

09.00 – 10.30

Hall 1A

Sjögren's syndrome

Chair: Prof Wan Fai-Ng, University of Newcastle, Newcastle-upon-Tyne

- Aim: To educate and update the audience on the systemic nature of Sjögren's syndrome and the science underlying the disease and its treatment
- Outcome 1: Appreciate that Sjögren's syndrome is a systemic disease
- Outcome 2: Understand the underlying immunology
- Outcome 3: Understand the rationale for new treatments

09.00

Systemic manifestations of Sjögren's syndrome

Dr Elizabeth Price, Great Western Hospital, Swindon

09.30

The science behind the disease

Dr Francesca Barone, University of Birmingham, Birmingham

10.00

Future therapeutic approaches

Dr Michele Bombardieri, Queen Mary University of London, London

09.00 – 10.30

Room 3

Rheumatoid arthritis challenges in the biologic era

Chair: Dr Emmanuel George, Arrowe Park Hospital, Wirral

- Aim: To understand the challenges that biologic therapy has caused
- Outcome 1: To recognise the changes of behaviour occasioned by and necessary for biologic use in rheumatoid arthritis
- Outcome 2: To understand factors affecting order and strategy of biologic use
- Outcome 3: To understand the justifications needed by purchasers to fund biologic therapies

09.00

Challenge 1: changing behaviour

Dr David Walker, Freeman Hospital, Newcastle-upon-Tyne

09.25

Challenge 2: defining strategy: different practices across devolved nations

Dr David Marshall, Inverclyde Royal Hospital, Greenock

09.50

Challenge 3: justifying use

Dr David Coady, Sunderland Royal Hospital, Sunderland

10.15

Challenge 4: defining strategy for use of biologics

Prof Peter Taylor, University of Oxford, Oxford

09.00 – 10.30

Hall 1B

Collaborative management of rheumatoid arthritis: how can GPs and rheumatologists help each other?

Chairs: Dr Peter Lanyon, Nottingham University Hospital, Nottingham and Dr Louise Warburton, Primary Care Rheumatology Society

- Aim: To inform delegates of areas of rheumatoid arthritis management which bridge rheumatology and primary care and provide opportunities for collaborative working
- Outcome 1: Delegates will have better awareness of what the Quality and Outcomes Framework (QOF) for rheumatoid arthritis involves and how rheumatologists can help GPs
- Outcome 2: Delegates will have a better understanding of how cardiovascular risk is assessed and treated in primary care and how this can be extended to patients with rheumatoid arthritis
- Outcome 3: Delegates will learn how rheumatologists and GPs are working together to provide services for rheumatoid arthritis in primary care

09.00

The Quality and Outcomes Framework (QOF) for rheumatoid arthritis: what do GPs need from rheumatologists?

Dr Alan Nye, Pennine MSK Partnership Ltd, Oldham

09.30

Assessing cardiovascular risk in rheumatoid arthritis: a job for the GP or rheumatologist?

Dr Nicola Goodson, University Hospital Aintree, Liverpool

10.00

Doing things differently: managing rheumatoid arthritis in primary care

Prof Karim Raza, University of Birmingham, Birmingham and Dr Ben Empson, Vitality Community Rheumatology Service, Birmingham

09.00 – 10.30

Room 11B

International challenges in rheumatology

Chair: Prof Jacob Van Laar, University Medical Centre, Utrecht, the Netherlands

Aim:

To provide the delegates with an overview of international challenges in the context of global burden of disease

Outcome 1:

Delegates will be able to identify global developments that affect musculoskeletal health care on a local, national and international level

Outcome 2:

Delegates will have a better understanding of health disparities in the care of patients with musculoskeletal conditions

Outcome 3:

Delegates will appreciate the role of the workforce in delivering optimal care

09.00

Making musculoskeletal conditions a global health priority: the need for evidence

Prof Anthony Woolf, Royal Cornwall Hospital, Truro

09.30

Differences in health across countries: inequalities or inequities?

Dr Annelies Boonen, Maastricht University Medical Center and Caphri Research School, Maastricht, the Netherlands

10.00

Developing the healthcare workforce to meet the global needs of musculoskeletal conditions

Prof Kristina Akesson, Skane University Hospital, Mali, Sweden

09.00 – 10.30

Hall 1C

Time to get moving on increasing physical activity in adults with osteoarthritis

Chairs: Dr Kathryn Martin, University of Aberdeen, Aberdeen and Prof Terence O'Neill, University of Manchester, Manchester

Aim:

To educate the audience on the importance of increasing physical activity in middle-aged adults and older adults with osteoarthritis

Outcome 1:

Attendees will learn who is physically active, who is not and what research says about the importance of physical activity to improve health outcomes in adults with osteoarthritis

Outcome 2:

Attendees will learn the evidence on how behavioural interventions can increase physical activity levels in populations of older adults with arthritis

Outcome 3:

Attendees will learn about a current national campaign to increase physical activity and strategies to raise the issue of physical activity in a clinical setting

09.00

Physical activity: epidemiology and its role in improving health in adults with osteoarthritis

Prof Mike Hurley, St George's University of London, London

09.30

Increasing physical activity through behavioural intervention in an older population with arthritis

Dr John McBeth, Keele University, Keele

10.00

Community-based management of osteoarthritis

Dr Nicola Walsh, University of the West of England, Bristol

09.00 – 10.30

Room 4

Education oral abstracts

Chairs: Dr Inam Haq, Brighton and Sussex Medical School, Brighton and Prof Andrew Hassell, Keele University, Keele

- 09.00 **A national survey of nurse training: confidence and competence for educating patients commencing methotrexate education therapy**
Mrs Sandra Robinson, Northumbria Healthcare NHS Foundation Trust, Tyne and Wear
- 09.15 **Patients awareness of risks and clinical outcomes associated with connective tissue diseases in pregnancy: a cross-sectional study**
Dr Samir Albreshni, University of Manchester, Manchester
- 09.30 **Young people's decisions about biologic therapies: who influences them and how?**
Ms Ruth Hart, Newcastle University, Newcastle-upon-Tyne
- 09.45 **How do carers of newly-diagnosed patients learn about rheumatoid arthritis? Findings of a serial qualitative study**
Dr Richard Lee, Newcastle University, Newcastle-upon-Tyne
- 10.00 **A multi-centre study showing the utility and flexibility of virtual patients (VPS) to teach musculoskeletal medicine**
Dr James Bateman, University Hospitals Birmingham NHS Trust, Birmingham
- 10.15 **Educating people about osteomalacia: development and evaluation of a multi-language interactive tool**
Mrs Sandra Robinson, Northumbria Healthcare NHS Foundation Trust, Tyne and Wear

09.00 – 10.30

Room 11A

British Health Professionals in Rheumatology connective tissue disease special interest group

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

- Aim: To be updated on inflammatory myopathies
- Outcome 1: To develop an understanding about the inflammatory myopathies, including diagnosis and treatment options
- Outcome 2: To discuss and consider the significance and importance of auto-antibody screening in inflammatory myopathies, and their relevance in clinical practice
- Outcome 3: To consider the importance of education and information for the individual diagnosed with polymyositis and dermatomyositis gain a knowledge about physiotherapy assessments and interventions and their value in inflammatory myopathies

- 09.00 **Diagnosing and treating polymyositis and dermatomyositis**
Dr Harsha Gunawardena, North Bristol NHS Trust, Bristol
- 09.30 **Auto-antibodies in inflammatory muscle disease, their significance and relevance in clinical practice**
Dr Zoe Betteridge, Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, Bath
- 10.00 **Educating and supporting people with active inflammatory myopathies**
Ms Sue Brown, Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, Bath

09.00 – 10.30

Room 12

Osteoporosis special interest group

Chairs: Dr Ashok Bhalla, Royal National Hospital for Rheumatic Diseases, Bath and Dr Emma Clark, Southmead Hospital, Bristol

Aim:	To provide general rheumatologists and trainees with an update about osteoporosis
Outcome 1:	To inform the audience about the evidence for an association between atypical fractures and bisphosphonates
Outcome 2:	To increase knowledge on how FRAX can be modified to make it more specific for individual patients
Outcome 3:	To provide expert advice on common clinical conundrums in osteoporosis

09.00

Debate: this house believes the ticking time bomb of atypical hip fractures caused by bisphosphonates is about to explode

Dr Emma Clark, Southmead Hospital, Bristol and Dr Mike Stone, Cardiff University and University Hospital Llandough, Cardiff

09.30

'PIMP my FRAX/Qfracture': how to modify FRAX/QFracture to better fit your patient's clinical situation

Prof Eugene McCloskey, Northern General Hospital, Sheffield

10.00

Clinical conundrums: Q&A session with questions supplied by the audience via Twitter

Dr Ashok Bhalla, Royal National Hospital for Rheumatic Diseases, Bath; Dr Emma Clark, Southmead Hospital, Bristol, and Dr Mike Stone, Cardiff University and University Hospital Llandough, Cardiff

10.30 – 11.30

Exhibition | Tea and coffee

Exhibition hall



Please see exhibition floor plan on page 89 for catering points.

10.30 – 11.30

Exhibition hall

Poster viewing categories

1–32	Case reports
33–45	Epidemiology
46–60	Health services research economics and outcomes research
61–75	Primary care
76–79	Rheumatoid arthritis: pathogenesis and animal models
80–110	Rheumatoid arthritis: treatment
111–116	Rheumatoid arthritis: clinical features
117–122	Rheumatoid arthritis: comorbidities
123–124	Miscellaneous rheumatic diseases

Don't miss our ever popular poster tours, where small groups are led by experts around carefully selected posters for a Q&A with the poster presenters. Each expert will lead conference participants through a group of approximately 10 posters, allowing presenters to share their research in an interactive format.

Sign up for the poster tours at the poster desk in the **exhibition hall**. Tours are limited to 15 participants

10.30 - 11.30

Exhibition hall



Case reports poster tour

Poster tour leaders: Dr Elizabeth Price, Great Western Hospital, Swindon and Dr Nick Shenker, Cambridge University Hospitals, Cambridge

02 A curious case of hiccoughs: unusual presentation of eosinophilic granulomatosis with polyangiitis

Dr Maria Wray, South East Health and Social Care Trust, Belfast

05 A case of refractory anti-synthetase syndrome responding to tacrolimus

Dr Laura Newton, NHS Manchester

08 Pseudogout of the temporomandibular joint: a case report and literature review

Dr Manish Patel, Watford General Hospital, Watford

11 A case of amyloid angiopathy mimicking giant cell arteritis

Dr Jasroop Chana, Stoke Mandeville Hospital, Aylesbury

12 Tocilizumab-induced lupus with renal involvement in a patient with seropositive rheumatoid arthritis

Dr Erin Vermaak, Royal National Hospital for Rheumatic Diseases, Bath

16 Do you recognise this syndrome?

Dr Jyoti Bakshi, Bucks NHS Trust, Bucks

20 Cocaine: the vasculitits mimic!

Dr Aikaterini Panopoulou, Heatherwood and Wexham Park Hospital NHS Trust, Slough

23 Limbic encephalitis associated with Behcet's disease

Dr Nehal Narayan, Russell's Hall Hospital, Dudley

30 Idiopathic spinal subarachnoid haemorrhage in a patient with fibromyalgia and primary Sjögren's syndrome

Dr Jessica Gunn, Royal Berkshire Hospital, Reading

32 Self-aspiration of a knee joint, in the youtube generation

Dr Esther Chan, Sunderland Royal Hospital, Sunderland

10.30 – 11.30

Exhibition hall

**Primary care poster tour**

Poster tour leader: Dr David Walker, Freeman Hospital, Newcastle-upon-Tyne

- 62 What are the characteristics of musculoskeletal primary care consultations in patients aged 45 and over?**
Miss Sweta Parida, Keele University, Keele
-
- 63 A pain in the neck: the association between chronic health conditions and frequent consultation in primary care**
Dr Jonathan Broad, Keele University, Keele
-
- 64 Practitioner empathy and musculoskeletal patients' outcomes in primary care**
Dr Eliot L. Rees, Keele University, Keele
-
- 67 Diagnosis and treatment of gout in primary care: a qualitative study of patient experience**
Dr Jane Richardson, Keele University, Keele
-
- 68 Are the BSR and BHPR guidelines for the management of polymyalgia rheumatica followed in primary care?**
Dr William Cooke, North Middlesex University Hospital, London
-
- 71 Managing osteoarthritis in general practice: can training enhance the osteoarthritis consultation?**
Dr Mark Porcheret, Keele University, Keele
-
- 74 Uptake of the nice osteoarthritis core treatments in community dwelling older adults with a self-reported primary care consultation for joint pain**
Dr Emma Healey, Keele University, Keele
-
- 75 How do GPs explain chronic knee pain in older adults? Preliminary results from a national pilot GP questionnaire survey**
Dr Elizabeth Cottrell, Keele University, Keele

10.30 – 11.30

Exhibition hall



Rheumatoid arthritis poster tour

Poster tour leader: Prof David L. Scott, King's College London, London

26 Rheumatoid arthritis related interstitial lung disease - association between steroid therapy and survival

Dr Clive Kelly, Queen Elizabeth Hospital, Gateshead

76 Immune complex retention by synovial fibroblasts in rheumatoid arthritis

Miss Alia Al-Mousawi, William Harvey Research Institute, London

79 Investigation of the role of histone deacetylases in rheumatoid arthritis synovial fibroblasts

Miss Sarah Hawtree, University of Sheffield, Sheffield

89 Influence of immunogenicity on the efficacy of long-term treatment of rheumatoid arthritis with adalimumab: a UK based prospective study

Dr Meghna Jani, University of Manchester, Manchester

92 Differences in the efficacy and tolerability of anti-TNF therapies in patients with rheumatoid arthritis from diverse ethnic groups

Dr Kanta Kumar, University of Birmingham, Birmingham

99 Identifying characteristics of rheumatoid arthritis patients able to reduce anti-TNF using a real-life strategy combining clinical and ultrasound assessment

Dr Jonathan Marks, University Hospital Southampton NHS Foundation Trust, Southampton

101 Synovial ectopic lymphoneogenesis predicts primary clinical response to certolizumab pegol in patients with rheumatoid arthritis

Dr Maria Di Cicco, Queen Mary University of London, London

107 Synovial B-cells predict response/resistance to rituximab therapy in rheumatoid arthritis: preliminary results from a pilot study

Dr Arti Mahto, Queen Mary University, Barts and the London School of Medicine and Dentistry, London

111 Development of a minimum core dataset for observational cohort studies in rheumatoid arthritis

Dr Elena Nikiphorou, University College London, London

10.30 – 11.00

Innovation theatre: Roche Products Ltd and Chugai Pharma UK Ltd

Exhibition hall

Examining non-adherence in rheumatoid arthritis: what interventions benefit patient outcomes?

Speaker: Professor John Weinman, King's College London, London

11.30 – 13.00

What do we mean by a flare of rheumatoid arthritis?

Hall 1A

Chair: Dr Lindsay Bearne, King's College London, London

Aim:

To provide clinicians with an overview of the different ways in which patients and professionals understand flare

Outcome 1:

Delegates will have a better understanding of what patients with rheumatoid arthritis mean by the term 'flare'

Outcome 2:

Delegates will be aware of how patients' and professionals' differing definitions can still lead to consensus

Outcome 3:

Delegates will understand the complex and delicate balance of a fluctuating, flaring condition

11.30

Patient experiences and definitions of flare (duvet and chocolate days)

Prof Sarah Hewlett, University of the West of England, Bristol

12.00

Obtaining patient and professional consensus on flare, and testing its accuracy in drug trials

Prof Ernest Choy, Cardiff University, Cardiff

12.30

Life as fluctuating balance: flare tipping points, inflammatory and avalanche flares

Dr Caroline Flurey, University of the West of England, Bristol

11.30 – 13.00

Biosimilars in perspective

Room 3

Chair: Prof Alex MacGregor, University of East Anglia, Norwich

Aim:

To bring delegates up to date on the impact that the imminent introduction of biosimilars will have on clinical practice, and the implications for patients and prescribers

Outcome 1:

Gain understanding of the biology and manufacture of biosimilars

Outcome 2:

Gain understanding of the regulatory framework in which biosimilars will be licensed for use

Outcome 3:

Raise awareness of the risks and benefits of using biosimilars in clinical practice

11.30

The science of biosimilars

Prof John Isaacs, Newcastle University, Newcastle-upon-Tyne

11.50

The commercial marketplace

Mr Peter Stenico, Sandoz International GmbH, Holzkirchen, Germany

12.10

Biosimilars in perspective: regulation

Dr Bill Richardson, NDA Group, London

12.30

The place of biosimilars in clinical practice

Prof Peter Taylor, University of Oxford, Oxford

12.50

Discussion

11.30 – 13.00		Primary care oral abstracts
Hall 1B		Chair: Dr Karen Walker-Bone, Southampton General Hospital, Southampton
11.30	The primary care osteoarthritis consultation: dissonance and consonance	Dr Zoe Paskins, Keele University, Keele
11.45	A negative rheumatoid factor in primary care delays referral of patients with rheumatoid arthritis	Dr Anne Miller, Nuffield Orthopaedic Centre, Oxford
12.00	Impact of quality outcome framework indicators for rheumatoid arthritis and cardiovascular risk on three separate GP practices	Dr Matthew Wiggins, Lancashire Care NHS Foundation Trust, Preston
12.15	Prevalence and associations of posterior heel pain in the general population: an epidemiological study	Dr Benjamin Chatterton, Keele University, Keele
12.30	Consultation patterns following treatment at a musculoskeletal clinical assessment and treatment service (CATS): a twelve-month prospective study	Dr Ed Roddy, Keele University, Keele
12.45	The prevalence of axial spondyloarthritis in the UK: a cross sectional cohort study in a primary care population	Dr Louise Hamilton, Norfolk and Norwich University Hospital, Norwich

11.30 – 13.00		Thirty years of the British Society for Rheumatology
Room 11B		Join us to celebrate thirty years of the British Society for Rheumatology (BSR), an organisation that is going from strength to strength. We will take a look back at the transformations in rheumatology care over the three decades, and look forward to the further advances that are already within our reach. Chairs: Dr Deborah Bax, University of Sheffield, Sheffield and Prof David G. I. Scott, Norfolk and Norwich University Hospital, Norwich
Aim:	To cover the history and main achievements of the BSR over the last thirty years	
Outcome 1:	Delegates will understand the importance and relevance of the BSR	
Outcome 2:	Delegates will understand the importance of BSR Biologics Register (BSRBR)	
Outcome 3:	Delegates will understand the importance of both BSR and BSRBR to the future of our speciality	
11.30	The British Society for Rheumatology: origin of the species	Prof George Nuki, University of Edinburgh, Edinburgh
11.45	The British Society for Rheumatology: evolution of the species	Prof David Isenberg, University College London, London
12.15	The British Society for Rheumatology Biologics Register: origins and aims	Prof Alan Silman, Arthritis Research UK
12.30	The British Society for Rheumatology Biologics Register: impact	Dr Kimme Hyrich, University of Manchester, Manchester
12.45	The British Society for Rheumatology: future of the species	Prof Simon Bowman, Queen Elizabeth Hospital, Birmingham



11.30 – 13.00

Hall 1C

Patients' and carers' direct involvement in musculoskeletal research and service delivery: what are the benefits and challenges?

Chairs: Dr Lynne Goodacre, NHS Research and Development North West and Dr Claire Jinks, Keele University, Keele

Aim:

To explore the impact of differing models of public and patient involvement (PPI) strategies on service development and research within contemporary rheumatology healthcare

Outcome 1:

Attendees will understand the current evidence base and the requirements of charities and public funding bodies for PPI

Outcome 2:

Attendees will recognise the scope and opportunity for public and patient involvement within musculoskeletal research

Outcome 3:

Attendees will recognise how PPI can shape service delivery in secondary care for patients with inflammatory arthritis and will appreciate the relevance of public and patient involvement from a perspective of a PPI representative

11.30

Patient involvement in research: what is the evidence and the scope of public and patient involvement in musculoskeletal research?

Dr Jo Adams, University of Southampton, Southampton and Dr Heidi Lempp, King's College London, London

12.00

How can patients effectively shape rheumatology service delivery in secondary care?

Ms Denise Pope, University Hospitals Bristol NHS Foundation Trust, Bristol

12.30

Experiences of being a public and patient involvement representative for clinical rheumatology research

Dr Ruth Williams, Wells Park Practice, London

BHPR
British Health Professionals
in Rheumatology

11.30 – 13.00

Room 4

Osteoarthritis and bone oral abstracts

Chairs: Dr Emma Clark, Southmead Hospital, Bristol and Prof Ian Clark, University of East Anglia, Norwich

11.30

Impact of components of the metabolic syndrome on progression of knee osteoarthritis in the sekoia study

Dr Mark Edwards, University of Southampton, Southampton

11.45

Cost-effectiveness of total hip replacements: a comprehensive model

Mr Rafael Pinedo-Villanueva, University of Oxford, Oxford

12.00

The triad of osteophytes, enthesophytes and increased bone mass may help to define a 'bone-forming' sub-type of osteoarthritis

Dr Sarah Hardcastle, University of Bristol, Bristol

12.15

Can long-term bisphosphonate and drug holiday review in primary care be performed by a clinical pharmacist?

Ms Louise Maguire, Freeman Hospital, Newcastle-upon-Tyne

12.30


Bone microarchitecture assessed by high resolution peripheral quantitative computed tomography is associated with fracture in older men and women

Dr Mark Edwards, University of Southampton, Southampton

12.45

Dual-energy X-ray absorptiometry (DXA) measures of bone mass in mother, father and offspring: results from the Southampton women's survey

Dr Christopher Holroyd, University of Southampton, Southampton

11.30 – 13.00		Myositis special interest group
Room 12		Chair: Dr Hector Chinoy, University of Manchester, Manchester and Dr Patrick Gordon, King's College Hospital, London
Aim:	To provide an update on current issues in myositis and upcoming research/clinical activities relevant to the clinical management of myositis	
Outcome 1:	To provide an update on current clinical trial activity in myositis	
Outcome 2:	To raise awareness of how to diagnosis, manage and treat newly defined serotypes in the inflammatory myopathy spectrum	
Outcome 3:	To discuss a number of challenging myositis cases and to enter a discussion about best practice in the treatment of myositis	
11.30	Myositis clinical trials update 2014 Dr Hector Chinoy, University of Manchester, Manchester	
12.00	Challenging myositis cases for discussion Dr Patrick Kiely, St George's Hospital, London	
12.30	Myositis autoantibodies in clinical practice Prof David Isenberg, University College London, London	
11.30 – 13.00		Polymyalgia rheumatica and giant cell arteritis special interest group
Room 11A		Chair: Prof Bhaskar Dasgupta, Southend University Hospital, Southend-on-Sea
Aim:	To make attendees aware of recent service pathways, classification criteria, guidelines and clinical trials for polymyalgia rheumatica and giant cell arteritis	
Outcome 1:	To learn about the implementation of the fast track pathway for giant cell arteritis; improved outcomes including the reduction of sight loss with cost effectiveness analysis of the pathway. There will also be discussion regarding resources required for 'roll out ' of the pathway	
Outcome 2:	To learn about the EULAR ACR Guidelines for polymyalgia rheumatica; the literature review and appraisal of the evidence including the literature review of imaging indications for polymyalgia rheumatica and the draft ACR EULAR recommendations	
Outcome 3:	To learn about a therapy update from clinical trials that are ongoing or in setup for polymyalgia rheumatica and giant cell arteritis	
11.30	Fast track giant cell arteritis pathway Prof Bhaskar Dasgupta, Southend University Hospital, Southend-on-Sea	
11.50	Neutrophils in giant cell arteritis and polymyalgia rheumatica Prof Mauro Perretti, Queen Mary's University, London	
12.10	EULAR ACR polymyalgia rheumatica guidelines Prof Bhaskar Dasgupta, Southend University Hospital, Southend-on-Sea	
12.30	Clinical trials polymyalgia rheumatica and giant cell arteritis Dr Sarah Mackie, St James University Hospital, Leeds	
12.50	Lodotra in giant cell arteritis Dr Charles Raine, Southend University Hospital, Southend-on-Sea	
13.00 – 14.15		Exhibition Lunch
Exhibition hall		 Please see exhibition floor plan on page 89 for catering points.

13.00 – 13.30

Innovation theatre: AbbVie Ltd

Exhibition hall

abbvie

Ultrasound – The future of standard RA assessment

Chair: Professor Paul Emery, University of Leeds, Leeds

Speakers: Dr Cristina Estrach, University Hospital Aintree NHS Foundation Trust, Liverpool; Mrs Tricia Cornell, Poole Hospital NHS Foundation Trust, Poole and Dr Richard Wakefield, University of Leeds, Leeds

13.45 – 14.15

Innovation theatre: AbbVie Ltd

Exhibition hall

abbvie

Ultrasound – The future of standard RA assessment

Chair: Professor Paul Emery, University of Leeds, Leeds

Speakers: Dr Cristina Estrach, University Hospital Aintree NHS Foundation Trust, Liverpool; Mrs Tricia Cornell, Poole Hospital NHS Foundation Trust, Poole and Dr Richard Wakefield, University of Leeds, Leeds

13.00 – 14.15

PhD and postgraduate student network

Room 11B

Chair: Dr Caroline Flurey, University of the West of England, Bristol

Aim: To facilitate career progression and to facilitate networking
 Outcome 1: Attendees will understand post-doctoral career routes
 Outcome 2: Attendees will understand key points for applications
 Outcome 3: Attendees will have discussed their careers with a senior academic

13.00

What can I do after my PhD? Planning for your future career

Dr Ross Wilkie, Keele University, Keele

13.15

How do I write a grant or fellowship application?

Prof Sarah Hewlett, University of the West of England, Bristol

13.25

Discussions with senior academics to discuss your own plans and top tips for getting there

Dr Caroline Flurey, University of the West of England, Bristol; Prof Sarah Hewlett, University of the West of England, Bristol and Dr Ross Wilkie, Keele University, Keele



13.00 – 14.15

The British Society for Rheumatology Biologics Registers open meeting

Room 3



Aim:

To inform all those wanting to understand the implications of registers' research for their practice. 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

Outcome 1: Key clinical messages and latest research findings from the rheumatoid arthritis register
 Outcome 2: Update on recruitment to the ankylosing spondylitis (AS) and rheumatoid arthritis (RA) registers
 Outcome 3: Update on ongoing research and opportunities to analyse the data



Speakers will include Dr Kimme Hyrich, University of Manchester, Manchester; Dr Gareth Jones, University of Aberdeen, Aberdeen and Prof Alex MacGregor, University of East Anglia, Norwich

14.15 – 16.15

Hall 1

Jewels in the Crown

The Jewels in the Crown session is one of the highlights of the conference. This year, the keynote address will be given by Prof Dame Carol Black DBE, Expert Adviser to the Department of Health. Prof Black will share her knowledge in the field of health, work and wellbeing on a national and international level, in line with the conference theme, the global burden of musculoskeletal disease. The session will also feature our winners of the prestigious Michael Mason and Garrod prizes as well as this year's top scoring abstracts.

Chairs: Dr Chris Deighton, President of the British Society of Rheumatology and Mr Robert Field, President of British Health Professionals in Rheumatology

14.15



14.35

Keynote address

Prof Dame Carol Black DBE, Expert Adviser to the Department of Health, London

Michael Mason prize winner: Serendipitous hoarding - the story of the Hertfordshire ledgers

Prof Elaine Dennison, University of Southampton, Southampton

Garrod prize winner: targeting toll-like receptors in rheumatoid arthritis

Dr Sandra Sacre, Brighton and Sussex Medical School, Brighton

14.55



15.15

Delays between the onset of symptoms and first rheumatology consultation in patients with rheumatoid arthritis: a national survey

Dr Rebecca Stack, University of Birmingham, Birmingham



15.35

Incidence and severity of myocardial infarction in subjects receiving anti-tumour necrosis factor drugs for rheumatoid arthritis: results from linking the British Society for Rheumatology Biologics Register for rheumatoid arthritis and myocardial ischaemia national audit project

Dr Audrey Low, University of Manchester, Manchester



15.55

Methotrexate: a novel mechanism for vasculoprotection in chronic systemic inflammation

Dr Clare Thornton, Imperial College London, London

16.15 – 16.45

Exhibition | Tea and coffee

Exhibition hall



Please see exhibition floor plan on page 89 for catering points.

16.45 – 17.45

Hall 1

Heberden Round

Chair: Dr Chris Deighton, President of the British Society of Rheumatology

The Heberden Round was initiated in 1948 to acknowledge the work of an individual's outstanding contribution to clinical rheumatology.

From Bark to B Cells

Dr Richard Watts, Ipswich Hospital NHS Trust, Ipswich

17.45 – 19.15	
Room 11B	
	<p>Industry supported symposium: Bristol-Myers Squibb</p> <p>Treatment decisions in RA: Can understanding mode of action help us make a better treatment decision?</p> <p>Chair: Professor Robert Moots, University of Liverpool, UK</p> <hr/> <p>Aim: The National Institute for Health and Clinical Effectiveness (NICE) has approved a number of biologic agents for the treatment of rheumatoid arthritis (RA) in the UK, providing treatment options with a range of different mechanisms of action (MoA). This session aims to challenge the way in which health professionals think when choosing which class of biologic to use following failure of conventional DMARDs, and explores the potential impact of different modes of action on treatment outcomes.</p> <p>Outcome 1: The audience will be able to better understand the MoAs of different classes of biologics available for RA, and how this insight can help them to individualize treatment.</p> <p>Outcome 2: The audience will be able to better understand the latest evidence from drug trials and observational studies of different classes of biologic in RA.</p> <p>Outcome 3: The audience will be able to recognize the impact of choosing the most appropriate, effective treatment in order to deliver tight control and improve long-term patient outcomes in RA.</p> <hr/> <p>17.45–17.50 Introduction: The heterogeneous nature of RA Professor Robert Moots, University of Liverpool, UK</p> <p>17.50–18.00 Cytokine inhibition: direct regulation of proinflammatory signals Professor Ernest Choy, Cardiff University, UK</p> <ul style="list-style-type: none"> • Intro to driving forces in the pathogenesis of RA • Role of cytokines within inflammatory response/RA pathogenesis <p>18.00–18.10 T-cell co-stimulation blockade: the potential to impact early pathophysiology Professor John Isaacs, Newcastle University, UK</p> <ul style="list-style-type: none"> • Potential for abatacept to alter the course of RA disease by working upstream, compared with other biologic DMARDs <p>18.10–18.20 Discussion Chair and speakers</p> <p>18.20–18.25 Can mode of action, combined with clinical evidence, help us decide which biologic to use on a patient-by-patient basis? Professor Robert Moots, University of Liverpool, UK</p> <p>18.25–18.45 Understanding the clinical impact of cytokine blockade Professor Ernest Choy, Cardiff University, UK</p> <ul style="list-style-type: none"> • Clinical data in DMARD-IR patients <ul style="list-style-type: none"> • Anti-TNFs • Tocilizumab <p>18.45–19.05 Understanding the clinical impact of T-cell modulation Professor John Isaacs, Newcastle University, UK</p> <ul style="list-style-type: none"> • Clinical data in patients with inadequate response to MTX, DMARDs, or anti-TNFs <ul style="list-style-type: none"> • Abatacept <p>19.05–19.15 Discussion Chair and speakers</p>



TREATMENT DECISIONS IN RA:

Can understanding mode of action help us make a better treatment decision?

Tuesday, 29 April 2014, 17:45–19:15, Room 11B, ACC, Kings Dock, Liverpool, UK

Chair: Professor Robert Moots, University of Liverpool, UK

Introduction: The heterogeneous nature of RA

Cytokine inhibition: direct regulation of proinflammatory signals

Professor Ernest Choy, Cardiff University, UK

T-cell co-stimulation blockade: the potential to impact early pathophysiology

Professor John Isaacs, Newcastle University, UK

Discussion Chair & speakers

Can mode of action, combined with clinical evidence, help us decide which biologic to use on a patient-by-patient basis?

Understanding the clinical impact of cytokine blockade

Professor Ernest Choy, Cardiff University, UK

Understanding the clinical impact of T-cell modulation

Professor John Isaacs, Newcastle University, UK

Discussion Chair & speakers.

Organised and funded by



Rheumatology 2014
29 April-1 May | Liverpool, UK

ORENCIA® (abatacept) PRESCRIBING INFORMATION

See Summary of Product Characteristics before prescribing.

PRESENTATION: 250 mg powder for concentrate for solution for IV infusion containing 250 mg abatacept per vial. Each ml contains 25 mg of abatacept, after reconstitution; 125 mg pre-filled syringe for SC injection. Each pre-filled syringe contains 125 mg of abatacept in 1 ml.

INDICATION: Rheumatoid arthritis (IV infusion and SC pre-filled syringe): Treatment of moderate to severe active rheumatoid arthritis (RA), in combination with methotrexate, in adult patients who have responded inadequately to previous therapy with one or more disease-modifying anti-rheumatic drugs (DMARDs) including methotrexate (MTX) or a Tumour Necrosis Factor (TNF)-alpha inhibitor.

A reduction in the progression of joint damage and improvement of physical function have been demonstrated during combination treatment with abatacept and methotrexate. See SmPC.

Polycardiac Juvenile Idiopathic Arthritis (pJIA) (IV infusion only): Orenzia 250 mg powder for concentrate for solution for infusion is indicated for treatment of moderate to severe active pJIA in paediatric patients 6 years of age and older who have had an insufficient response to other DMARDs including at least one TNF inhibitor.

DOSAGE and ADMINISTRATION: Treatment should be initiated and supervised by specialist physicians experienced in the diagnosis and treatment of RA. **Orenzia 250 mg powder for concentrate for solution for IV infusion:** Adults and elderly: Patients weighing < 60kg: 500mg (2 vials). Patients weighing ≥ 60kg ≤ 100kg: 750mg (3 vials). Patients weighing > 100kg: 1000mg (4 vials). **Treatment of pJIA:** Paediatric patients, 6 to 17 years of age, weighing less than 75 kg: 10 mg/kg paediatric patients weighing 75 kg or more: to be administered adult dosage, not exceeding a maximum dose of 1,000 mg. See SmPC for details of reconstitution and administration as a 30 minute IV infusion. After initial administration, Orenzia should be given at 2 and 4 weeks, then every 4 weeks thereafter. **Children:** Use in children below 6 years of age is not recommended.

Orenzia 125 mg solution for injection (SC pre-filled syringe): Adults and elderly: Treatment should be initiated with a loading dose using an intravenous infusion. Following this loading dose, the first 125 mg subcutaneous injection of Orenzia should be given within a day, then 125 mg subcutaneous injections once weekly. Patients who are unable to receive an infusion may initiate weekly injections of subcutaneous Orenzia without an intravenous

loading dose. Patients transitioning from Orenzia IV therapy to SC administration should administer the first subcutaneous dose instead of the next scheduled intravenous dose. **Children:** Administration in children below 18 years of age is not recommended.

The continuation of treatment with abatacept should be re-assessed if patients do not respond within 6 months.

CONTRAINDICATIONS: Hypersensitivity to the active substance or excipients. Severe and uncontrolled infections such as sepsis and opportunistic infections.

WARNINGS AND PRECAUTIONS: Allergic Reactions: Caution in patients with a history of allergic reactions. Anaphylaxis or anaphylactoid reactions can occur and can be life threatening. Orenzia should be discontinued permanently if a patient develops serious allergic or anaphylactoid reaction. Infections: Caution should be exercised when considering the use in patients with a history of frequent infections, or underlying conditions which may prompt to infection. Treatment with Orenzia should not be initiated with patients with active infections until infections are controlled. Screening for tuberculosis and hepatitis B should be performed prior to therapy. Any patient who develops a new infection should be closely monitored and Orenzia should be discontinued if a patient develops a serious infection. Monitor patients for signs of infection when transitioning from TNF-antagonist to Orenzia. Co-administration of Orenzia with biologic immunosuppressive or immunomodulatory agents could potentiate the effects of abatacept on the immune system. Treatment with immunosuppressive therapy may be associated with progressive multifocal leukoencephalopathy (PML). Orenzia treatment should be discontinued if neurological symptoms suggestive of PML occur, and appropriate diagnostic measures initiated. **Malignancies:** The potential role of Orenzia in the development of malignancies is unknown, see SmPC. **Elderly:** Caution should be used when treating elderly patients due to a higher incidence of infections and malignancies in this patient group. **Autoimmune processes:** Theoretical risk of deterioration in autoimmune disease. **Immunisation:** Live vaccines should not be given simultaneously or within 3 months of discontinuation of Orenzia. See SmPC. **DRUG INTERACTIONS:** Concomitant therapy of Orenzia with a TNF-inhibitor is not recommended. No major safety issues were identified with the use of Orenzia in combination with sulfasalazine, hydroxychloroquine or leflunomide. **PREGNANCY AND LACTATION:** Do not use in pregnancy unless clearly necessary. Women should use contraception and not breast-feed during treatment and for up to 14 weeks after last dose treatment.

UNDESIRABLE EFFECTS:

reactions were reported. **Very Common (≥ 1/10):** upper respiratory tract infection including tracheitis, nasopharyngitis. **Common (≥ 1/100 to < 1/10):** Lower respiratory tract infection (including bronchitis), urinary tract infection, herpes infections (including herpes simplex, oral herpes and herpes zoster), rhinitis, pneumonia, influenza, leukopenia, headache, dizziness, paraesthesia, conjunctivitis, hypertension, flushing, blood pressure increased, cough, abdominal pain, diarrhoea, nausea, dyspepsia, mouth ulceration, aphthous stomatitis, vomiting, liver function test abnormal (including transaminases increased), rash (including dermatitis), alopecia, pruritus, pain in extremity, fatigue, asthenia, injection site reactions. **Uncommon (≥ 1/1,000 to < 1/100):** Tooth infection, onychomycosis, herpes zoster, sepsis, musculoskeletal infections, skin abscess, pyelonephritis, pelvic inflammatory disease, basal cell and squamous cell carcinoma, skin papilloma, thrombocytopenia, hypersensitivity, depression, anxiety, sleep disorder (including insomnia), migraine, dry eye, visual acuity reduced, vertigo, palpitations, tachycardia, bradycardia, hypotension, hot flush, vasculitis, blood pressure decreased, bronchospasm, wheezing, dyspnea, gastritis, increased tendency to bruise, dry skin, urticaria, psoriasis, erythema, hyperhidrosis, arthralgia, amenorrhoea, menorrhagia, influenza like illness, weight increased. **Rare (≥ 1/10,000 to < 1/1,000):** Tuberculosis, bacteraemia, bacteraemia, gastrointestinal infection, lymphoma, lung neoplasm malignant, throat tightness. See SmPC for further details.

LEGAL CATEGORY: POM

MARKETING AUTHORISATION NUMBER AND BASIC NHS PRICE: Orenzia 250 mg concentrate for solution for infusion - EU/1/07/389/001, 1 vial pack: £302.40 Orenzia 125 mg solution for injection - EU/1/07/389/008, 4 pre-filled syringes with needle guard: £1209.60

MARKETING AUTHORISATION HOLDER: Bristol-Myers Squibb Pharma EEIG, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH. Tel: 0800-731-1736

DATE OF PREPARATION: April 2013
Job No: 427UK13PR03910

MARKETING AUTHORISATION HOLDER:

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 Bristol-Myers Squibb Pharmaceuticals Ltd Medical Information on 0800 731 1736 or medical.information@bms.com.

17.45 – 19.45

Room 3A

Industry supported symposium: MSD**Spondyloarthropathies: today and tomorrow**

Chair: Prof David Marshall, Inverclyde Royal Hospital, Greenock

Aim:	To provide delegates with an overview on management of spondyloarthropathies past and present
Outcome 1:	An update on the current and future management of psoriatic arthritis
Outcome 2:	An update on the current and future management of ankylosing spondylitis
Outcome 3:	An update on the current and future science of cytokines in spondyloarthropathy

17.45

Refreshments

18.15

Welcome and introduction

Prof David Marshall, Inverclyde Royal Hospital, Greenock

18.25

Psoriatic arthritis: today and tomorrow

Prof Douglas Veale, St. Vincent's Hospital, Dublin

18.45

Ankylosing spondylitis: yesterday, today and tomorrow

Dr Karl Gaffney, Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich

19.05

Cytokine biology of spondyloarthropathies: today and tomorrow

Dr Jonathan Sherlock, University of Birmingham, Birmingham

19.25

Question and answers

19.40

Summary

19.45 – 21.00

30th Anniversary dinner and Presidents' receptionCirco
Albert Dock

Join the Presidents of both the British Society for Rheumatology and British Health Professionals in Rheumatology for an exciting circus-themed event at Circo on the beautiful Albert Dock.

The Presidents' reception is free to attend for all delegates and will include entertainment as well as a selection of celebratory drinks and canapés. In addition to helping us celebrate 30 years of the British Society for Rheumatology, the reception will provide the perfect backdrop to network with existing colleagues.

The conference dinner promises to be a highlight and is almost sold out so enquire at registration if you would like to attend.

stronger
together

Spondyloarthropathies: Today and Tomorrow



A MSD Scientific Symposium

Tuesday, April 29th 2014

17:45 - 19:45

ROOM 3A

The Arena Convention Centre, King's Dock,
Waterfront, Liverpool. L3 4FP

CHAIR : Professor David Marshall

Hon. Clinical Associate Professor, Consultant Rheumatologist & Physician
Inverclyde Royal Hospital, Greenock

17:45 **Refreshments**

18:15 **Welcome & Introduction**

Prof David Marshall, Inverclyde Royal Hospital, Greenock

18:25 **Psoriatic Arthritis- Today and Tomorrow**

Prof Douglas Veale, St. Vincent's Hospital, Dublin

18:45 **Ankylosing Spondylitis - Yesterday, Today and Tomorrow**

Dr Karl Gaffney, Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich

19:05 **Cytokine biology of spondyloarthropathies - Today and Tomorrow**

Dr Jonathan Sherlock, University of Birmingham, Birmingham

19:25 **Question and answer session**

19:40 **Summary**

- Aim:** To provide delegates with an overview on management of spondyloarthropathies past and present
- Outcome 1:** An update on the current and future management of PsA
- Outcome 2:** An update on the current and future management of ankylosing spondylitis
- Outcome 3:** An update on the current and future science of cytokines in spondyloarthropathy

This symposium is organised and funded by MSD

