**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

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>09.00</td>
<td><em>Gout: should we treat to target?</em></td>
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<td>Prof Pascal Richette, Universite Paris 7, Paris, France</td>
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<td>09.30</td>
<td><em>Pathogenesis and treatment of pyrophosphate arthropathy</em></td>
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<td>Prof Geraldine McCarthy, Mater Misericordiae University Hospital, Dublin, Ireland</td>
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<tr>
<td>10.00</td>
<td><em>Genetic and environmental risk for hyperuricaemia and gout</em></td>
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<td>Prof Michael Doherty, University of Nottingham, Nottingham</td>
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**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

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>09.00</td>
<td><em>Fast-track hip and knee arthroplasty: current status and future challenges</em></td>
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<td>Mr Henrik Husted, Hvidovre University Hospital, Hvidovre, Denmark</td>
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<td>09.25</td>
<td><em>Lessons from the national joint registry and patient reported outcome measures (PROMS)</em></td>
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<td>Mr Simon Jameson, James Cook University Hospital, Middlesbrough</td>
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<td>09.50</td>
<td><em>Insights into articular resurfacing and what happened with metal on metal implants</em></td>
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<td>Mr Mike Reed, Northumbria Healthcare NHS Foundation Trust, Ashington</td>
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<tr>
<td>10.15</td>
<td>Panel Discussion</td>
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</table>
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 highlight, contrast and raise awareness of the wide variety of research opportunities for RA patients

**Outcome 2:**
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
**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*

**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*
### BHPR SIG: Connective tissue disease | Hall 8a

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

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

**Outcome 1:**
To give an overview of the important aspects of managing women in pregnancy and when to act on red flags

**Outcome 2:**
To consider the important role of physiotherapists and nurses in managing pregnancy in rheumatology

**Outcome 3:**
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

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 09.00 | Setting up a rheumatology pregnancy clinic  
*Dr Maddy Piper, Royal National Hospital for Rheumatic Disease NHS Foundation Trust, Bath* |
| 09.20 | Pre-pregnancy counselling: the role of the nurse  
*Ms Sue Brown, Royal National Hospital for Rheumatic Disease NHS Foundation Trust, Bath* |
| 09.40 | Physiotherapy interventions in managing musculoskeletal pain in pregnancy  
*Dr Yvonne Coldron, Croydon University Hospital, Croydon* |
| 10.00 | Medications in pregnancy  
*Dr Mary Gayed, University of Birmingham, Birmingham* |

### 10.30 – 11.30

**Poster viewing and exhibition | Tea and Coffee**

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<thead>
<tr>
<th>Categories</th>
<th>Poster Tours</th>
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<tbody>
<tr>
<td>Case reports</td>
<td>RA clinical</td>
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<td>Imaging</td>
<td>RA pathogenesis</td>
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<tr>
<td>Metabolic and crystal arthropathies</td>
<td>Case reports</td>
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<tr>
<td>Rheumatoid arthritis: pathogenesis and animal models</td>
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<td>Rheumatoid arthritis: treatment</td>
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<td>Rheumatoid arthritis: clinical features</td>
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<td>Rheumatoid arthritis: comorbidities</td>
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### 11.00 – 11.30

**NEW – Innovation theatre: Roche**

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

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**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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<tr>
<th>11.30 – 13.00</th>
<th>Biologics in connective tissue disease</th>
<th>Hall 1</th>
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<tr>
<td>Chairs: Dr Hector Chinoy, University of Manchester, Manchester and Dr Benjamin Parker, University of Manchester, Manchester</td>
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<tr>
<td><strong>Outcome 1:</strong></td>
<td>To discuss recent clinical trials of rituximab in ANCA-associated vasculitis</td>
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<td><strong>Outcome 2:</strong></td>
<td>To review the use of available biologics in SLE and introduce emerging therapies</td>
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<td><strong>Outcome 3:</strong></td>
<td>To review the use of novel biologic agents in severe haematological manifestations of CTD</td>
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| 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 |

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<tr>
<th>11.30 – 13.00</th>
<th>BHPR: Interactive panel discussion and problem solving to optimise work participation</th>
<th>Hall 10</th>
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<tbody>
<tr>
<td>Chairs: Ms Victoria Chamberlain, Trafford Hospitals, Central Manchester University Hospitals Foundation NHS Trust, Manchester and Mr Federico Moscogiuri, ARMA, London</td>
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<tr>
<td><strong>Aim:</strong></td>
<td>To provide delegates with the opportunity to discuss ways to optimise work participation</td>
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<tr>
<td><strong>Outcome 1:</strong></td>
<td>To review the determinants of reduced work participation for adults with musculoskeletal conditions</td>
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<tr>
<td><strong>Outcome 2:</strong></td>
<td>To outline ways to reduce the barriers and improve work participation</td>
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<td><strong>Outcome 3:</strong></td>
<td>To identify issues which need further review by clinicians and policy makers e.g. Department for Work and Pensions to improve work participation</td>
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| 11.30 |
| Work and musculoskeletal conditions: the key issues |
| Dr Ross Wilkie, Keele University, Keele |

| 11.45 |
| 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  SPECIAL INTEREST GROUPS**

**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-naive 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

**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
SIG: Foot and ankle  |  Hall 8b
Chair: Dr Anthony Redmond, University of Leeds, Leeds

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.

Outcome 1: Delegates will gain knowledge of how the foot is affected by gout, both in the acute attack and chronically.

Outcome 2: Delegates will understand the pathophysiological mechanisms underlying the predilection of gout for the joints of the foot.

Outcome 3: Delegates will appreciate the potential role of ultrasound in the diagnosis and assessment of gout.

11.30  Gout and the foot: a clinical overview
Dr Kelsey Jordan, Brighton and Sussex University Hospitals, Brighton

11.50  The role of footwear in gout
Prof Keith Rome, Auckland University of Technology, Auckland, New Zealand

12.10  Why does gout target the foot: a critical role for osteoarthritis?
Dr Edward Roddy, Arthritis Research UK Primary Care Centre, Keele

12.30  Ultrasound assessment of the foot in gout
Prof Pascal Richette, Universite Paris 7, Paris, France

13.00 – 14.00  Exhibition | Lunch

13.00 – 13.30  NEW – Innovation theatre: AbbVie
Talking AS, online ankylosing spondylitis assessment for your patients
Dr Raj Sengupta Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, Bath

13.30 – 14.00  NEW – Innovation theatre: Savient
Management of chronic tophaceous gout
Dr Robert T Keenan, Duke University, Durham, North Carolina
**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  
Update members on the latest results and analysis from the RA and AS registers  
Update the membership on the how to recruit and how to access data from the registries for audit and research  
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 |
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<td><strong>Outcome 3:</strong></td>
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| 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* |
### 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

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<tr>
<td>13.00</td>
<td><strong>Introduction</strong></td>
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<td>13.05</td>
<td><strong>Planning your elevator pitch</strong></td>
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<tr>
<td>13.10</td>
<td><strong>Structured ‘speed dating’ educational networking facilitated by academics</strong></td>
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**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

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

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

- **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*
### KEYNOTE SESSION

**Tuesday 23 April 2013**

**14.00 – 17.30**

**Jewels in the Crown | Hall 1**

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

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<tr>
<td>14.00</td>
<td>Introduction</td>
<td>Dr Chris Deighton, President BSR, Mr Robert Field, President BHPR</td>
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<td>14.05</td>
<td>The new commissioning landscape: opportunities and challenges</td>
<td>Mr Bob Ricketts, Director of NHS Provider Transition, NHS Commissioning Board, London</td>
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<td>14.40</td>
<td>Michael Mason Prize Winner: Osteoarthritis: a multisystem approach to understanding disease pathophysiology</td>
<td>Dr Nidhi Sofat, St George’s University of London, London</td>
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<td>14.55</td>
<td>Garrod Prize Winner: Domain I, the hidden face of antiphospholipid syndrome</td>
<td>Dr Charis Pericleous, University College London, London</td>
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<td>15.10</td>
<td>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</td>
<td>Prof David Scott, King’s College London, London</td>
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<td>15.25</td>
<td>Epigenetic regulation of the IL23R locus in ankylosing spondylitis</td>
<td>Dr Carla Cohen, University of Oxford, Oxford</td>
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<td>15.40</td>
<td>SARAH: strengthening and stretching for people with rheumatoid arthritis of the hands: a randomised controlled trial</td>
<td>Dr Mark Williams, University of Warwick, Coventry</td>
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**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*
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 2x10^9/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 >1.5xULN; caution in patients with ALT or AST >1.5xULN. *Haematological abnormalities:* Caution in patients with platelet count <100x10^9/L. Continued treatment not recommended in patients with ANC <0.5 x 10^9/L or platelet count <50 x 10^9/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 (≥ 1/10): URTI, hypercholesterolaemia. Common ADRs (≥ 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. G1 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

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 RCUKACTE00859

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
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 – 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

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

Indications: 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.

Dose 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 2x10^9/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. Hyper-sensitivity 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.

Transaminase elevations: Not recommended in patients with ALT or AST >5xULN; caution in patients with ALT or AST >1.5xULN. Haematological abnormalities: Caution in patients with platelet count <100x10^9/L. Continued treatment not recommended in patients with ANC <0.5 x 10^9/L or platelet count <50 x 10^9/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 diverticulitis or diverticulosis. Patients with symptoms of complicated diverticulitis should be evaluated promptly.

Interactions: Patients taking other medicines which are metabolized via CYP450 3A4, 1A2, or 2C19 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.

Signs of serious adverse effects: Anaphylaxis, angioedema, 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 pancreatitis.

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/1/08/492/02 (200mg), EU/1/08/492/05 (400mg).

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The presidents of BSR and BHPR invite you to join them at this dedicated networking event at the nearby Birmingham Town Hall, which will provide the perfect opportunity to meet and continue your discussions with rheumatology colleagues and industry peers in a relaxed and informal setting.

Drinks and canapés will be provided | This event is free to attend for registered delegates
CONNECTIVE TISSUE DISEASE 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 Lunt¹,³, Ian Bruce¹,³

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 Redmond¹,², Begonya Alcacer-Pitarch¹, Janine Gray³, Christopher Denton⁴, Ariane Herrick⁵, Nuria Navarro-Coy³, Howard Collier³, Lorraine Loughrey³, Sue Pavitt⁶, Heidi Siddle¹, Jonathan Wright³, Philip Helliwell¹, Paul Emery¹,², Maya Buch²

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

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 VASCULITIDES 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 Luqmani2

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

07 CHARACTERISING TYPE 17 IMMUNE RESPONSES IN ANKYLOSING SPONDYLITIS
Mohammad Hussein Al-Mossawi1, Anna Ridley1,2, 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. McInnes1, 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 Mansour1,2, Anna Tocheva1, Lyndsey Goulston2,3, Helen Platten2,3, Christopher Edwards2,3, Cyrus Cooper2,4, Stephan D. Gadola1,3

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

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, Korsa 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

P1 RANDOMISED CONTROLLED TRIAL OF
TUMOUR-NECROSIS-FACTOR INHIBITORS AGAINST
COMBINATION INTENSIVE THERAPY WITH CONVENTIONAL
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ESTABLISHED RHEUMATOID ARTHRITIS: THE TACIT TRIAL
David L. Scott¹,², Fowzia Ibrahim¹, Clive Kelly³,
Fraser Birrell⁴, Kuntal Chakravarty⁵, David Walker⁶,
Peter Maddison⁷, Gabrielle Kingsley¹,²;
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 Appleton³,
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. Lamb¹,²,
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; ²Kadoorie Critical Care Research Centre,
University of Oxford Hospitals NHS Trust, Oxford, United
Kingdom
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CASE REPORT

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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 Isenberg1,2

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

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

10. BEHÇET’S DISEASE ASSOCIATED WITH IDIOPATHIC INTRACRANIAL HYPERTENSION
Nehal Narayan1, Christopher Marguerie1

1Rheumatology, Warwick Hospital, Warwick, United Kingdom

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
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Chethana Dharmapalaiah¹, Nada Hassan¹, Anupama Nandagudi¹, Anurag Bharadwaj², Malgorzata Skibinska², Nagui Gendi³

1Rheumatology, Essex and Thurrock University Hospitals NHS Foundation Trust, Essex, United Kingdom; 2Dermatology, Essex and Thurrock University Hospitals NHS Foundation Trust, Essex, United Kingdom |

**13** TOCILIZUMAB FOR THE TREATMENT OF AUTOINFLAMMATORY DISEASE
Emma J. Davies¹, Mohammed Akil², 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

1Rheumatology, Aintree University Hospital, Liverpool, 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 Croft¹

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

**18** CETRILIZUMAB-INDUCED ACUTE LIVER FAILURE
Mary Gayed¹, Benjamin Disney², Saket Singhal², Karl Grindulis¹

1Rheumatology, Sandwell and West Birmingham Hospitals, 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 Goff¹-², 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
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<td>Elena Nikiphorou¹, Frances C. Hall¹</td>
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<td>¹Rheumatology, St. Mary’s Hospital, London, United Kingdom; ²Histology, St. Mary’s Hospital, London, United Kingdom; ³Neurology, St. Mary’s Hospital, London, United Kingdom</td>
<td>¹Rheumatology, Cambridge University Hospitals Foundation Trust, Cambridge, United Kingdom</td>
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<td>Ellen Bruce¹, Leanne Gray¹, Maria Krutikov¹, Surabhi Wig¹, Ian Bruce¹</td>
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<td>¹Rheumatology, Manchester Royal Infirmary, Central Manchester University Hospitals, Manchester, United Kingdom</td>
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<td>Millicent A. Stone¹², Francis Williams², Lisa Wolber², Jaro Karppinen³, Juhani Maatta³</td>
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<td>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, Institut 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</td>
<td>¹²Pharmacy 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</td>
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<td>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</td>
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<td>¹Rheumatology, Freeman Hospital, Newcastle, United Kingdom</td>
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<td>¹University of Cambridge, Cambridge, United Kingdom</td>
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<td>¹Research Institute for Primary Care and Health Sciences, Keele University, Keele, United Kingdom</td>
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<td>¹Rheumatology, Basingstoke and North Hampshire Hospital, Basingstoke, United Kingdom</td>
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<td>¹HIV/GU Medicine, Royal Sussex County Hospital, Brighton, United Kingdom; ²Rheumatology, Brighton and Sussex Medical School, Brighton, United Kingdom</td>
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<td>¹Global Medical Affairs, Savient Pharmaceuticals, Inc, Bridgewater, NJ, USA; ²Rheumatology, Reliant Medical Group, Worcester, MA, USA; ³Clinical Affairs, Savient Pharmaceuticals, Bridgewater, NJ, USA</td>
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<td>¹University of Edinburgh, Rheumatic Diseases Unit, Western General Hospital, Edinburgh, United Kingdom</td>
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<tr>
<td>¹Arthritis Research UK Epidemiology Unit, School of Translational Medicine, University of Manchester, Manchester, United Kingdom; ²Rheumatology Department, Norfolk and Norwich Hospital, Norwich, United Kingdom</td>
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<td>¹Department of Psychological Medicine, Institute of Psychiatry, King’s College London, London, United Kingdom; ²Academic Department of Rheumatology, King’s College London, London, United Kingdom; ³Department of Rheumatology, King’s College London School of Medicine, London, United Kingdom; ⁴Department of Rheumatology, University Hospital Lewisham, London, United Kingdom; ⁵Department of Rheumatology, King’s College Hospital, London, United Kingdom</td>
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¹Arthritis Research UK Epidemiology Unit, Manchester Academic Health Science Centre, The University of Manchester, Manchester, United Kingdom; ²Academic Department of Rheumatology, King’s College London, London, United Kingdom; ³NIHR, Manchester Musculoskeletal Biomedical Research Unit, Manchester, United Kingdom; ⁴British Society for Rheumatology, Bride House, London, United Kingdom

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1Department of Rheumatology, Johns Hopkins University, Baltimore, MD, USA; 2Department of Rheumatology, Brigham and Women’s Hospital, Boston, MA, USA; 3Immunology, Janssen Research and Development, LLC., Spring House, PA, USA; 4Biostatistics, Janssen Research and Development, LLC., Spring House, PA, USA; 5Department of Musculoskeletal Sciences, UZ Gasthuisberg, Leuven, Belgium

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