focus towards Patient Reported Outcome Measures (PROMS)
- Outcome 3:** Delegates will recognise the problems with resurfacing procedures

09.00

Fast-track hip and knee arthroplasty: current status and future challenges

Mr Henrik Husted, Hvidovre University Hospital, Hvidovre, Denmark

09.25

Lessons from the national joint registry and patient reported outcome measures (PROMS)

Mr Simon Jameson, James Cook University Hospital, Middlesbrough

09.50

Insights into articular resurfacing and what happened with metal on metal implants

Mr Mike Reed, Northumbria Healthcare NHS Foundation Trust, Ashington

10.15

Panel Discussion

09.00 – 10.30

An embarrassment of riches: clinical research in rheumatoid arthritis | Hall 4*Chair: Prof John Isaacs, Newcastle University, Newcastle***Aim:**

To highlight the patient benefits of research involvement, and to raise the notion that recruitment of patients into research should be considered a 'quality measure'

Outcome 1:

To demonstrate patient benefits of involvement in clinical research

Outcome 2:

To highlight, contrast and raise awareness of the wide variety of research opportunities for RA patients

Outcome 3:

To stimulate debate around distinct research opportunities – is a phase III pharmaceutical industry trial better for my patients than a phase I experimental medicine study? Should economic considerations influence my decision? Should trial recruitment become an auditable quality measure for rheumatologists?

09.00

How clinical research improves patient outcomes*Dr A Murray Brunt, University Hospital of North Staffordshire, Stoke-on-Trent*

09.15

How research changed my life*Mrs Ailsa Bosworth, Chief Executive, National Rheumatoid Arthritis Society, Berkshire*

09.30

Should it be standard of care to offer entry to research trials at each therapeutic decision stage of the patient journey?*Dr Maya Buch, University of Leeds, Leeds*

09.45

Research opportunities for the RA patient, their rheumatologist, and their AHP, including economic aspects*Prof Deborah Symmons, University of Manchester, Manchester*

10.00

Recruitment of RA patients into research should provide an auditable quality measure*Dr Peter Dawes, Haywood Hospital, Stoke-on-Trent and Dr Ian Rowe, Worcestershire Royal Hospital, Worcester*

09.00 – 10.30

BHPR: The experience of living with musculoskeletal problems and other conditions | Hall 5*Chairs: Prof Bie Nio Ong, Keele University, Keele and Mrs Jenny Ratcliffe, East Cheshire NHS Trust, Macclesfield***Outcome 1:**

To appreciate the complex nature of multimorbidity, in particular, that it can consist of many different combinations of conditions and thus result in a wide range of impacts on individuals' quality of life and their use of health care

Outcome 2:

Through discussion begin to formulate how health professionals can best respond to the complexity of multimorbidity

09.00

Multimorbidity in patients with arthritis: experience of care and self-management*Prof Peter Bower, University of Manchester, Manchester*

09.15

The role of patients' social networks in shaping the experience of musculoskeletal conditions and multimorbidity*Mr Tom Porter, Keele University, Keele*

09.30

Patient priorities in osteoarthritis and comorbid conditions*Dr Sudeh Cheraghi-Sohi, Keele University, Keele*

09.00 – 10.30

Oral abstracts: Connective tissue disease | Hall 9

Chairs: Dr Bridget Griffiths, Freeman Hospital, Newcastle and Dr John Ioannou, University College London, London

- 09.00

Long-term outcomes of children born to mothers with SLE
Dr Mary Gayed, Sandwell and West Birmingham Hospitals, Birmingham
- 09.15

Higher corticosteroid doses early in disease have a long-term influence on metabolic syndrome in systemic lupus erythematosus: data from an international inception cohort.
Dr Benjamin Parker, University of Manchester, Manchester
- 09.30

Simple insoles for managing foot problems in people with SSC: the Pisces randomized controlled trial
Dr Anthony Redmond, University of Leeds, Leeds
- 09.45

A retrospective study of long-term outcome in 152 patients with primary Sjögren's syndrome – 25 year experience
Ms Esha Abrol, University College London, London
- 10.00

Successful use of Tocilizumab in the treatment of refractory FDG PET positive large vessel vasculitis: a case series
Dr Sanam Kia, Southend Hospital, Southend-on-Sea
- 10.15

Factors associated with long-term damage in the ANCA-associated vasculitides: an analysis of cohorts from the European vasculitis study group (EUVAS) therapeutic trials
Dr Joanna Robson, University of Oxford, Oxford

09.00 – 10.30

SIG: Spondyloarthropathy | Hall 8b

Chairs: Dr Raj Sengupta, Royal National Hospital for Rheumatic Disease NHS Foundation Trust, Bath and Prof Dennis McGonagle, University of Leeds, Leeds

- Aim:

To increase awareness of advances in diagnosis and management of spondyloarthritis
- Outcome 1:

Attendees will understand the treatment of axial spondyloarthritis
- Outcome 2:

Attendees will be updated on newer biologic treatments in spondyloarthritis
- Outcome 3:

Attendees will be updated on the possible development of a British Spondyloarthritis Group

- 09.00

Welcome and introduction
Prof Dennis McGonagle, University of Leeds, Leeds and Dr Raj Sengupta, Royal National Hospital for Rheumatic Disease NHS Foundation Trust, Bath
- 09.10

Treating non radiographic axial spondyloarthritis?
Dr Lesley Kay, Newcastle University, Newcastle
- 09.30

Update on new biologics in PsA
Prof Dennis McGonagle, University of Leeds, Leeds
- 09.50

The BRITSpA proposal
Dr Helena Marzo-Ortega, University of Leeds, Leeds

09.00 – 10.30

BHPR SIG: Connective tissue disease | Hall 8a

Chair: Ms Sue Brown, Royal National Hospital for Rheumatic Disease NHS Foundation Trust, Bath

- Aim:

Outcome 1:

Outcome 2:

Outcome 3:
- To address musculoskeletal health in pregnancy and explore the role of the multi-disciplinary team

To give an overview of the important aspects of managing women in pregnancy and when to act on red flags

To consider the important role of physiotherapists and nurses in managing pregnancy in rheumatology

To provide information about medications that are safe to use in pregnancy and discuss some of the potential problems that may arise due to medication

- 09.00

09.20

09.40

10.00
- Setting up a rheumatology pregnancy clinic**
Dr Maddy Piper, Royal National Hospital for Rheumatic Disease NHS Foundation Trust, Bath

Pre-pregnancy counselling: the role of the nurse
Ms Sue Brown, Royal National Hospital for Rheumatic Disease NHS Foundation Trust, Bath

Physiotherapy interventions in managing musculoskeletal pain in pregnancy
Dr Yvonne Coldron, Croydon University Hospital, Croydon

Medications in pregnancy
Dr Mary Gayed, University of Birmingham, Birmingham

10.30 – 11.30

Poster viewing and exhibition | Tea and Coffee

- Categories**

Case reports

Imaging

Metabolic and crystal arthropathies

Rheumatoid arthritis: pathogenesis and animal models

Rheumatoid arthritis: treatment

Rheumatoid arthritis: clinical features

Rheumatoid arthritis: comorbidities
- Poster Tours**

RA clinical

RA pathogenesis

Case reports

11.00 – 11.30

NEW – Innovation theatre: Roche

ANCA - associated vasculitis for rheumatologists
Prof David Scott, Norfolk and Norwich University Hospital, Norwich

11.30 – 13.00

BSR/BHPR: Facilitating adherence to treatment in rheumatology | Hall 5

Chairs: Prof Anne Barton, University of Manchester, Manchester and Ms Karen Vinall-Collier, University of Leeds, Leeds

Aim:

To provide clinicians with an overview of the patient factors that could affect adherence to treatment and how this information could be used to facilitate adherence

Outcome 1:

Attendees will understand some of the health beliefs which may impact on non-adherence to treatment

Outcome 2:

Attendees will understand some of the behaviour change strategies which may be employed in clinical practice to facilitate adherence to pharmacological and physical therapies

11.30

Patient non-adherence to treatment: what causes it and what can be done about it

Prof John Weinman, Institute of Psychiatry, London

12.00

Adherence and adaptation: targeting beliefs and behaviour in optimising self management

Dr Lis Cordingley, University of Manchester, Manchester

12.30

The clinical application of behaviour change strategies to facilitate adherence to treatment

Dr Sarah Dean, University of Exeter, Exeter

11.30 – 13.00

Osteoporosis: an update | Hall 4

Chair: Dr Emma Clark, University of Bristol, Bristol

Aim:

To provide general rheumatologists and trainees with an update on metabolic bone disease

Outcome 1:

To understand investigation and management of renal bone disease

Outcome 2:

To highlight the emerging idea of sarcopaenia and its importance to bone

Outcome 3:

To discuss the role of drug holidays for bisphosphonates

11.30

Investigation and management of renal bone disease

Prof David Hosking, City Hospital, Nottingham

12.00

Sarcopaenia: is it a disease and can it be treated?

Prof Avan Aihie Sayer, University of Southampton, Southampton

12.30

Bisphosphonate therapy: what is the optimal duration?

Prof Juliet Compston, University of Cambridge, Cambridge

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The British Society for
Rheumatology

11.30 – 13.00

Biologics in connective tissue disease | Hall 1

Chairs: Dr Hector Chinoy, University of Manchester, Manchester and Dr Benjamin Parker, University of Manchester, Manchester

- Outcome 1:
- Outcome 2:
- Outcome 3:
- To discuss recent clinical trials of rituximab in ANCA-associated vasculitis
- To review the use of available biologics in SLE and introduce emerging therapies
- To review the use of novel biologic agents in severe haematological manifestations of CTD

- 11.30
- Rituximab in ANCA-associated vasculitis
- Dr Chetan Mukhtyar, Norfolk and Norwich University Hospital, Norwich
- 12.00
- Current and emerging biologics in SLE
- Prof Ian Bruce, University of Manchester, Manchester
- 12.30
- Novel biologics in severe haematological manifestations of connective tissue disorders
- Dr Jecko Thachil, Manchester Royal Infirmary, Manchester

11.30 – 13.00

BHPR: Interactive panel discussion and problem solving to optimise work participation | Hall 10

Ms Victoria Chamberlain, Trafford Hospitals, Central Manchester University Hospitals Foundation NHS Trust, Manchester and Mr Federico Moscogiuri, ARMA, London

- Aim:
- Outcome 1:
- Outcome 2:
- Outcome 3:
- To provide delegates with the opportunity to discuss ways to optimise work participation
- To review the determinants of reduced work participation for adults with musculoskeletal conditions
- To outline ways to reduce the barriers and improve work participation
- To identify issues which need further review by clinicians and policy makers e.g. Department for Work and Pensions to improve work participation

- 11.30
- Work and musculoskeletal conditions: the key issues
- Dr Ross Wilkie, Keele University, Keele
- 11.45
- Work Capability Assessment: development and implications for patients with musculoskeletal conditions
- Dr David Walker, Consultant Rheumatologist, Freeman Hospital, Newcastle-upon-Tyne
- 12.15
- Interactive panel discussion and problem solving to optimise work participation
- Mr David Frost CBE, former Director General, British Chambers of Commerce, London, Dr Bill Gunnyeon, Department for Work and Pensions, London, Dr David Walker, Freeman Hospital, Newcastle and Ms Adele Higginbottom, Keele University, Keele

11.30 – 13.00

Oral abstracts: Pathogenesis | Hall 9

Chairs: Dr Andrew Filer, University of Birmingham, Birmingham and Prof Justin Mason, Imperial College London, London

- 11.30
- Characterising type 17 immune responses in ankylosing spondylitis
Dr Mohammad Hussein Al-Mossawi, University of Oxford, Oxford
- 11.45
- Synovial lymphocyte aggregates in early inflammatory arthritis: correlation with diagnosis, disease activity and antibody status
Dr Maria Di Cicco, Queen Mary University of London, London
- 12.00
- Early treatment-naïve rheumatoid arthritis (RA) is characterised by qualitative changes of the INKT regulatory cell repertoire
Prof Stephan Gadola, University of Southampton and UHS NHS Foundation Trust, Southampton
- 12.15
- Widespread citrullination in healthy and inflamed lung tissue as a priming site for autoimmunity in RA
Dr Elena Lugli, Kennedy Institute of Rheumatology, University of Oxford, Oxford
- 12.30
- How does PTPN22 regulate T cell effector responses in inflammatory arthritis?
Dr Cristina Sanchez-Blanco, King's College London, London
- 12.45
- Clinical significance of IL-6 and CCL2 upregulation in serum and renal biopsies from cases of scleroderma renal crisis
Dr Cassandra Hong, King's College Hospital, London

11.30 – 13.00

SIG: Musculoskeletal pain | Hall 8a

Chair: Dr Nicholas Shenker, Cambridge University Hospitals, Cambridge

- Aim:
- Engagement for members to understand and develop commissioning for musculoskeletal pain services; opportunity for clinical research studies to be discussed, from inception through to delivery; plan for the future of the MSK pain SIG
- Outcome 1:
- To be able to understand what projects are currently being developed and what clinical trials have come to fruition from the Arthritis Research UK pain study group. To understand the process of how to engage with this and take forward ideas
- Outcome 2:
- To be able to understand the commissioning environment. To be able to come up to date with the national pathways that have been developed as part of the British Pain Society's endeavours working with the Department of Health
- Outcome 3:
- To engage with the SIG members as to what they would want a SIG to include, whether that be audits, surveys, support or newsletters. To request for volunteers who wish to be included in this to commit time and resources as necessary
- 11.30
- Arthritis Research UK's Musculoskeletal pain study group: current trials and how to get involved
Prof Elaine Hay, Keele University, Keele
- 12.00
- The commissioning climate for musculoskeletal pain services
Dr Benjamin Ellis, King's College Hospital, London
- 12.30
- Musculoskeletal Pain SIG: what do we want from it?
Dr Nicholas Shenker, Cambridge University Hospitals, Cambridge

11.30 – 13.00	<p>SIG: Foot and ankle Hall 8b</p> <p><i>Chair: Dr Anthony Redmond, University of Leeds, Leeds</i></p> <p>Aim: The session will focus on gout, the arthritis most typically characterised by foot involvement. Delegates will be updated about how and why gout affects the foot and the emerging role of ultrasound for assessing joint involvement in gout</p> <p>Outcome 1: Delegates will gain knowledge of how the foot is affected by gout, both in the acute attack and chronically</p> <p>Outcome 2: Delegates will understand the pathophysiological mechanisms underlying the predilection of gout for the joints of the foot</p> <p>Outcome 3: Delegates will appreciate the potential role of ultrasound in the diagnosis and assessment of gout</p> <p>11.30 Gout and the foot: a clinical overview <i>Dr Kelsey Jordan, Brighton and Sussex University Hospitals, Brighton</i></p> <p>11.50 The role of footwear in gout <i>Prof Keith Rome, Auckland University of Technology, Auckland, New Zealand</i></p> <p>12.10 Why does gout target the foot: a critical role for osteoarthritis? <i>Dr Edward Roddy, Arthritis Research UK Primary Care Centre, Keele</i></p> <p>12.30 Ultrasound assessment of the foot in gout <i>Prof Pascal Richette, Universite Paris 7, Paris, France</i></p>
13.00 – 14.00	<p>Exhibition Lunch</p>
13.00 – 13.30	<p>NEW – Innovation theatre: AbbVie</p> <p>Talking AS, online ankylosing spondylitis assessment for your patients <i>Dr Raj Sengupta Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, Bath</i></p>
13.30 – 14.00	<p>NEW – Innovation theatre: Savient</p> <p>Management of chronic tophaceous gout <i>Dr Robert T Keenan, Duke University, Durham, North Carolina</i></p>

13.00 – 14.00

Registers open meeting | Hall 5*Chair: Dr Alex MacGregor, University of East Anglia, Norwich***Aim:**

To inform all those wanting to understand the implications of Register Research for their practice

Outcome 1:

Update members on the latest results and analysis from the RA and AS registers

Outcome 2:

Update the membership on the how to recruit and how to access data from the registries for audit and research

Outcome 3:

Provide insight into how the registers will develop in the coming years with the advent of electronic data entry

Open to all with an interest in the Biologics Registers, whether as a contributor of patient data or as a researcher interested in accessing the data. There will be an update of the latest news on recruitment and research

13.10

Anti-TNF therapies and the risk of malignancy: lessons from the BSRBR-RA*Dr Kimme Hyrich, University of Manchester, Manchester*

13.30

What the AS register will tell us and how it will inform practice*Dr Andrew Keat, Northwick Park Hospital, Harrow*

13.00 – 14.00

BSR/BHPR: Post graduate research student network | Hall 9

Chairs: Dr Annette Bishop, Arthritis Research UK, Keele University, Keele and Prof Sarah Hewlett, University of the West of England, Bristol

- Aim:**

To provide a coordinated network for early career researchers that facilitates peer group discussion and support from a range of leading academics
- Outcome 1:**

Attendees will participate in a structured networking event with different seniority levels of researchers to find common interests and build future collaborations
- Outcome 2:**

Attendees will practice effectively communicating their current research study
- Outcome 3:**

Attendees will contribute to a networking database that will be circulated after the event to enable contacts to become established

- 13.00

Introduction
Prof Sarah Hewlett, University of the West of England, Bristol
- 13.05

Planning your elevator pitch
Dr Caroline Flurey, University of the West of England, Bristol
- 13.10

Structured ‘speed dating’ educational networking facilitated by academics
Dr Caroline Flurey, University of West of England, Bristol and Prof Sarah Hewlett, University of West of England, Bristol

14.00 – 16.00

Jewels in the Crown | Hall 1

Chairs: Dr Chris Deighton, President BSR and Mr Robert Field, President BHPR

14.00	Introduction <i>Dr Chris Deighton, President BSR and Mr Robert Field, President BHPR</i>
14.05	The new commissioning landscape: opportunities and challenges <i>Mr Bob Ricketts, Director of NHS Provider Transition (Department of Health) and Director of Commissioning Support Strategy and Market Development (NHS Commissioning Board), London</i>
14.40	Michael Mason Prize Winner: Osteoarthritis: a multisystem approach to understanding disease pathophysiology <i>Dr Nidhi Sofat, St George’s University of London, London</i>
14.55	Garrod Prize Winner: Domain I, the hidden face of antiphospholipid syndrome <i>Dr Charis Pericleous, University College London, London</i>
15.10	Randomised controlled trial of tumour-necrosis-factor inhibitors (TNFis) against combination intensive therapy with conventional disease modifying anti-rheumatic drugs (cDMARDs) in established rheumatoid arthritis (RA): the TACIT trial <i>Prof David Scott, King’s College London, London</i>
15.25	Epigenetic regulation of the IL23R locus in ankylosing spondylitis <i>Dr Carla Cohen, University of Oxford, Oxford</i>
15.40	SARAH: strengthening and stretching for people with rheumatoid arthritis of the hands: a randomised controlled trial <i>Dr Mark Williams, University of Warwick, Coventry</i>

16.00 – 16.30

Exhibition | Tea and coffee

16.30 – 17.30

Heberden Round | Hall 1

Unmasking lupus: Changing perceptions of the disease and its treatment
Prof Caroline Gordon, University of Birmingham, Birmingham

17.30 – 17.45

17.45 – 19.15

Industry supported symposium catering

Industry supported symposium: Roche Products Ltd / Chugai Pharma UK Ltd | Hall 5

Is disease remission achievable for rheumatoid arthritis patients on therapy without methotrexate?

Chair: Prof Ernest Choy, Cardiff University of Medicine, Cardiff

18.00

Welcome and introduction

Prof Ernest Choy, Cardiff University School of Medicine, Cardiff

18.05

Mission Remission: do expectations reflect published data?

Dr Maya Buch, National Institute for Health Research Leeds, Musculoskeletal Biomedical Research Unit, Leeds

18.25

Optimising care for rheumatoid arthritis patients who could benefit from biologic treatment without methotrexate

Prof Ernest Choy, Cardiff University School of Medicine, Cardiff

18.45

Is remission in rheumatoid arthritis achievable for patients on therapy without methotrexate?

Prof John Isaacs, Newcastle University/Freeman Hospital, Newcastle

19.05

Question and answer session, followed by and summary and close

PRESCRIBING INFORMATION RoActemra® (tocilizumab) in Rheumatoid Arthritis (RA): Please refer to RoActemra SPC for full prescribing information.

Indication: RoActemra, in combination with methotrexate (MTX), is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have either responded inadequately to, or who were intolerant to, previous therapy with one or more disease-modifying anti-rheumatic drugs (DMARDs) or tumour necrosis factor (TNF) antagonists. In these patients, RoActemra can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate. RoActemra has been shown to reduce the rate of progression of joint damage as measured by X-ray and to improve physical function when given in combination with MTX.

Dosage and Administration: Patients should be given the Patient Alert Card. 8mg/kg iv infusion given once every 4 weeks. Doses exceeding 800mg per infusion are not recommended.

Dose adjustments: Dose reduction to 4mg/kg, or interruptions, are recommended in the event of raised liver enzymes, low absolute neutrophil count (ANC) or low platelet count. RoActemra should not be initiated in patients with ANC count below $2 \times 10^9/L$.

Contraindications: Hypersensitivity to any component of the product; active, severe infections.

Precautions: Infections: Cases of serious and sometimes fatal infections have been reported; interrupt therapy until controlled. Caution in patients with recurring/chronic infections, or other conditions which may predispose to infection. **Tuberculosis (TB):** Screen for and treat latent TB prior to starting therapy. There is a risk of false negative tuberculin skin and interferon-gamma TB blood test results, especially in patients who are severely ill or immunocompromised. Patients should be instructed to seek medical advice if signs/symptoms of a tuberculosis infection occur during or after therapy with RoActemra. **Hypersensitivity reactions:** Serious hypersensitivity reactions have been reported and

may be more severe and potentially fatal in patients who have experienced hypersensitivity reactions with previous infusions even if they have received premedication with steroids and antihistamines. Appropriate treatment should be available for immediate use if anaphylaxis occurs. If an anaphylactic reaction or other serious hypersensitivity/serious infusion related reaction occurs, permanently discontinue RoActemra.

Hepatic disease/impairment: Use with caution in patients with active hepatic disease/impairment. **Transaminase elevations:** Not recommended in patients with ALT or AST $>5 \times ULN$; caution in patients with ALT or AST $>1.5 \times ULN$. **Haematological abnormalities:** Caution in patients with platelet count $<100 \times 10^3/\mu L$. Continued treatment not recommended in patients with ANC $<0.5 \times 10^9/L$ or platelet count $<50 \times 10^3/\mu L$. Lipid parameters: If elevated, follow local guidelines for managing hyperlipidaemia. **Vaccinations:** Live and live attenuated vaccines should not be given concurrently. **Combined with other biologic treatments:** Not recommended. **Viral reactivation:** Has been reported with biologics. **Diverticulitis:** Caution in patients with a history of intestinal ulceration or diverticulitis. Patients with symptoms of complicated diverticulitis should be evaluated promptly.

Interactions: Patients taking other medicines which are metabolised via CYP450 3A4, 1A2, or 2C9 should be monitored as doses may need to be adjusted.

Pregnancy and Lactation: Women should use contraception during and for 3 months after treatment. A decision on whether to continue/discontinue breastfeeding on RoActemra therapy should take into account relative benefits to mother and child.

Undesirable effects: Prescribers should consult SPC for full details of ADRs. Very common ADRs ($\geq 1/10$): URTI, hypercholesterolaemia. Common ADRs ($\geq 1/100$ to $< 1/10$): cellulitis, pneumonia, oral herpes simplex, herpes zoster, abdominal pain, mouth ulceration, gastritis, rash, pruritus, urticaria, headache, dizziness, increased hepatic transaminases, increased weight and increased total bilirubin, hypertension, leukopenia, neutropenia, peripheral oedema,

hypersensitivity reactions, conjunctivitis, cough, dyspnoea.

Medically significant events: Infections: Opportunistic and serious infections have been reported, some serious infections had a fatal outcome. Impaired lung function may increase the risk of developing infections. There have been post-marketing reports of interstitial lung disease, some of which had a fatal outcome. **GI perforations:** Primarily reported as complications of diverticulitis. **Infusion reactions:** Clinically significant hypersensitivity reactions requiring treatment discontinuation were reported and were generally observed during the 2nd – 5th infusions. Fatal anaphylaxis has been reported. **Other:** Decreased neutrophil count, decreased platelet count, hepatic transaminase elevations, lipid parameter increases, very rare cases of pancytopenia.

Legal Category: POM

Presentations and Basic NHS Costs: 80mg of tocilizumab in 4mL (20mg/mL) 1 vial: £102.40, 200mg of tocilizumab in 10mL (20mg/mL) 1 vial: £256.00, 400mg of tocilizumab in 20mL (20mg/mL) 1 vial: £512.00.

Marketing Authorisation Numbers: EU/1/08/492/01 (80mg), EU/1/08/492/03 (200mg), EU/1/08/492/05 (400mg).

Marketing Authorisation Holder: Roche Registration Limited, 6 Falcon Way, Welwyn Garden City, Herts AL7 1TW. RoActemra is a registered trade mark.

Date of Preparation: February 2013 RCUKMED100022

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Roche Products Limited. Please contact UK Drug Safety Centre on: 01707 367554

Date of preparation: March 2013

RCUACTE00859

Is disease remission achievable for rheumatoid arthritis patients on biologic therapy without methotrexate?

A Roche Products Ltd / Chugai Pharma UK Ltd Sponsored Symposium

MISSION REMISSION



Mission Remission – do expectations reflect published data?

Dr Maya Buch, Senior Lecturer/Honorary Consultant Rheumatologist,
National Institute for Health, Research Leeds Musculoskeletal Biomedical
Research Unit, Leeds

Optimising care for rheumatoid arthritis patients who could benefit from biologic treatment without methotrexate

Professor Ernest Choy, Professor of Rheumatology,
Cardiff University School of Medicine, Cardiff (Chair)

Is remission in rheumatoid arthritis achievable for patients on therapy without methotrexate?

Professor John Isaacs, Institute Director,
Newcastle University/Freeman Hospital, Newcastle

BSR Annual Conference 2013, Hall 5; ICC, Birmingham
Tuesday 23 April 2013, 17:45 – 19:15

Mission Remission is an educational initiative and has been funded
and initiated by Roche Products Ltd and Chugai Pharma UK Ltd
Date of Preparation: February 2013 RCUKACTE00859a

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Interactions: Patients taking other medicines which are metabolised via CYP450 3A4, 1A2, or 2C9 should be monitored as doses may need to be adjusted.

Pregnancy and Lactation: Women should use contraception during and for 3 months after treatment. A decision on whether to continue/discontinue breastfeeding on RoActemra therapy should take into account relative benefits to mother and child.

Undesirable effects: Prescribers should consult SPC for full details of ADRs. *Very common ADRs ($\geq 1/10$):* URTI, hypercholesterolaemia. *Common ADRs ($\geq 1/100$ to $< 1/10$):* cellulitis, pneumonia, oral herpes simplex, herpes zoster, abdominal pain, mouth ulceration, gastritis, rash,

pruritus, urticaria, headache, dizziness, increased hepatic transaminases, increased weight and increased total bilirubin, hypertension, leukopenia, neutropenia, peripheral oedema, hypersensitivity reactions, conjunctivitis, cough, dyspnoea. *Medically significant events:* *Infections:* Opportunistic and serious infections have been reported, some serious infections had a fatal outcome. Impaired lung function may increase the risk of developing infections. There have been post-marketing reports of interstitial lung disease, some of which had a fatal outcome. *GI perforations:* Primarily reported as complications of diverticulitis. *Infusion reactions:* Clinically significant hypersensitivity reactions requiring treatment discontinuation were reported and were generally observed during the 2nd – 5th infusions. Fatal anaphylaxis has been reported. *Other:* Decreased neutrophil count, decreased platelet count, hepatic transaminase elevations, lipid parameter increases, very rare cases of pancytopenia.

Legal Category: POM

Presentations and Basic NHS Costs: 80mg of tocilizumab in 4mL (20mg/mL) 1 vial: £102.40, 200mg of tocilizumab in 10mL (20mg/mL) 1 vial: £256.00, 400mg of tocilizumab in 20mL (20mg/mL) 1 vial: £512.00.

Marketing Authorisation Numbers: EU/1/08/492/01 (80mg), EU/1/08/492/03 (200mg), EU/1/08/492/05 (400mg).

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Date of Preparation: February 2013 RCUKMEDI00022

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09.00-10.30

01 LONG-TERM OUTCOMES OF CHILDREN BORN TO MOTHERS WITH SLE

Mary Gayed¹, Francesca Leone², Veronica Toescu¹, Ian Bruce³, Ian Giles⁴, Lee-Suan Teh⁵, Neil McHugh⁶, Christopher Edwards⁷, Mohammed Akil⁸, Munther Khamashta², Caroline Gordon¹

¹University of Birmingham, Birmingham, United Kingdom; ²Rheumatology, St Thomas's Hospital, London, United Kingdom; ³Rheumatology, Manchester Royal Infirmary, Manchester, United Kingdom; ⁴Rheumatology, University College London, London, United Kingdom; ⁵Rheumatology, Royal Blackburn Hospital, Blackburn, United Kingdom; ⁶Rheumatology, Royal National Hospital for Rheumatic Diseases, Bath, United Kingdom; ⁷Rheumatology, Southampton University Hospital, Southampton, United Kingdom; ⁸Rheumatology, Royal Hallamshire Hospital, Sheffield, United Kingdom

02 HIGHER CORTICOSTEROID DOSES EARLY IN DISEASE HAVE A LONG-TERM INFLUENCE ON METABOLIC SYNDROME IN SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM AN INTERNATIONAL INCEPTION COHORT

Benjamin Parker¹, Murray Urowitz², Dafna Gladman², Mark Lunt^{1,3}, Ian Bruce^{1,3}

¹Arthritis Research UK Epidemiology Unit, University of Manchester, Manchester, United Kingdom; ²Centre for Prognosis Studies in the Rheumatic Diseases, University of Toronto, Toronto, ON, Canada; ³NIHR Manchester Musculoskeletal Biomedical Research Unit, University of Manchester, Manchester, United Kingdom

03 SIMPLE INSOLES FOR MANAGING FOOT PROBLEMS IN PEOPLE WITH SSC: THE PISCES RANDOMIZED CONTROLLED TRIAL

Anthony Redmond^{1,2}, Begonya Alcacer-Pitarch¹, Janine Gray³, Christopher Denton⁴, Ariane Herrick⁵, Nuria Navarro-Coy³, Howard Collier³, Lorraine Loughrey¹, Sue Pavitt⁶, Heidi Siddle¹, Jonathan Wright³, Philip Helliwell¹, Paul Emery^{1,2}, Maya Buch¹

¹Division of Rheumatology and Musculoskeletal Disease, University of Leeds, Leeds, United Kingdom; ²Leeds NIHR Musculoskeletal Biomedical Research Unit, Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom; ³Clinical Trials Research Unit, University of Leeds, Leeds, United Kingdom; ⁴Centre for Rheumatology, Royal Free Campus, University College London, London, United Kingdom; ⁵Centre for Musculoskeletal Research, University of Manchester, Manchester, United Kingdom; ⁶Leeds Institute of Health Sciences, University of Leeds, Leeds, United Kingdom



Medical student bursary winner

04 A RETROSPECTIVE STUDY OF LONG-TERM OUTCOME IN 152 PATIENTS WITH PRIMARY SJÖGREN'S SYNDROME: 25 YEAR EXPERIENCE

Esha Abrol¹, Cristina G. Pulido², David A. Isenberg³

¹Department of Medicine, University College London Medical School, London, United Kingdom; ²Internal Medicine Department, University Hospital Virgen del Rocío, Seville, Spain; ³Centre for Rheumatology Research, University College London, London, United Kingdom

05 SUCCESSFUL USE OF TOCILIZUMAB IN THE TREATMENT OF REFRACTORY FDG PET-POSITIVE LARGE VESSEL VASCULITIS: A CASE SERIES

Sanam Kia¹, Pravin Patil¹, Mark Williams¹, Tochi Adizie¹, Dimitrios Christidis¹, Tania Gordon¹, Frances A. Borg¹, Shaifali Jain¹ and Bhaskar Dasgupta¹

¹Rheumatology, Southend Hospital, Southend-on-Sea, United Kingdom

06 FACTORS ASSOCIATED WITH LONG-TERM DAMAGE IN THE ANCA-ASSOCIATED VASCULITIDES: AN ANALYSIS OF COHORTS FROM THE EUROPEAN VASCULITIS STUDY GROUP THERAPEUTIC TRIALS

Joanna Robson¹, Helen Doll², Stephen Yew³, Oliver Flossmann³, Ravi Suppiah¹, Lorraine Harper⁴, Peter Hoglund⁵, David Jayne³, Chetan Mukhtyar⁶, Kerstin Westman⁵, Raashid Luqmani¹

¹Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, United Kingdom; ²Rheumatology, University of East Anglia, Norwich, United Kingdom; ³Vasculitis and Lupus Clinic, Addenbrooke's Hospital, Cambridge, United Kingdom; ⁴Renal Department, University of Birmingham, Birmingham, United Kingdom; ⁵Renal Department, Lund University, Lund, Sweden; ⁶Rheumatology, Norfolk and Norwich University Hospital, Norwich, United Kingdom

PATHOGENESIS

11.30-13.00

07 CHARACTERISING TYPE 17 IMMUNE RESPONSES IN ANKYLOSING SPONDYLITIS

Mohammad Hussein Al-Mossawi¹, Anna Ridley^{1,2}, Isobel Wong², Simon Kollnberger¹, Jacqueline Shaw¹, Paul Bowness¹

¹Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, United Kingdom; ²MRC Human Immunology Unit, Weatherall Institute of Molecular Medicine, Oxford, United Kingdom

08 SYNOVIAL LYMPHOCYTE AGGREGATES IN EARLY INFLAMMATORY ARTHRITIS: CORRELATION WITH DIAGNOSIS, DISEASE ACTIVITY AND ANTIBODY STATUS

Maria Di Cicco¹, Frances Humby¹, Stephen Kelly¹, Nora Ng¹, Rebecca Hands¹, Sabrina Dadoun¹, Chris Buckley², Iain B. McInnes³, Peter Taylor⁴, Michele Bombardieri¹, Costantino Pitzalis¹

¹Rheumatology, Queen Mary University of London, London, United Kingdom; ²Division of Immunity and Infection, University of Birmingham, Birmingham, United Kingdom; ³Glasgow Biomedical Research Centre, University of Glasgow, Glasgow, United Kingdom; ⁴Kennedy Institute of Rheumatology, University of Oxford, Oxford, United Kingdom

09 EARLY TREATMENT-NAIVE RHEUMATOID ARTHRITIS IS CHARACTERISED BY QUALITATIVE CHANGES OF THE INKT REGULATORY CELL REPERTOIRE

Salah Mansour^{1,2}, Anna Tocheva¹, Lyndsey Goulston^{2,3}, Helen Platten^{2,3}, Christopher Edwards^{2,3}, Cyrus Cooper^{3,4}, Stephan D. Gadola^{1,3}

¹Clinical and Experimental Sciences, Faculty of Medicine, University of Southampton, Southampton, United Kingdom; ²Southampton Musculoskeletal shadow BRU, University of Southampton and UHS NHS FT, Southampton, United Kingdom; ³Rheumatology, University of Southampton and UHS NHS FT, Southampton, United Kingdom; ⁴MRC Lifecourse Epidemiology Unit, University of Southampton, Southampton, United Kingdom



Young investigator award winner

010 WIDESPREAD CITRULLINATION IN HEALTHY AND INFLAMED LUNG TISSUE AS A PRIMING SITE FOR AUTOIMMUNITY IN RA

Elena Lugli¹, Karin Lundberg², Ken Bracke³, Guy Brusselle³, Patrick J. Venables¹

¹NDORMS, Kennedy Institute of Rheumatology, University of Oxford, London, United Kingdom; ²Rheumatology Unit, Department of Medicine, Karolinska Institute, Stockholm, Sweden; ³Laboratory for Translational Research of Obstructive Pulmonary Disease, Universitair Ziekenhuis Gent, Gent, Belgium

011 HOW DOES PTPN22 REGULATE T-CELL EFFECTOR RESPONSES IN INFLAMMATORY ARTHRITIS?

Cristina Sanchez-Blanco¹, Georgina Cornish¹, Garth Burn¹, Manoj Saini¹, Rebecca Brownlie², Linda Klavinskis³, Richard Williams⁴, Stephen Thompson¹, Lena Svensson⁵, Rose Zamoyska², Andrew Cope¹

¹Academic Department of Rheumatology, King's College London, London, United Kingdom; ²Institute of Immunology and Infection Research, University of Edinburgh, Edinburgh, United Kingdom; ³Peter Gorer Department of Immunobiology, King's College London, London, United Kingdom; ⁴Kennedy Institute of Rheumatology, University of Oxford, Oxford, United Kingdom; ⁵Department of Experimental Medical Sciences, Lund University, Lund, Sweden

O12 CLINICAL SIGNIFICANCE OF IL-6 AND CCL2 UPREGULATION IN SERUM AND RENAL BIOPSIES FROM CASES OF SCLERODERMA RENAL CRISIS

Cassandra F. Hong¹, Korsia Khan², Rebecca Alade², Svetlana I. Nihtyanova², Voon H. Ong², Christopher P. Denton²

¹Rheumatology, King's College Hospital, King's College London, London, United Kingdom; ²Rheumatology, Royal Free Hospital, University College London, London, United Kingdom

BSR/BHPR PLENARY ABSTRACTS 14.00-16.00

P1 RANDOMISED CONTROLLED TRIAL OF TUMOUR-NECROSIS-FACTOR INHIBITORS AGAINST COMBINATION INTENSIVE THERAPY WITH CONVENTIONAL DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS IN ESTABLISHED RHEUMATOID ARTHRITIS: THE TACIT TRIAL

David L. Scott^{1,2}, Fowzia Ibrahim¹, Clive Kelly³, Fraser Birrell⁴, Kuntal Chakravarty⁵, David Walker⁶, Peter Maddison⁷, Gabrielle Kingsley^{1,8};

¹Rheumatology, King's College London, London, United Kingdom; ²Rheumatology, King's College Hospital, London, United Kingdom; ³Rheumatology, Queen Elizabeth Hospital, Gateshead, United Kingdom; ⁴Rheumatology, Northumbria Healthcare, Hexham, United Kingdom; ⁵Rheumatology, Queen's Hospital, Romford, United Kingdom; ⁶Rheumatology, Freeman Hospital, Newcastle, United Kingdom; ⁷School of Medical Sciences, Bangor University, Bangor, United Kingdom; ⁸Rheumatology, University Hospital Lewisham, London, United Kingdom

P2 EPIGENETIC REGULATION OF THE IL23R LOCUS IN ANKYLOSING SPONDYLITIS

Carla Cohen¹, Tugce Karaderi¹, Louise Appleton¹, Sarah Keidel¹, Jenny Pointon¹, Anna Ridley², Paul Bowness², Paul Wordsworth¹

¹NIHR Oxford Musculoskeletal BRU and Comprehensive Biomedical Research Centre, University of Oxford, Oxford, United Kingdom; ²Medical Research Council Human Immunology Unit, Weatherall Institute of Molecular Medicine, University of Oxford, Oxford, United Kingdom

P3 SARAH: STRENGTHENING AND STRETCHING FOR PEOPLE WITH RHEUMATOID ARTHRITIS OF THE HANDS: A RANDOMISED CONTROLLED TRIAL

Mark A. Williams¹, Peter J. Heine¹, Christopher McConkey¹, Joanne Lord², Sukhdeep Dosanjh¹, Esther Williamson¹, Jo Adams³, Martin Underwood¹, Sarah E. Lamb^{1,4}, Sarah Trial Team¹

¹Warwick Clinical Trials Unit, University of Warwick, Coventry, United Kingdom; ²Health Economics Research Group, Brunel University, Uxbridge, United Kingdom; ³Faculty of Health Sciences, University of Southampton, Southampton, United Kingdom; ⁴Kadoorie Critical Care Research Centre, University of Oxford Hospitals NHS Trust, Oxford, United Kingdom



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CASE REPORT

1 A LATE PRESENTATION OF LOEYS-DIETZ SYNDROME: BEWARE OF TGF BETA RECEPTOR MUTATIONS IN 'BENIGN' JOINT HYPERMOBILITY

Puja Mehta¹, Susan Holder², Benjamin Fisher³, Tonia Vincent¹

¹Rheumatology, Imperial College Healthcare NHS Trust, London, United Kingdom; ²North West Thames Regional Genetics Service, NWLH NHS Trust, London, United Kingdom; ³Rheumatology Research Group, University of Birmingham, Birmingham, United Kingdom

2 A CASE OF POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME IN A PATIENT WITH SLE

Kavitha Nadesalingam¹, Helen Maciver¹, Wendy Shingler¹

¹Rheumatology, Bradford Teaching Hospitals, Bradford, United Kingdom

3 RITUXIMAB THERAPY IN REFRACTORY MACROPHAGE ACTIVATION SYNDROME SECONDARY TO SLE

Jyoti Bakshi¹, Sadon Hassan², David D'Cruz³, Antoni Chan¹

¹Rheumatology, Royal Berkshire Hospital, Reading, United Kingdom; ²Haematology, Royal Berkshire Hospital, Reading, United Kingdom; ³Rheumatology, St Thomas's Hospital, London, United Kingdom



4 NATURAL KILLER T-CELL LYMPHOMA: FATAL MIMIC OF GIANT CELL ARTERITIS

Anna E. Litwic¹, Fiona McCrae²

¹Rheumatology, The Royal Bournemouth and Christchurch Hospitals NHS Trust, Bournemouth, United Kingdom; ²Rheumatology, Queen Alexandra Hospital Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom

5 SILASTIC SYNOVITIS: A CASE AND REVIEW OF THE LITERATURE

Rakhi Seth¹, Fiona McCrae¹

¹Rheumatology Department, Queen Alexandra Hospital, Portsmouth, United Kingdom

6 HEART FAILURE IN A WOMAN WITH SLE AND ANTI-PHOSPHOLIPID SYNDROME AND FABRY'S DISEASE

Anupama Nandagudi¹, Elizabeth Jury², David Isenberg^{1,2}

¹Department of Rheumatology, University College Hospital, London, United Kingdom; ²Centre for Rheumatology Research, Department of Medicine, University College London, London, United Kingdom

7 REFRACTORY MULTISYSTEM SARCOIDOSIS INVOLVING PELVIC BONE RESPONDING TO INFLIXIMAB

Uma Karjigi¹, Anupam Paul¹

¹Rheumatology, James Cook University Hospital, Middlesbrough, United Kingdom



8 A FATAL CASE OF ANTI-MDA5 CLINICALLY AMYOPATHIC DERMATOMYOSITIS

Frances Rees¹, Emma O'Dowd¹, William Kinnear¹, Simon Johnson¹, Peter Lanyon¹

¹Rheumatology Department, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

9 RITUXIMAB IN RECURRENT THROMBOEMBOLIC DISEASE IN APS

Jyoti Bakshi¹, Richard Stevens¹

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10 BEHÇET'S DISEASE ASSOCIATED WITH IDIOPATHIC INTRACRANIAL HYPERTENSION

Nehal Narayan¹, Christopher Marguerie¹

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11 SEROPOSITIVE NON-EROSIVE RHEUMATOID ARTHRITIS PRESENTING WITH 'THE CUTANEOUS ROPE SIGN' (INTERSTITIAL GRANULOMATOUS DERMATITIS) AND SUBCLINICAL SYNOVITIS RESPONSIVE TO STEROIDS AND METHOTREXATE

Helena Robinson¹, Lorrette Folkes¹, Fiona Worsnop¹, Lucy Ostlere¹, Patrick Kiely¹

¹Rheumatology, St George's Healthcare NHS Trust, London, United Kingdom



12 A CASE OF ULCERATIVE LUPUS PROFUNDUS RESPONDING TO RITUXIMAB

Chethana Dharmapalaiah¹, Nada Hassan¹,
Anupama Nandagudi¹, Anurag Bharadwaj¹,
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²Dermatology, Essex and Thurrock University Hospitals
NHS Foundation Trust, Essex, United Kingdom

13 TOCILIZUMAB FOR THE TREATMENT OF AUTOINFLAMMATORY DISEASE

Emma J. Davies¹, Mohammed Akil¹, Rachael Kilding¹

¹Rheumatology, Sheffield Teaching Hospitals NHS
Foundation Trust, Sheffield, United Kingdom

14 ATYPICAL MYCOBACTERIAL INFECTION IN THE IMMUNOCOMPROMISED: BEWARE OF THE SKIN LODGERS



Jagdish Ramachandran Nair¹, Maeve Walsh², Wendy Farrar³,
Robert N. Thompson¹

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United Kingdom; ²Dermatology, Broadgreen University
Hospital, Liverpool, United Kingdom; ³Dermatology, Aintree
University Hospital, Liverpool, United Kingdom

15 DRESS SYNDROME CAUSED BY NAPROXEN

Liubov Borukhson¹, Charles McFadyen¹, Deepwant Singh¹,
Vivek Rajagopal¹

¹West Suffolk Hospital, Bury St Edmunds, United Kingdom

16 AN UNEXPECTED CAUSE OF SEVERE HYPOKALAEMIA IN A PATIENT WITH SJÖGREN'S SYNDROME: A CASE REPORT

Angela Marie L. Chan¹, Li Wearn Koh¹

¹Rheumatology, Allergy and Immunology, Tan Tock Seng
Hospital, Singapore, Singapore

17 SUCCESSFUL TREATMENT OF SCHNITZLER'S SYNDROME WITH ANAKINRA, COMPLICATED BY THE DEVELOPMENT OF ANTI-NUCLEAR ANTIBODIES



Jennifer D. Christie¹, Lorraine Croot¹

¹Rheumatology, Barnsley Hospital NHS Trust, Barnsley,
United Kingdom

18 CETROLIZUMAB-INDUCED ACUTE LIVER FAILURE



Mary Gayed¹, Benjamin Disney², Saket Singhal²,
Karl Grindulis¹

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Birmingham, United Kingdom; ²Gastroenterology, Sandwell
and West Birmingham Hospitals, Birmingham, United
Kingdom

19 GRANULOMATOSIS WITH POLYANGIITIS PRESENTING WITH A RIGHT-SIDED RENAL MASS

Timothy D. Reynolds¹

¹Medical Directorate, University Hospital of Wales, Cardiff,
United Kingdom

20 RHEUMATOLOGISTS BEWARE: SERIOUS ADVERSE REACTION BETWEEN INJECTED TRIAMCINOLONE AND RITONAVIR, COMMONLY USED FOR TREATMENT OF HIV



Katie Conway¹, Debbie Williams¹, John Quin¹, Gillian Dean¹,
Duncan Churchill¹, Karen E. Walker-Bone²

¹HIV/GU Medicine, Royal Sussex County Hospital, Brighton,
United Kingdom; ²Rheumatology, Brighton and Sussex
Medical School, Brighton, United Kingdom

21 TAKO-TSUBO CARDIOMYOPATHY ASSOCIATED WITH SYSTEMIC SCLEROSIS: A SIGN OF MYOCARDIAL RAYNAUD'S PHENOMENON?

Iain Goff^{1,2}, Gary Reynolds², Matthew Grove³

¹Department of Rheumatology, Newcastle Hospitals NHS
Trust, Newcastle, United Kingdom; ²Institute of Cellular
Medicine, University of Newcastle, Newcastle, United
Kingdom; ³Department of Rheumatology, Northumbria
Healthcare NHS Trust, North Shields, United Kingdom

22 NECROTIZING BALANITIS DUE TO POLYARTERITIS NODOSA

Priya Patel¹, Mark N. Lazarus¹, Frederico Roncaroli², Carolyn Gabriel³, Anne R. Kinderlerer¹

¹Rheumatology, St. Mary's Hospital, London, United Kingdom; ²Histology, St. Mary's Hospital, London, United Kingdom; ³Neurology, St. Mary's Hospital, London, United Kingdom

23 IMPROVEMENT OF COELIAC DISEASE IN A PATIENT WITH SJÖGREN'S SYNDROME TREATED WITH RITUXIMAB



Elena Nikiphorou¹, Frances C. Hall¹

¹Rheumatology, Cambridge University Hospitals Foundation Trust, Cambridge, United Kingdom

24 AN UNUSUAL CASE OF BILATERAL PAROTID AND SUBMANDIBULAR GLAND INVOLVEMENT IN ANCA ASSOCIATED VASCULITIS, REFRACTORY TO CYCLOPHOSPHAMIDE BUT SUCCESSFULLY TREATED WITH RITUXIMAB

Elen Bruce¹, Leanne Gray¹, Maria Krutikov¹, Surabhi Wig¹, Ian Bruce¹

¹Rheumatology, Manchester Royal Infirmary, Central Manchester University Hospitals, Manchester, United Kingdom

IMAGING

25 EARLY RESPONSE TO ABATACEPT PLUS MTX IN MTX-IR RA PATIENTS USING POWER DOPPLER ULTRASONOGRAPHY: AN OPEN-LABEL STUDY

Maria A. D'Agostino¹, Richard Wakefield², Hilde Berner Hammer³, Olivier Vittecoq⁴, Mauro Galeazzi⁵, Peter Balint⁶, Emilio Filippucci⁷, Ingrid Moller⁸, Annamaria Iagnocco⁹, Esperanza Naredo¹⁰, Mikkel Ostergaard¹¹, Corine Gaillez¹², Wendy Kerselaers¹³, Karina Van Holder¹⁴, Manuela Le Bars¹², OMERACT US Task Force¹

¹Service de Rhumatologie, AP-HP Ambroise Pare Hospital, Boulogne-Billancourt, France; ²Department of Rheumatology, University of Leeds, Leeds, United Kingdom; ³Department of Rheumatology, Diakonhjemmet Hospital, Oslo, Norway; ⁴Department of Rheumatology, University Hospital, Rouen, France; ⁵Institute of Rheumatology, University Hospital, Siena, Italy; ⁶Rheumatology Department, National Institute of Rheumatology and Physiotherapy, Budapest, Hungary; ⁷Clinica Reumatologica, University Politecnica delle Marche, Ancona, Italy; ⁸Rheumatology Institute, Instituto Poal, Barcelona, Spain; ⁹Dipartimento di Clinica e Terapia Medica Applicata, University La Sapienza, Rome, Italy; ¹⁰Department of Rheumatology, Hospital Severo Ochoa, Madrid, Spain; ¹¹Department of Rheumatology, University Hospital, Copenhagen, Denmark; ¹²Medical Affairs, Bristol-Myers Squibb, Rueil-Malmaison, France; ¹³Global Biometric Sciences, Bristol-Myers Squibb, Braine-L'Alleud, Belgium; ¹⁴Global Clinical Operations and Strategy, Bristol-Myers Squibb, Braine-L'Alleud, Belgium

26 TWINS UK HERITABILITY STUDY OF CANDIDATE LOW BACK PAIN PHENOTYPE SHOWS VERTEBRAL ENDPLATE ABNORMALITIES TO BE HERITABLE

Millicent A. Stone^{1,2}, Francis Williams², Lisa Wolber², Jaro Karppinen³, Juhani Maatta³

¹Pharmacy and Pharmacology, University of Bath, Bath, United Kingdom; ²Department of Twin Research and Genetic Epidemiology, King's College London, London, United Kingdom; ³Department of Medical Biochemistry and Molecular Biology, University of Oulu, Oulu, Finland

27 CURRENT PRACTICE IN MUSCULOSKELETAL ULTRASOUND IN THE NORTHERN REGION

Ben Thompson¹, Ismael Atchia², Alice Lorenzi¹, Graham Raftery³, Phil Platt¹

¹Musculoskeletal Unit, Newcastle Hospitals NHS Foundation Trust, Newcastle, United Kingdom; ²Department of Rheumatology, Northumbria Healthcare NHS Foundation Trust, Whitley Bay, United Kingdom; ³Department of Rheumatology, City Hospitals Sunderland NHS Foundation Trust, Sunderland, United Kingdom

28 THE PREDICTIVE VALUE OF MUSCULOSKELETAL ULTRASOUND IN UNSELECTED EARLY ARTHRITIS CLINIC PATIENTS WITH POLYARTHRALGIA

Philip N. Platt¹, Arthur Pratt¹

¹Rheumatology, Freeman Hospital, Newcastle, United Kingdom

29 3D CORTICAL THICKNESS MAPPING OF THE HIP AS A NEW IMAGING BIOMARKER OF OSTEOARTHRITIS

Thomas D. Turmezei¹, Graham M. Treece¹, Andrew H. Gee¹, Kenneth E. Poole¹

¹University of Cambridge, Cambridge, United Kingdom

METABOLIC AND CRYSTAL ARTHROPATHIES

30 HEALTH-RELATED QUALITY OF LIFE IN GOUT: A SYSTEMATIC REVIEW

Priyanka N. Chandratte¹, Edward Roddy¹, Lorna Clarson¹, Jane Richardson¹, Samantha Hider¹, Christian Mallen¹

¹Research Institute for Primary Care and Health Sciences, Keele University, Keele, United Kingdom

31 THE BURDEN OF GOUT-RELATED ADMISSIONS TO A DISTRICT GENERAL HOSPITAL

Abigail Lieberman¹, Peter J. Prouse¹

¹Rheumatology, Basingstoke and North Hampshire Hospital, Basingstoke, United Kingdom

32 RISK FACTORS FOR HYPERURICAEMIA AMONG A LARGE COHORT OF HIV-INFECTED MEN

Prini Mahendran¹, Amanda Samarawickrama¹, Duncan Churchill¹, Karen E. Walker-Bone²

¹HIV/GU Medicine, Royal Sussex County Hospital, Brighton, United Kingdom; ²Rheumatology, Brighton and Sussex Medical School, Brighton, United Kingdom

33 EFFECT OF PEGLOTICASE ON RENAL FUNCTION IN PATIENTS WITH CHRONIC KIDNEY DISEASE

Faith D. Ottery¹, Robert Yood², Marsha Wolfson³

¹Global Medical Affairs, Savient Pharmaceuticals, Inc, Bridgewater, NJ, USA; ²Rheumatology, Reliant Medical Group, Worcester, MA, USA; ³Clinical Affairs, Savient Pharmaceuticals, Bridgewater, NJ, USA

34 AUDIT OF ARMA 2012 STANDARDS OF CARE FOR PEOPLE WITH GOUT IN PRIMARY CARE IN EDINBURGH AND THE LOTHIANS

Andrea Ang¹, Philip Riches¹, Janet Thomson¹, George Nuki¹

¹University of Edinburgh, Rheumatic Diseases Unit, Western General Hospital, Edinburgh, United Kingdom

RHEUMATOID ARTHRITIS: CLINICAL FEATURES

35 HIGH POSITIVE ANTIBODY STATUS IS ASSOCIATED WITH INCREASED MORTALITY IN PATIENTS WITH EARLY INFLAMMATORY ARTHRITIS: RESULTS FROM THE NORFOLK ARTHRITIS REGISTER



Jennifer Humphreys¹, Suzanne M. Verstappen¹, Jacqueline Chipping², Kimme Hyrich¹, Tarnya Marshall², Deborah P. Symmons¹

¹Arthritis Research UK Epidemiology Unit, School of Translational Medicine, University of Manchester, Manchester, United Kingdom; ²Rheumatology Department, Norfolk and Norwich Hospital, Norwich, United Kingdom

36 THE FALLING PREVALENCE OF EROSIVE DISEASE IN RHEUMATOID ARTHRITIS: A CLINICAL EXPERIENCE



Matthew Roy¹, John R. Kirwan¹, Robert W. Marshall¹

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37 THE IMPACT OF RHEUMATOID ARTHRITIS ON QUALITY OF LIFE ASSESSED USING THE SF-36: A SYSTEMATIC REVIEW AND META-ANALYSIS

Faith Matcham¹, Ian C. Scott², Lauren Rayner¹, Matthew Hotopf¹, Gabrielle H. Kingsley^{3,4}, David L. Scott⁵, Sophia Steer⁵

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38 SEROLOGICAL STATUS: A ROLE IN PERSONALISED MEDICINE FOR RHEUMATOID ARTHRITIS

Margaret H. Ma¹, Chanaka Dahanayake¹, Ian C. Scott², Gabrielle Kingsley¹, Andrew Cope¹, David L. Scott¹

¹Academic Department of Rheumatology, King's College London, London, United Kingdom; ²Medical and Molecular Genetics, King's College London, London, United Kingdom

39 RHEUMATOID FACTOR IGA AND ANTI-CYCLIC CITRULLINATED PEPTIDE ANTIBODIES: PREDICTORS OF RADIOGRAPHIC PROGRESSION

Chanaka Dahanayake¹, Margaret H. Ma¹, Ian C. Scott², Gabrielle H. Kingsley¹, Andrew Cope¹, David L. Scott¹

¹Rheumatology, King's College London, London, United Kingdom; ²Medical and Molecular Genetics, King's College London, London, United Kingdom

40 SHOULD THERE BE DIFFERENT DISEASE ACTIVITY CRITERIA FOR ASSESSMENT OF PATIENTS WITH RHEUMATOID ARTHRITIS ACCORDING TO ETHNIC BACKGROUNDS?

Aaron Wernham¹, Lorna Ward^{1,2}, David Carruthers¹, Alison Deeming¹, Christopher Buckley^{1,2}, Karim Raza^{1,2}, Paola De Pablo^{2,3}

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41 CAN RADIOGRAPHIC SCORES OF HANDS AND FEET IN THE FIRST THREE YEARS OF RA PREDICT EVENTUAL NEED FOR ORTHOPAEDIC SURGERY OF HAND AND FOOT JOINTS? RESULTS FROM A LONG-TERM INCEPTION COHORT

Elena Nikiphorou¹, Lewis Carpenter², Keeranur Jayakumar¹, Csilla Solymosy¹, Josh Dixey³, Adam Young¹

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42 ETHNIC AND SMOKING VARIATIONS IN EARLY RHEUMATOID ARTHRITIS: EXPERIENCE FROM A LARGE SECONDARY CARE CENTRE

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43 COMORBIDITY AND OBESITY ARE INDEPENDENTLY ASSOCIATED WITH FAILURE TO ACHIEVE REMISSION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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44 CLINICAL, IMAGING AND HISTOLOGICAL CHARACTERISTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS AT DIFFERENT STAGES OF DISEASE PROGRESSION

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45 SHOULD WE CONTINUE TO GROUP ALL SEROPOSITIVE RA PATIENTS TOGETHER? A VERY STRONGLY POSITIVE ANTI-CCP IN THE PRESENCE OF A NEGATIVE/WEAKLY POSITIVE RF: A SEROLOGICAL PERMUTATION WITH AN ATYPICAL CLINICAL PRESENTATION?

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RHEUMATOID ARTHRITIS: COMORBIDITIES

46 ASSOCIATION OF ANTI-TNF THERAPY AND THE RISK OF ISCHAEMIC STROKE IN SUBJECTS WITH RHEUMATOID ARTHRITIS: RESULTS FROM THE BSRBR-RA

Audrey Low¹, Mark Lunt¹, Louise Mercer¹, James Galloway², Rebecca Davies¹, Kath Watson¹, British Society for Rheumatology Biologics Register Control Centre Consortium¹, Will Dixon¹, Deborah Symmons^{1,3}, Kimme Hyrich¹, on behalf of the British Society for Rheumatology Biologics Registers⁴

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47 THE RISK OF LYMPHOMA IN PATIENTS RECEIVING ANTI-TNF THERAPY FOR RHEUMATOID ARTHRITIS: RESULTS FROM THE BSRBR-RA

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48 RELATIONSHIP BETWEEN ANTI-TNF THERAPY AND RISK OF MYOCARDIAL INFARCTION IN SUBJECTS WITH RHEUMATOID ARTHRITIS: RESULTS FROM THE BSRBR-RA

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49 HAS THE CAUSE OF DEATH IN RHEUMATOID ARTHRITIS PATIENTS CHANGED RECENTLY?

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50 SUCCESS OF A SMOKING AND RHEUMATOID ARTHRITIS AWARENESS CAMPAIGN IN FIFE, SCOTLAND

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51 FRACTURE RISK MANAGEMENT IN PATIENTS WITH NEWLY DIAGNOSED RHEUMATOID ARTHRITIS: RESULTS FROM A CARE PATHWAY

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52 ARE PATIENTS WITH INFLAMMATORY POLYARTHRITIS EXPERIENCING THE SAME REDUCTIONS IN CARDIOVASCULAR-SPECIFIC MORTALITY AS THE GENERAL POPULATION?

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53 RA-RELATED INTERSTITIAL LUNG DISEASE: WHICH FACTORS PREDICT ITS DEVELOPMENT?

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54 RA-RELATED INTERSTITIAL LUNG DISEASE: SURVIVAL TRENDS OVER 25 YEARS

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55 ANALYSIS OF CO-MORBIDITIES REPORTED BY PEOPLE LIVING WITH ARTHRITIS CONTACTING A NATIONAL HELPLINE SERVICE

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56 THE EFFECTS OF INDIVIDUALISED AEROBIC AND STRENGTH TRAINING ON CARDIOVASCULAR OUTCOMES IN PATIENTS WITH RHEUMATOID ARTHRITIS

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57 OSTEOPOROTIC FRACTURE IN RHEUMATOID ARTHRITIS: A STUDY OF INCIDENCE, PREDICTIVE FACTORS AND ECONOMIC BURDEN FROM TWO UK INCEPTION COHORTS

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58 NATURAL HISTORY, DISEASE CHARACTERISTICS AND AUTOANTIBODY POSITIVITY IN PATIENTS WITH BRONCHIECTASIS AND RA: IS THE LUNG AN INITIATING SITE OF AUTOIMMUNITY IN RHEUMATOID ARTHRITIS?

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59 ENDOTHELIAL FUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS: THE EFFECTS OF EXERCISE AND ANTI-TNF TREATMENT

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60 INCIDENCE OF DIABETES AND EFFECT OF ETANERCEPT AND ADALIMUMAB ON HBA1C OVER 1 YEAR: DATA FROM A RANDOMISED TRIAL IN PATIENTS WITH RHEUMATOID ARTHRITIS

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RHEUMATOID ARTHRITIS: PATHOGENESIS AND ANIMAL MODELS

61 INTRA-ARTICULAR INJECTION OF MESENCHYMAL STEM CELLS LEADS TO REDUCED INFLAMMATION IN ANTIGEN-INDUCED ARTHRITIS

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62 MACROPHAGES IN HYPOXIC RHEUMATOID JOINTS PREFERENTIALLY EXPRESS HYPOXIA-INDUCIBLE TRANSCRIPTION FACTOR-2

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63 THE EFFECTS OF ANTI-TUMOR NECROSIS FACTOR AGENTS ON THE EXPANSION OF T HELPER-TYPE 17 CELLS DRIVEN BY LIPOPOLYSACCHARIDE-STIMULATED MONOCYTES

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64 RELATIONSHIP OF BAFF-BINDING RECEPTORS WITH SERUM BAFF LEVELS IN PATIENTS WITH RHEUMATOID ARTHRITIS RELAPSING AFTER RITUXIMAB

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65 IgG ANTIBODIES TO ENDOGENOUS VIRAL MATRIX SEGMENT OF HERV-K10 AND POTENTIAL IgG1Fc VIRAL MIMICS IN RHEUMATOID ARTHRITIS

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66 INVESTIGATION OF THE ROLE OF HISTONE DEACETYLASES IN RHEUMATOID ARTHRITIS SYNOVIAL FIBROBLASTS



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67 MEMBRANE-BOUND AND SOLUBLE BAFF EXPRESSION BY HUMAN RHEUMATOID FIBROBLAST-LIKE SYNOVIOCYTES IN RESPONSE TO TLR STIMULATION



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68 SYNOVIAL FIBROBLASTS FROM PATIENTS WITH RHEUMATOID ARTHRITIS DIFFERENTIATE INTO DISTINCT FIBROBLAST SUBSETS IN THE PRESENCE OF CARTILAGE



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RHEUMATOID ARTHRITIS: TREATMENT

69 ORAL GLUCOCORTICOIDS AND THE RISK OF INCIDENT TYPE II DIABETES MELLITUS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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70 LONG-TERM EFFECTIVENESS AND SAFETY OF ADALIMUMAB IN PATIENTS WITH MODERATE VERSUS SEVERE RHEUMATOID ARTHRITIS

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71 HIGH RETENTION ON METHOTREXATE AT 1 YEAR FOLLOWING TIGHT CONTROL OF RHEUMATOID ARTHRITIS

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72 LATITUDE BUT NOT SEASON OF INITIATION PREDICTS CLINICAL RESPONSE TO TNF THERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS: THE BSR BIOLOGICS REGISTER-RA

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73 IMPACT OF RHEUMATOID ARTHRITIS DISEASE EDUCATION ON ADHERENCE TO THERAPY AND FOLLOW-UPS: A PROSPECTIVE CONTROLLED STUDY FROM INDIA

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74 PREDICTORS OF SIGNIFICANT DISEASE ACTIVITY SCORE-28 (USING C-REACTIVE PROTEIN) REMISSION ACHIEVED WITH INTRAVENOUS GOLIMUMAB IN PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS DESPITE METHOTREXATE THERAPY: RESULTS OF THE PHASE III, MULTICENTER, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL

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75 RHEUMATOID ARTHRITIS RESPONSIBILITY DEAL

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76 VALIDATION OF REMISSION OF RHEUMATOID ARTHRITIS BY TRADITIONAL DISEASE ACTIVITY SCORE AND PROVISIONAL CRITERIA BY AMERICAN COLLEGE OF RHEUMATOLOGY AND EUROPEAN LEAGUE AGAINST RHEUMATISM: ANALYSIS BASED ON PATIENT-REPORTED OUTCOMES ANALYZED FROM 3 PHASE III GOLIMUMAB CLINICAL TRIALS

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77 INFECTIONS IN RHEUMATOID ARTHRITIS PATIENTS TREATED WITH RITUXIMAB ARE ASSOCIATED WITH MULTIPLE RISK FACTORS INCLUDING LOW IGM LEVELS

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78 TOCILIZUMAB IN METHOTREXATE-INTOLERANT OR CONTRAINDICATED PATIENTS - A COST-UTILITY MODEL FOR THE UNITED KINGDOM

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79 OUTCOMES OF PREGNANCY IN SUBJECTS EXPOSED TO CERTOLIZUMAB PEGOL

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80 MAINTENANCE OF REMISSION IN RA PATIENTS WITH LOW-MODERATE DISEASE ACTIVITY FOLLOWING WITHDRAWAL OF CERTOLIZUMAB PEGOL TREATMENT: WEEK 52 RESULTS FROM THE CERTAIN STUDY

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81 TIMING AND MAGNITUDE OF INITIAL RESPONSE TO CERTOLIZUMAB PEGOL IN A BROAD POPULATION OF PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS PREDICTS LIKELIHOOD OF LDA AT WEEK 28

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82 SAFETY UPDATE ON CERTOLIZUMAB PEGOL IN PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS WITH LONG-TERM EXPOSURE

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83 MANAGEMENT OF RHEUMATOID ARTHRITIS IN WALES: AN ALL-WALES AUDIT

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84 A RETROSPECTIVE STUDY OF THE EFFECTS OF SWITCHING FROM ORAL TO SUBCUTANEOUS METHOTREXATE ON DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

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85 CHANGES IN PATIENT-REPORTED OUTCOMES IN RESPONSE TO SUBCUTANEOUS ABATACEPT OR ADALIMUMAB IN RHEUMATOID ARTHRITIS: RESULTS FROM THE AMPLE (ABATACEPT VERSUS ADALIMUMAB COMPARISON IN BIOLOGIC-NAIVE RA SUBJECTS WITH BACKGROUND METHOTREXATE) TRIAL

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86 IMPACT OF A MULTI-BIOMARKER DISEASE ACTIVITY TEST ON RHEUMATOID ARTHRITIS DECISION AND THERAPY USE

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87 STUCK IN THE MIDDLE WITH DAS: UNDERTREATMENT OF MODERATE RHEUMATOID ARTHRITIS

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88 SHOULD MSK ULTRASOUND ASSESSMENT BE DONE ROUTINELY PRE-BIOLOGICS IN INFLAMMATORY ARTHRITIS MANAGEMENT?

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89 REGISTRY, AUDIT AND OBSERVATIONAL STUDY OF GREATER GLASGOW AND CLYDE RHEUMATIC PATIENTS RECEIVING BIOLOGIC THERAPY: BASELINE FEATURES AND ADVERSE EVENT PROFILE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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90 SYSTEMATIC REVIEW COMPARING COMBINATION DMARD THERAPY WITH ANTI-TNF PLUS METHOTREXATE IN DRUG-RESISTANT RHEUMATOID ARTHRITIS

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91 TOCILIZUMAB IS EFFECTIVE FOR THE TREATMENT OF ANTI-TNF- AND RITUXIMAB-REFRACTORY RHEUMATOID ARTHRITIS

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92 EFFICACY AND LONG-TERM SAFETY OF RITUXIMAB IN RHEUMATOID ARTHRITIS: 8 YEAR FOLLOW-UP OF THE FIRST 52 PATIENTS TREATED IN THE BELFAST TRUST RHEUMATOLOGY UNIT

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93 DEVELOPMENT OF PATIENT-REPORTED EXPERIENCE MEASURES FOR RHEUMATOID ARTHRITIS: RESULTS OF A PILOT STUDY

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94 REAL-WORLD EFFICACY AND SAFETY OF ABATACEPT TREATMENT FOR RHEUMATOID ARTHRITIS: 12-MONTH INTERIM ANALYSIS OF THE ACTION STUDY

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95 EXPECTATIONS OF NEW TREATMENT IN RHEUMATOID ARTHRITIS: THE DEVELOPMENT OF A PATIENT-GENERATED SCALE

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96 WEEKLY SUBCUTANEOUS ABATACEPT CONFERS COMPARABLE ONSET OF TREATMENT RESPONSE AND MAGNITUDE OF EFFICACY IMPROVEMENT OVER 6 MONTHS WHEN ADMINISTERED WITH OR WITHOUT AN INTRAVENOUS ABATACEPT LOADING DOSE

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97 LONG-TERM EFFICACY OF TOCILIZUMAB MONOTHERAPY IN PATIENTS WITH RA: AMBITION EXTENSION 240 WEEK DATA

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98 NITRIC OXIDE LEVELS IN RHEUMATOID ARTHRITIS IMPROVES AFTER IL-6 BLOCKADE

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99 FUNCTIONALLY OPTIMISED ORTHOSES FOR EARLY RHEUMATOID ARTHRITIS FOOT DISEASE: A FIRST-ON-MAN, PHASE I STUDY OF MECHANISMS AND PATIENT EXPERIENCE

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100 COMPARATIVE EFFICACY OF BIOLOGICS AS MONOTHERAPY AND IN COMBINATION WITH METHOTREXATE IN RHEUMATOID ARTHRITIS PATIENTS WITH AN INADEQUATE RESPONSE TO CONVENTIONAL DMARDS: A NETWORK META-ANALYSIS

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101 LONG-TERM SAFETY OF TOCILIZUMAB IN RA PATIENTS TREATED FOR A MEAN DURATION OF 3.7 YEARS

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102 DOSE REDUCTION IN RITUXIMAB RETREATMENT MAY DELAY ACHIEVEMENT OF OPTIMAL RESPONSES

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