

European Alliance of Associations for Rheumatology

EULAR 2021 Annual Meeting

June 2nd – 5th, 2021



In-Depth Report

The European Alliance of Associations for Rheumatology (EULAR; formerly the European League Against Rheumatism) Congress 2021 was held for the second year running as a virtual meeting because of the global coronavirus disease 2019 (COVID-19) pandemic. As in previous years, its aim was to provide a forum of the highest standard for scientific (both clinical and basic), educational and social exchange between healthcare professionals involved in rheumatology, liaising with patient organisations, in order to achieve progress in the clinical care of people with rheumatic diseases (RMDs).

Prof Iain McInnes, EULAR President



The EULAR e-congress got underway with the traditional opening plenary session, chaired by EULAR President Iain McInnes, who summarised the many accomplishments of EULAR over the past year.

These included the launch of the EULAR Virtual Research Centre to support high-quality research in rheumatology across the globe; the efforts of

the EULAR advocacy team in working closely with stakeholders across Europe to generate policies that place the needs of patients with RMDs at the fore; and the generation of recommendations, advice and guidance on COVID-19 management. Notably, Prof McInnes highlighted that new and updated EULAR statutes entered into force on 1 January 2021, and to accompany these, EULAR is now the 'European Alliance of Associations for Rheumatology'. This name change recognises the important role that close collaboration plays in combating RMDs and caring for patients.

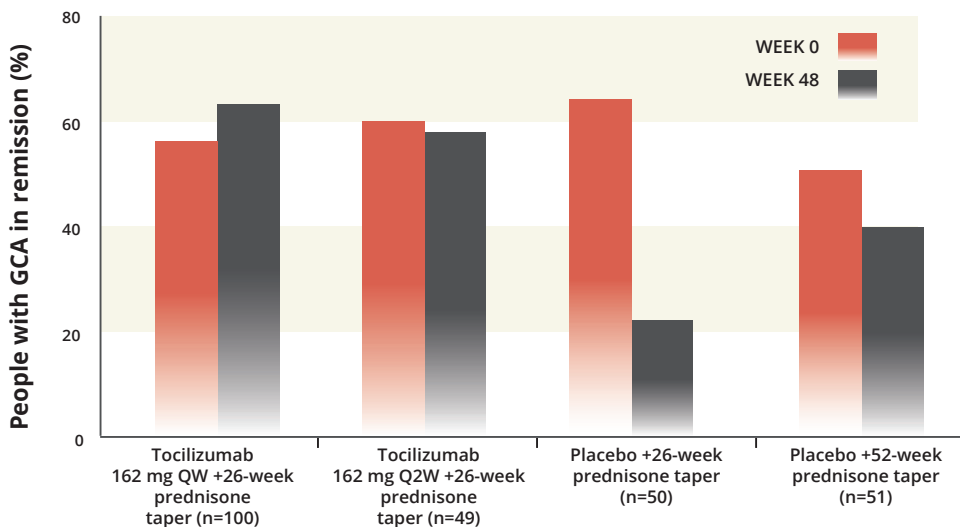
"Our adaptation to the pandemic has paved our way to a new era for technology and digital evolution in healthcare and in modern medicine. We have adapted as individuals; we have prevailed, however, as an alliance, and the strides and innovation that we have made this year are a very clear testament to that."

– Anna van der Voort, Netherlands Cancer Institute, Amsterdam, Netherlands

What is new in giant cell arteritis?

Sarah Mackie, Leeds, UK, provided an overview of research in giant cell arteritis (GCA) published since 2019. A study of familial risk using data from the Swedish Multigeneration Register found that among the offspring generation (N=4695), individuals were approximately twice as likely to have GCA if they had a first-degree relative who also had GCA or a family history of other autoimmune diseases. These findings are consistent with the idea of GCA as a polygenic disease with shared susceptibility with other autoimmune diseases, and emphasise the importance of taking a family history in patients with GCA. Fast-track pathways for GCA diagnosis reduce the rate of visual loss. A comparison of 63 patients who underwent fast-track ultrasound assessment for GCA versus patients evaluated using a conventional approach (n=97) found that symptom duration before a confirmed diagnosis was twice as long with the conventional approach (62 vs. 33 days, respectively). Permanent visual loss at presentation was reported in 8/63 (13%) fast-track patients compared with 26/97 (27%) conventional-approach patients. The presence of vertebral artery halo sign is positively associated with ischaemic stroke ($p < 0.001$). In a series of 91 consecutive people with GCA, 66% had vertebral artery halo sign at diagnosis and 19% had a stroke within 1 week of diagnosis (Soares C, et al. *J Stroke Cerebrovasc Dis.* 2021;30:105601). A small study of 27 people who presented with symptoms of GCA in just one limb found that these patients were typically younger, had a delayed diagnosis and lower C-reactive protein levels compared with controls who fulfilled

GCA disease control after 48 weeks of treatment with tocilizumab plus prednisone or prednisone alone in the GiACTA trial



the American College of Rheumatology criteria for GCA (n=81). Furthermore, these patients had a poorer prognosis in terms of longer duration of glucocorticoid use, increased rate of myocardial infarction and stroke, and a high need for vascular

surgery (de Boysson H, et al. *J Clin Rheumatol.* 2020;26:248–54). In the randomised, double-blind, placebo-controlled GiACTA trial (NCT01791153) of tocilizumab plus prednisone in people with GCA flares (N=250), 36/149 (24%) tocilizumab-treated individuals experienced a flare over the 52-week study period, with 23 (64%) still receiving prednisone up to doses of 30 mg. These data indicate that flares are common in GCA, even among patients receiving substantial dosages of prednisone or treated with tocilizumab. Tocilizumab plus prednisone demonstrated benefits for GCA remission induction versus prednisone alone (Stone JH, et al. *Arthritis Rheumatol.* 2019;71:1329–38).

- **Medical and healthcare professionals in rheumatology (HPR) highlights of EULAR 2021**

- **Medical highlights**

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Ponter et al. reported findings from a prospective 2-year cohort of 49 people with ultrasound-confirmed GCA, which demonstrated that it is a reliable imaging tool to assess disease activity and response to treatment. The number of temporal arterial (TA) segments with halo sign and the TA halo intima-media thickness (IMT) were sensitive to change over 24 weeks and correlated with disease activity markers and cumulative glucocorticoid dose. Axillary (AX) halo IMT decreased after 6 weeks of follow-up, and AX halo features showed no correlation with disease activity markers or glucocorticoid treatment. Ultrasound was useful for detecting GCA relapses, with 94% of cases of first disease relapse showing an increased halo IMT in relation to the previous ultrasound assessment performed. Sparks and colleagues described the findings from an analysis of voluntarily reported cases of COVID-19 in people with RMDs in the COVID-19 GRA physician registry. Baseline use of rituximab or JAK inhibitors was strongly associated with poorer COVID-19 outcomes compared with TNF inhibitor use, highlighting an urgent need for risk-mitigation strategies for patients using these therapies.

- **HPR highlights**

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Caroline Flurey, Bristol, UK, noted that the importance of holistic, patient-centred care was a recurring theme across numerous presentations at EULAR 2021, emphasising: (1) the value of mental health support and the challenges in picking up on patient cues remotely during the pandemic; (2) the benefits of empathy in achieving better clinical outcomes and improved patient satisfaction, as well as contributing to personal growth; (3) the importance of listening, communicating, understanding and setting patient-oriented treatment targets; and (4) ensuring meaningful involvement of patients in research.

Key components of holistic, patient-centred care



Measuring the effectiveness of multidisciplinary team (MDT) care is challenging because studies use different outcome measures. The International Consortium for Health Outcome Measurement and International Classification of Functioning, Disability and Health core sets have limited utility in MDT care, highlighting the potential need for a EULAR core set for MDT care in rheumatology.

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Closing remarks

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For the second year running, the EULAR congress was a success in its virtual format, providing an excellent forum for lively debate, discussions and exchange of knowledge. EULAR 2022 is scheduled to take place in Copenhagen, Denmark between 1–4 June, and will mark the 75th anniversary of the alliance's founding.

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