

Rheumatology 2015

28-30 April | Manchester, UK

www.rheumatology2015.org.uk

Programme

Innovation, education and networking
for the rheumatology community

Welcome to Rheumatology 2015

I am delighted to welcome you all to Rheumatology 2015.

Our Conference is a great opportunity to meet friends and colleagues and celebrate the great work that we do as well as learning what's new and updating our knowledge across the whole of rheumatology. As always the conference has a focus on clinical practice – what we need to know to give our patients the best care, but also includes key updates on the latest scientific developments and addressing the challenges of the NHS.



We are privileged to have excellent keynote speakers – Sir Mark Walport, David D’Cruz, David L. Scott and Susan Oliver OBE, all of whom have made major contributions to Rheumatology and the wider community. The poster sessions and Special Interest Groups are an opportunity to share your work with colleagues and get new ideas. The Innovation Theatres were highly popular last year and we look forward to them again in 2015.

The 2015 programme has been designed to ensure there are a range of great sessions on offer for everyone no matter what your professional background or area of interest. Our Conference goes from strength to strength. Last year we had over 2000 attendees including participants from 55 countries. I would like to thank everyone involved in supporting the event including our Heberden Committee, BSR events team, speakers, chairs, abstract reviewers, exhibitors and sponsors.

I hope that you find your time in Manchester to be enjoyable as well as educational.

A blue ink signature of Prof Simon Bowman.

Prof Simon Bowman
President of the British Society for Rheumatology

I'm very pleased to be able to welcome you to Manchester for Rheumatology 2015.

As a membership body we ultimately work to help our members provide the best possible care for people with rheumatic and musculoskeletal diseases. Continuing education and professional development are central to this ethos and Rheumatology 2015 is a great example of our commitment to meeting your needs.

As specialists in rheumatology, we're lucky enough to be working in the most exciting and rapidly advancing area of healthcare. Our vibrant conference programme reflects this as we bring together leading clinical experts and policy makers from the field. Building on the success of previous conferences, the programme of presentations, workshops, and the increasingly popular poster tours combine to produce what I'm sure will be a professional highlight of the year.



In addition to the excellent educational content, Rheumatology 2015 also provides many networking opportunities to link with old and future colleagues at venues across the city. I encourage you to make the most of what can often be one of the most valuable aspects of any conference.

Finally, I would like to thank everyone involved in supporting the event including the Heberden Committee, BSR events team, speakers, chairs, abstract reviewers, prize judges, exhibitors and sponsors.

A blue ink signature of Dr Michael Backhouse.

Dr Michael Backhouse
President of British Health Professionals in Rheumatology

Meet the team

A very warm welcome to Manchester and to Rheumatology 2015. We at the British Society for Rheumatology are thankful for the continued support from members and industry partners that enables us to host such an exciting conference.

Rheumatology 2015's programme offers an array of interactive sessions, workshops, lectures, symposia and poster tours. With more than 50 exhibitors showcasing some of the latest developments and advances in rheumatology, we're confident this will be a stimulating event for all. We are always seeking to innovate and improve the conference experience and this year is no different with the addition of e-posters.



As the leading rheumatology event, Rheumatology 2015 aims to provide the materials for medical professionals to build upon their previous knowledge and experience, ensuring that patients are receiving the best evidence-based care. We encourage the whole rheumatology team to come together, giving you an unrivalled opportunity to meet colleagues, share experiences and enhance your knowledge of current practices.

Don't forget to share your conference experience and tweet your highlights with **#Rheum2015**. Plus you can also message, tweet and share photos via our app, **Rheum 2015**. For the competitive amongst you, please take part in the app's interactive 'click' game, which we hope you will enjoy. We encourage your interaction and as always, we will use your suggestions to help improve our conference year on year.

I hope you to see you next year for Rheumatology 2016 in Glasgow.

Laura Guest

Chief Executive of the British Society for Rheumatology

BSR's events team has worked tirelessly to ensure you have a successful conference.



Irena Goldwag - Director of Events and Marketing



Lindsay McClenaghan - Senior Events Officer



Sophie Hind - Senior Events Officer



Gail Allan - Events Officer



Sophie Baczynski - Events Officer

We hope you have a great time at conference. If you need any help or information please visit the events team at the registration desk.



Twitter
@RheumatologyUK
#Rheum2015

Conference at a glance

Tuesday 28 April

Opening hours

Registration: 07.30 – 18.00

Exhibition: 08.30 – 16.45

09.00 - 10.30	Imaging in rheumatology: a practical perspective	Exchange Hall	pg 26	
09.00 - 10.30	Biologics in SLE: getting close to lift off (at last!)	Exchange Auditorium	pg 26	
09.00 - 10.30	Shared decision making and self-management support: why they matter in rheumatology	Exchange Room 11	pg 26	
09.00 - 10.30	Challenges of remote and rural rheumatology	Exchange Room 1	pg 27	
09.00 - 10.30	A step in the right direction: addressing foot health in rheumatoid arthritis	Exchange Rooms 8-10	pg 27	BHPR
09.00 - 10.30	RA outcomes and comorbidities oral abstract session	Charter 2-3	pg 28	
09.00 - 10.30	BSR Education special interest group	Charter 1	pg 28	
09.00 - 10.30	Fighting back against scleroderma special interest group	Charter 4	pg 29	BHPR
10.30 - 11.30	Exhibition Tea and coffee	Exhibition Hall	pg 29	
10.30 - 11.30	Poster and E-poster viewing Poster tours	Exhibition Hall	pg 29	
10.40 - 11.20	Innovation Theatre: UCB Pharma Ltd	Innovation Theatre	pg 34	
11.30 - 13.00	Making it happen: optimising the service to RA patients	Charter 1	pg 34	
11.30 - 13.00	Musculoskeletal health and vocational rehabilitation	Charter 4	pg 34	
11.30 - 13.00	Community based physical activity for osteoarthritis: the emerging role of non-healthcare professionals	Exchange Room 11	pg 35	BHPR
11.30 - 13.00	Biologics and inflammatory arthritis oral abstract session	Charter 2-3	pg 35	
11.30 - 13.00	Foot and ankle special interest group	Exchange Rooms 8-10	pg 36	
11.30 - 13.00	Lung disease in RA special interest group	Exchange Hall	pg 36	
11.30 - 13.00	Systemic vasculitis special interest group	Exchange Auditorium	pg 36	
13.00 - 14.00	Post-doctoral, PhD and postgraduate student network	Exchange Room 11	pg 38	
13.00 - 14.00	BSRBR: Latest news from the BSR Biologics Registers	Exchange Room 1	pg 38	
13.00 - 14.15	Exhibition Lunch	Exhibition Hall	pg 38	
13.10 - 13.50	Innovation Theatre: Celgene Ltd	Innovation Theatre	pg 38	
14.15 - 16.15	Jewels in the Crown	Exchange Auditorium	pg 38	
16.15 - 16.45	Exhibition Tea and coffee	Exhibition Hall	pg 39	
16.20 - 16.40	Innovation Theatre: AbbVie	Innovation Theatre	pg 39	
16.45 - 17.45	Heberden Round	Exchange Auditorium	pg 39	
18.00 - 19.30	Industry supported symposium: Roche Products Ltd and Chugai Pharma UK Ltd	Exchange Room 9	pg 40	
18.00 - 19.30	Industry supported symposium: AbbVie	Charter 2	pg 42	
19.45 - 21.00	Presidents' Welcome Reception	Manchester Art Gallery	pg 43	

Key:

	BSR		Poster tours
	BHPR		Essentials
	BSR/BHPR joint session		Trainee (BRiTs)
	Oral abstracts		Science
	Special interest groups		Primary care
	Keynote session		Pain
	Industry session		Adolescent and young adult
	Innovation Theatre		
	Networking		

Co-badged stream with BSI (British Society for Immunology)

	Awards
	British Health Professionals in Rheumatology session
	Poster tours
	Refreshments
	Tea and coffee
	Interactive
	Session to be filmed
















Conference at a glance

Wednesday 29 April

Opening hours

Registration: 06.50 – 18.00

Exhibition: 08.30 – 16.30

07.15 - 08.45	Industry supported symposium: Hospira UK Ltd	Charter 2	pg 44	
07.15 - 08.45	Industry supported symposium: Janssen Pharmaceuticals	Charter 3	pg 45	
09.00 - 10.30	Pain in the 21 st Century: sensory-immune interactions; biologic agents and bisphosphonates	Charter 3	pg 46	
09.00 - 10.30	BSI: Not the usual suspects: novel players in immune homeostasis	Exchange Hall	pg 46	
09.00 - 10.30	Essentials in rheumatology: disease assessment and management	Exchange Auditorium	pg 47	
09.00 - 10.30	Quality not quantity: research training in qualitative methods	Charter 4	pg 47	BHPR
09.00 - 10.30	Comorbidities in rheumatoid arthritis	Charter 2	pg 47	
09.00 - 10.30	Connective tissue diseases oral abstract session	Exchange Rooms 8-10	pg 48	
09.00 - 10.30	Osteoporosis special interest group	Charter 1	pg 48	
09.00 - 10.30	BHPR Workshop: Measuring disease activity in axial spondyloarthritis and ankylosing spondylitis (restricted to 48 delegates)	Exchange Room 1	pg 49	BHPR 
10.30 - 11.30	Exhibition Tea and coffee	Exhibition Hall	pg 49	
10.30 - 11.30	Poster and E-poster viewing Poster tours	Exhibition Hall	pg 49	
10.40 - 11.20	Innovation Theatre: Roche Products Ltd and Chugai Pharma UK Ltd	Innovation Theatre	pg 52	
11.30 - 13.00	Hypermobility: a Pain to manage?	Charter 3	pg 52	
11.30 - 13.00	Infection and autoimmunity: the missing link	Exchange Hall	pg 52	
11.30 - 13.00	Essentials in rheumatology: clinical knowledge and practice	Exchange Auditorium	pg 53	
11.30 - 13.00	BHPR oral abstract session	Charter 4	pg 53	BHPR
11.30 - 13.00	Diagnosis and management of common shoulder problems in primary care	Charter 2	pg 54	
11.30 - 13.00	Imaging oral abstract session	Exchange Room 9	pg 54	
11.30 - 13.00	Specialised services commissioning: what's in it for rheumatology?	Charter 1	pg 55	
11.30 - 13.00	BRiTs: Adolescent rheumatology: what rheumatology trainees need to know	Exchange Room 10	pg 55	
13.00 - 14.30	Exhibition Lunch	Exhibition Hall	pg 55	
13.00 - 14.15	The British Society for Rheumatology Annual General Meeting	Exchange Room 11	pg 56	
13.10 - 13.50	Innovation Theatre: SOBI	Innovation Theatre	pg 56	
14.00 - 14.20	Innovation Theatre: Pfizer	Innovation Theatre	pg 56	
14.30 - 16.00	Pain MSK special interest group	Charter 3	pg 57	
14.30 - 16.00	The gut microbiome and inflammatory arthritis	Exchange Hall	pg 57	
14.30 - 16.00	Essentials in rheumatology: update from the experts	Exchange Auditorium	pg 57	
14.30 - 16.00	BHPR CTD special interest group: assessing and managing multi-system lupus	Exchange Rooms 8-10	pg 58	BHPR
14.30 - 16.00	Primary care oral abstract session	Charter 2	pg 58	
14.30 - 16.00	ARMA: Musculoskeletal Clinical Networks - delivering real improvements for MSK services	Charter 4	pg 59	
14.30 - 16.00	Improving quality of life for older adults with musculoskeletal conditions	Charter 1	pg 59	
14.30 - 16.00	BHPR Workshop: Measuring disease activity in axial spondyloarthritis and ankylosing spondylitis (restricted to 48 delegates)	Exchange Room 1	pg 60	BHPR 
16.00 - 16.30	Exhibition Tea and coffee	Exhibition Hall	pg 60	
16.30 - 17.30	Heberden Oration	Exchange Auditorium	pg 60	
17.45 - 19.15	Industry supported symposium: Bristol-Myers Squibb	Exchange Room 9	pg 62	
17.45 - 19.15	Industry supported symposium: Pfizer	Charter 2	pg 63	
18.00 - 19.00	International delegates' reception	Exchange Room 11	pg 64	
19.15 - 22.45	Conference dinner	Old Trafford	pg 65	















Conference at a glance

Thursday 30 April

Opening hours

Registration: 07.45 – 16:00

Exhibition: 08.00 – 14.15

08.00 - 09.00	Exhibition Tea and coffee	Exhibition Hall	pg 66	
08.10 - 08.50	Innovation Theatre: AbbVie	Innovation Theatre	pg 66	
09.00 - 10.30	Pharmacoepidemiology: new truths, new lies	Exchange Rooms 8-10	pg 66	
09.00 - 10.30	Ageing well: is it about bone or muscle or both?	Exchange Auditorium	pg 66	
09.00 - 10.30	Adolescent and young adult rheumatology	Charter 1	pg 67	
09.00 - 10.30	How to write, review and edit for rheumatology journals	Charter 2	pg 67	
09.00 - 10.30	Basic science oral abstract session	Charter 3	pg 68	
09.00 - 10.30	The Triathlon: musculoskeletal and medical risks special interest group	Charter 4	pg 68	
09.00 - 10.30	How can we encourage patient participation in the clinic?	Exchange Hall	pg 69	
10.30 - 11.30	Exhibition Tea and coffee	Exhibition Hall	pg 69	
10.30 - 11.30	Poster and E-poster viewing Poster tours	Exhibition Hall	pg 69	
10.40 - 11.20	Innovation Theatre: Novartis Pharmaceuticals UK Limited	Innovation Theatre	pg 73	
11.30 - 13.00	Rheumatic disease and the kidney	Exchange Auditorium	pg 73	
11.30 - 13.00	Opportunistic infections	Charter 1	pg 73	
11.30 - 13.00	BSR clinical guidelines	Exchange Hall	pg 74	
11.30 - 13.00	BRiTs: Seronegative arthritides: test your knowledge!	Exchange Room 11	pg 74	
11.30 - 13.00	Droitwich Lecture	Charter 3	pg 74	
11.30 - 13.00	Adolescent and young adult oral abstract session	Charter 2	pg 75	
11.30 - 13.00	Hands on management of patients with suspected Sjögren's syndrome special interest group	Exchange Rooms 8-10	pg 75	
11.30 - 13.00	Stratified medicine special interest group	Exchange 1	pg 76	
13.00 - 14.15	Exhibition Lunch	Exhibition Hall	pg 76	
13.00 - 14.15	BHPR Members' Meeting: promoting regional networks	Charter 4	pg 76	 BHPR
13.00 - 14.15	BSR Audit session	Exchange 1	pg 77	
13.10 - 13.50	Innovation Theatre: Celgene Ltd	Innovation Theatre	pg 77	
14.15 - 15.45	The challenge of public education in rheumatology	Exchange Hall	pg 77	
14.15 - 15.45	Get fired up for audit and research	Exchange Rooms 8-10	pg 77	
14.15 - 15.45	From TNF inhibition to biosimilars: managing safety and quality	Exchange Auditorium	pg 78	
14.15 - 15.45	BRiTs: Dermatological manifestations of rheumatic disease: all you need to know	Exchange Room 11	pg 78	
14.15 - 15.45	Genetics oral abstract session	Charter 3	pg 79	
14.15 - 15.45	Adolescent and young adult special interest group	Charter 1	pg 79	
14.15 - 15.45	Ethnicity special interest group	Charter 2	pg 80	
15.45 - 16.00	Refreshments <i>(for those staying for SIG sessions)</i>	The Gallery	pg 80	
16.00 - 17.30	Scleroderma special interest group	Exchange Hall	pg 80	
16.00 - 17.30	Myositis special interest group	Charter 1	pg 81	
16.00 - 17.30	Spondyloarthritis special interest group	Exchange Auditorium	pg 81	
16.00 - 17.30	Heritable disorders of connective tissue special interest group	Exchange Rooms 8-10	pg 82	
17.30	CLOSE			



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General Information





Rheumatology 2016

26-28 April 2016 | SECC Glasgow, UK

Be a part of Rheumatology 2016

Rheumatology is the UK's leading rheumatology event. It offers you an unparalleled opportunity to expand your knowledge and network with other specialist health professionals.

Contribute by submitting an abstract or conference session proposal. Or just tell us what sessions you'd like us to include.

Main session proposal deadline

Friday 29 May 2015

Special Interest Group session submission deadline

Friday 2 October 2015 (For existing SIG convenors only)

Abstract deadline

Friday 6 November 2015

Early bird registration until

Friday 29 January 2016

“As a rheumatology trainee the conference is very essential, covering all of rheumatology and the newest findings. There's a chance to hear from and meet experts in the field and network.”

- Hafiz Hassan, Rheumatology trainee

www.rheumatology2016.org.uk



The venue floor plan



Not enough rheum in your bag? There's an app for that...



iPhone

iPad

Android

BlackBerry

Download our app!

We've built an app which we hope will make this year's experience a lot more valuable for our attendees, exhibitors, and speakers.

Download the app by going to your app store and searching for 'BSR Events' or typing <https://crowd.cc/s/5Kiw> into your web browser.

Alternatively you can use the weblink <https://event.crowdcompass.com/rheum2015> if you wish to view the app on your laptop.

Key features

- Access the event schedule anytime and customise your agenda
- See all the speakers and view their bios
- Check out the exhibitors and locate their stands more easily
- Get important updates and exciting offers through the app
- See who's attending and share contact information
- Participate in interactive sessions with live polling
- Get competitive with our 'click' game



Stay connected

Use social media and tweet directly via our app. Let us hear what you thought about sessions and make this a truly connected conference.

Twitter @RheumatologyUK #Rheum2015

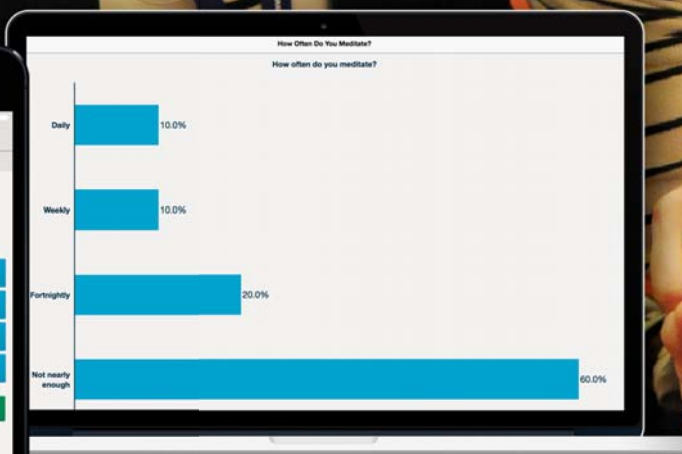
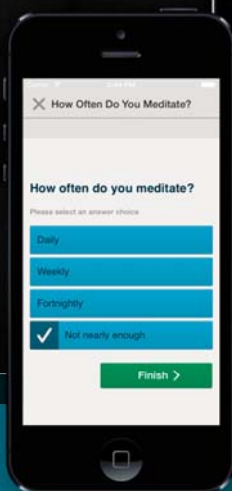
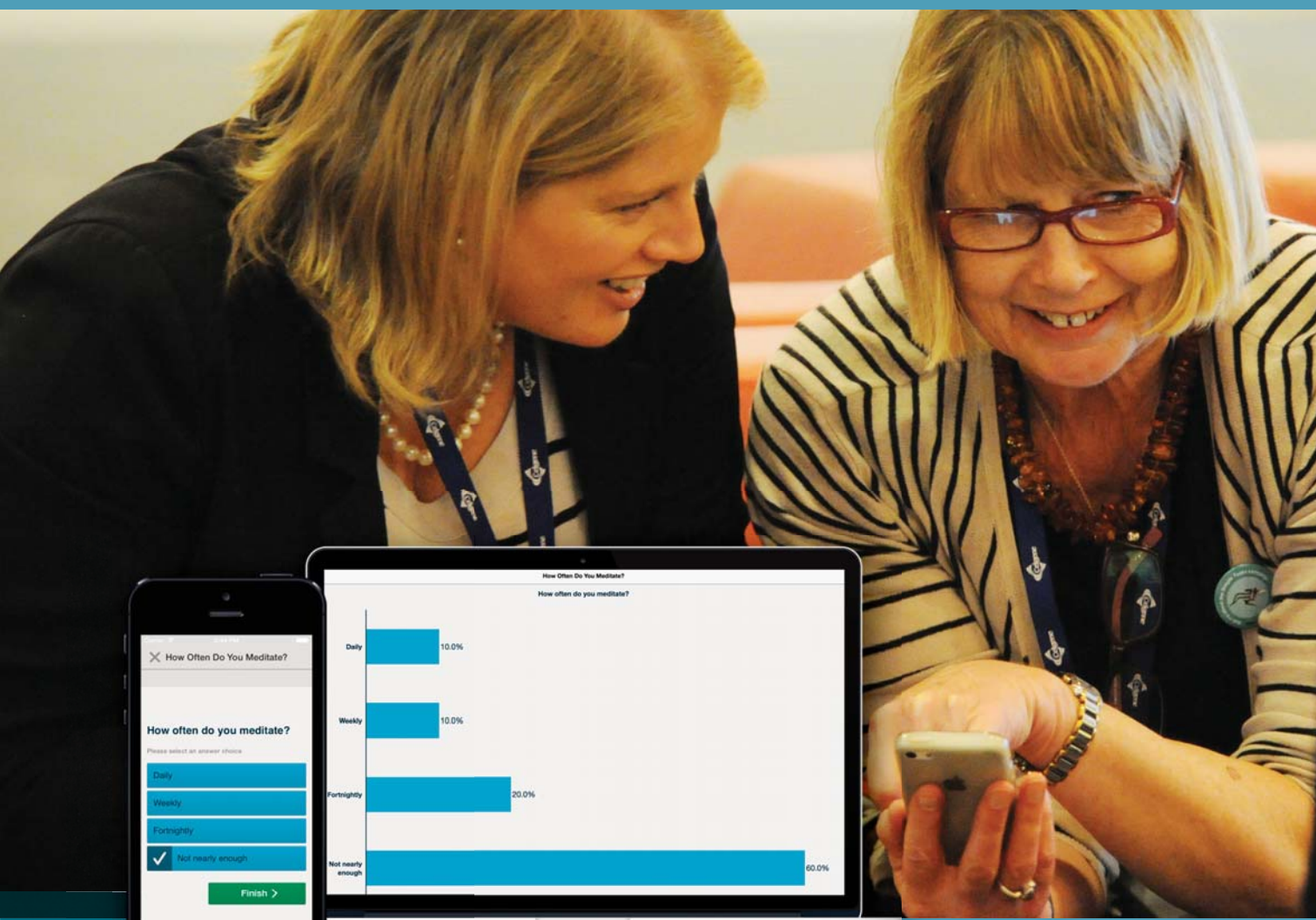


Download the app:
<https://crowd.cc/s/5Kiw>

BSR
The British Society for Rheumatology

BHPR
British Health Professionals
in Rheumatology

Use the app in interactive sessions: Try out our new live polling!



Download the app:
<https://crowd.cc/s/5Kiw i>

If you're taking part in an interactive session or symposium, you may be asked to participate or 'poll' via the Rheumatology 2015 app.

Download the 2015 app by searching 'BSR events' in your app store. Alternatively you can use the weblink <https://event.crowdcompass.com/rheum2015> if you have a laptop.

Go to Schedule, select your session and simply click on the relevant poll/question when directed by the speaker.

For any queries please visit the registration desk.

General information

Registration opening hours

Monday 27 April	16.00 – 20.00
Tuesday 28 April	07.30 – 18.00
Wednesday 29 April	06.50 – 18.00
Thursday 30 April	07.45 – 16.00

Exhibition hall opening hours

Tuesday 28 April	08.30 – 16.45
Wednesday 29 April	08.30 – 16.30
Thursday 30 April	08.00 – 14.15



Download the app: <https://crowd.cc/s/5Kiw>

2015 app

This year we're delighted to introduce our new, improved conference app. Don't forget to download yours at the app store by searching for BSR Events. The Rheumatology 2015 app features an interactive venue plan and will provide the most up-to-date information regarding all sessions, speakers, abstracts and the exhibition. Should you need any assistance downloading the app or have any queries using it then please visit the registration desk in the Charter Foyer.

<https://event.crowdcompass.com/rheum2015/>

Abstract supplement

All accepted abstracts have been published as a supplement in the journal *Rheumatology*. Subscribers to the journal will also be able to access the abstracts online at:

<http://rheumatology.oxfordjournals.org>

Accessibility

Manchester Central is fully accessible for all delegates, with accessible toilets, lifts and entrances in all areas. There are built-in hearing loops in Exchange Auditorium and at the registration desk in the Charter Foyer. There are also a number of self-propelled wheelchairs available for occasional use by less able visitors to the venue.

Accommodation

If you have booked through our appointed accommodation agents, Visit Manchester, and have any queries please contact them directly by telephone +44 (0)161 238 4563 / 4514 or email abs@visitmanchester.com



Annual General Meeting

The British Society for Rheumatology and British Health Professionals in Rheumatology's joint Annual General Meeting will be held on Wednesday 29 April from 13.00 – 14.15 in Exchange Room 11 and is open to all delegates, including non-members. The BHPR Members' Meeting: promoting regional networks is held on Thursday 30 April from 13.00 – 14.15 in Charter 4.

Badges

Please pick up your badge from the registration desks located in the Charter Foyer. Your name badge gives you access to selected sessions on the particular day(s) for which you have registered at Rheumatology 2015. It is essential that you have your badge displayed at all times in order to gain access to your session. Stewards will not permit people without badges into any sessions or exhibition areas.

Business centre

If you need help with printing, photocopying, scanning and faxing documents please head to the concierge desk in the Central Foyer. Manchester Central can also help with stationery supplies, travel adaptors and restaurant bookings. For more information, please see the concierge team or call them on 0161 827 7680.



Car parking

There is a 24-hour NCP car park directly below Manchester Central. It has 720 spaces including 18 disabled parking bays and three electric vehicle charging points. There is direct access to Manchester Central by lift, stairs and escalator. Parking is charged at a discounted rate of £12 per day for our delegates.

Address: Manchester Central NCP
Lower Mosley Street
Manchester
M2 3GX

Please note that Manchester Central NCP has a 2m height limit, and that Manchester Central cannot provide car parking on its immediate premises.

Catering

Your registration fee for the conference includes lunch as well as tea and coffee for each day you are registered. There are three catering points during conference; all located in the exhibition hall (see floor plan on page 86 for location). On Thursday there will also be a catering point in the Gallery (just outside the Exhibition Hall), after the exhibition has closed. Please refer to “Conference at a glance” (pages 3-5) section for timings. Please note, if you registered for a session taking place over the lunchtime break, a packed lunch bag will be available for you in the session room. There are plenty of local facilities available to purchase additional food or drinks should you wish to do so.

Changes to the programme

Please note all details contained within the printed programme are correct at the time of printing. Any changes that affect the programme, which were made after the time of printing, will be reflected in the information shown on our app and website. If you need to make any additional amendments to sessions please contact one of the events team at the registration desk and we will make every effort to ensure these are included.

CPD

The conference is accredited by the Royal College of Physicians. The annual meeting will accrue you the following points:

Tuesday 28 April	6
Wednesday 29 April	6
Thursday 30 April	6

A certificate of attendance will be emailed to you after the event. Alternatively, you can collect a certificate from the registration desk to fill in and self-certify for the event. Please ensure that your badge is scanned once each day that you are at the conference in order to receive your CPD points. Scanners will be available at the registration desks and at the entrance of the Exhibition Hall. Certificates for CPD points associated with satellite symposia sessions will be issued by the relevant sponsor.

Delegate bag

The delegate bag will include a number of conference essentials. Please pick up a copy of the abstract book from the registration desk.

Local information

If your query relates to Manchester Central or the local area, please visit the concierge desk. See the venue map on page 6 for its location. Alternatively a vast amount of information is available on our website and on our conference app.

First aid

Trained first-aiders will be on duty throughout the event; please contact one of the event/venue staff in the event of an incident.

Innovation Theatre sessions

The Innovation Theatre, based within the Exhibition Hall, will offer concise 20-40 minute sessions hosted by our exhibitors. Sessions are free to all registered delegates though are subject to capacity.

Messages

Delegates will be able to collect messages from the message board located behind the registration desk in the Charter Foyer.

Mobile phones and electronics

While we encourage the use of our app and social media, as a courtesy to other attendees, we ask you to switch all your electronics to silent mode within the exhibition hall and during sessions. Phone conversations are not permitted during sessions. If your electronic devices need a boost, there is an area provided in the exhibition hall for plugging in chargers.

Poster Tours

Sign-up sheets for the tours will be available at the poster desk located in the Charter Foyer.

Our poster tours are guided by leaders in the field and highlight a selection of BSR and BHPR's posters, helping delegates to make the most of poster viewing sessions. Each tour consists of approximately six to eight posters, and is limited to 15 participants per tour.

We advise delegates to arrive at the poster desk for their poster tour at 10.30 in order to allow 5 minutes to give out headsets and have a prompt start at 10.40, thereby giving 45 minutes to conduct the tour. Places on the tours are limited, so please register in advance.

Prayer room

A prayer room, located behind the Exchange Auditorium, will be available for use by all religious groups.

Presentations

All speaker presentations (where we have been given permission) will be available post-conference. Access details will be sent out following Rheumatology 2015.

Presidents' Reception

Tuesday 28 April, 19.45 - 21.00 at Manchester Art Gallery

Join the Presidents of the British Society for Rheumatology and British Health Professionals in Rheumatology, on Tuesday 28 April, at the beautiful Manchester Art Gallery. Please arrive from 19.30 to enjoy some canapés and drinks. This fun social event is free to attend for all delegates so don't miss the opportunity to network and enjoy a glass or two.

Conference Dinner

Wednesday 29 April, 19.15 at Old Trafford

This year's conference dinner offers you a unique opportunity to experience one of Manchester's most popular iconic tourist attractions, Old Trafford, home to Manchester United Football Club.

Reminder: the conference dinner is exclusively for those who have purchased a ticket in advance. Please enquire at the registration desk if you wish to attend. If you have already purchased your dinner ticket, it will be issued with your conference badge. Please make sure you bring it with you on the evening.

Coaches will be provided for dinner attendees, please enquire at the registration desk for details.



Press area

The Rheumatology 2015 press area is situated upstairs at the back of the Exchange Foyer (see venue map on page 6).

Journalists can use the area to issue press releases and as a meeting point. Upon request, the events team can organise one-to-one interviews with key speakers and spokespeople at the conference, subject to availability. Please email Adam Cousins acousins@rheumatology.org.uk with any enquiries.

Lost property and cloakroom

Delegates are responsible for their property at all times. Neither the British Society for Rheumatology nor the venue can accept liability for loss or damage of personal items. Please keep bags and packages with you at all times or use the cloakroom provided (see venue map on page 6).

Please report any lost property to the registration desk.

Public transport

Train: Manchester Central is a 20 minute walk from Piccadilly Station or just five minutes by taxi. Alternatively, catch a connecting train to Oxford Road Station - just five minutes from Manchester Central on foot.

Metroshuttle: Metroshuttle buses are free and link the city centre's main rail stations, shopping areas and businesses.

Metrolink: Metrolink is a convenient tram network serving Manchester city centre and further afield. Metrolink runs every few minutes from early morning until late in the evening. You don't need a timetable, just turn up, buy your ticket and the next Metrolink will be along shortly.

Taxis: There is a dedicated taxi rank at the front of the venue for pickups and drop offs. Black cab taxis are readily available at Manchester Airport and both Piccadilly and Victoria train stations.

Room capacities

We make every effort to allocate rooms to ensure that the room size is appropriate for the session, based on the information given to us by delegates when they book. We regret we cannot guarantee capacity in any particular session, although we will do our best to avoid disappointment. We apologise in advance if you are not able to attend the session because the room is full. With this in mind we encourage prompt arrival to sessions to ensure you have a seat.

Social media

We encourage the use of social media in and around Rheumatology 2015. Search on twitter for the hashtag **#Rheum2015** to follow the feed of tweets related to the conference and be sure to include **#Rheum2015** in any tweets that you send out. Happy tweeting! **@RheumatologyUK**



Smoking policy

Smoking, including e-cigarettes, is not permitted anywhere within Manchester Central.

Speaker preview

All speakers are asked to check in their presentations at the speaker preview room no later than two hours prior to your session start time. The speaker preview room is located near the registration desk in the Charter Foyer. If your session is first thing in the morning, you may want to check in your presentation the night before. Speaker badges can be picked up from the registration desk in the Central Foyer.

Under 16s

We regret that children under 16 will not be allowed into the venue during Rheumatology 2015. We do not have sufficient liability insurance to cover a minor.

Wi-Fi

Manchester Central offers free Wi-Fi up to 5MB. To access this, please connect to the MCCC network where you will be asked some brief details. No password is required to connect.

Disclaimer

Please note that the British Society for Rheumatology and British Health Professionals in Rheumatology accept no responsibility for views expressed by speakers at the event.

Photography and filming

Please note some of our sessions will be filmed and a photographer will be onsite. Images may be used for future promotional purposes but will not be sold to any external organisations. If you do not want your photo used please make this known to the photographer.

SAVE THE DATE

15-16 October 2015
The ICC, Birmingham

British Society for Rheumatology

AUTUMN

CONFERENCE 2015

Case-based discussions

93%

said that they learnt new things which would change their practice

96%

would recommend this conference to a colleague.

This international conference focuses on interactive reports submitted by consultants and next generation rheumatologists to provoke lively debate and discussions on the management of interesting and complex cases.

This year's topics are:

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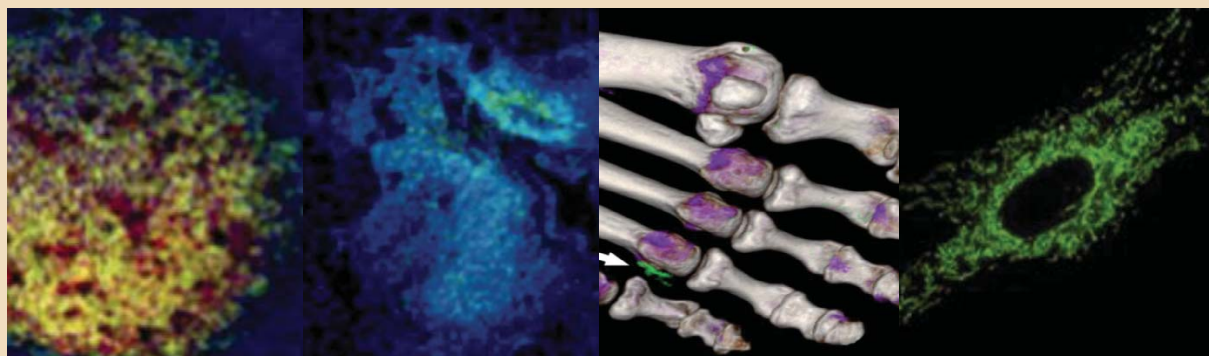
Conference highlights
28-30 April 2015

Conference highlights



RHEUMATOLOGY

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Abstract reviewers

The Heberden Committee was expanded substantially for the purposes of abstract assessment to ensure that every abstract was peer reviewed, blind, by at least three reviewers. The Heberden Committee is extremely grateful for the assistance of everyone that gave up their time to review abstracts and acknowledges them accordingly.

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Dr Ross Wilkie
Dr Anita Williams
Dr Lyn Williamson
Dr Elspeth Wise
Prof Jim Woodburn
Prof Jane Worthington
Prof Adam Young
Dr Dahai Yu

Keynote speakers

Tuesday 28 April

14.15 – 16.15 Jewels in the crown

Exchange Auditorium

Sir Mark is the Chief Scientific Adviser to HM Government and Head of the Government Office for Science. Previously, Sir Mark was Director of the Wellcome Trust, a global charitable foundation dedicated to achieving extraordinary improvements in human and animal health by supporting the brightest minds. Before joining the Trust he was Professor of Medicine and Head of the Division of Medicine at Imperial College London.

He is currently Co-Chair of the Prime Minister's Council for Science and Technology and has been a member of this since 2004. He has also been a member of the India UK CEO Forum, the UK India Round Table and the advisory board of Infrastructure UK and a non-executive member of the Office for Strategic Coordination of Health Research. He is a member of a number of international advisory bodies.

He has undertaken independent reviews for the UK Government on the use and sharing of personal information in the public and private sectors: 'Data Sharing Review' (2009); and secondary education: 'Science and Mathematics: Secondary Education for the 21st Century' (2010).

He received a knighthood in the 2009 New Year Honours List for services to medical research and was elected as Fellow of The Royal Society in 2011.

Sir Mark Walport FRS FMedSci



Tuesday 28 April

16.45 – 17.45 Heberden round

Exchange Auditorium

Professor D'Cruz is the Clinical Team Lead of an internationally renowned tertiary referral centre for autoimmune rheumatic disorders. His major clinical and research interests are systemic lupus erythematosus, the antiphospholipid syndrome and systemic vasculitis. He leads the Louise Coote Lupus Clinical Trials Unit which has a portfolio of investigator and industry led trials. His research portfolio includes a translational medicine programme in collaboration with basic science laboratories in the Division of Immunology, Inflammation and Infectious Diseases, King's College School of Medicine.

Professor D'Cruz trained at St Mary's Hospital Medical School in London. Senior House Officer and Registrar rotations at University College and the Royal London Hospitals were followed by a clinical registrar post and then an ARUK Clinical Research Fellowship at St Thomas' Hospital. He was appointed Senior Lecturer in rheumatology at St Bartholomew's and The Royal London Hospitals following a Senior Registrar post in general internal medicine and rheumatology. Professor D'Cruz has published widely in the field of autoimmune rheumatic disorders. He is one of the Managing Editors of the journal *Lupus* and was Editor in Chief of the *Journal of Autoimmune Diseases* 2004-2009. He was President of the Rheumatology Section of the Royal Society of Medicine 2008-2009.

Professor David D'Cruz MD FRCP



"The conference gives me an opportunity to keep links with clinical rheumatology – as an academic; it's really good to link up with clinicians."

- Ruth Squire, Lecturer of occupational therapy, Cardiff University

“As a rheumatology trainee the conference is very essential, covering all of rheumatology and the newest findings. There’s a chance to hear from and meet experts in the field and network.”

- Dr Hafiz Hassan, rheumatology trainee

Wednesday 29 April
16.30 – 17.30 Heberden oration
Exchange Auditorium

David L. Scott is Professor of clinical rheumatology at King’s College London and honorary Consultant Rheumatologist at King’s College Hospital. He trained in Leeds and Birmingham working with Professors Verna Wright, Kenneth Walton and Paul Bacon.

He held Arthritis Research UK, Wellcome Trust and Royal College of Physician’s Fellowships and was Senior Lecturer at St Bartholomew’s Hospital Medical School. He moved to King’s over 20 years ago to develop clinical outcomes and trials research complementing laboratory research led by Professor Gabriel Panayi. He has served the British Society for Rheumatology as Honorary Secretary, Heberden Librarian and President and has also been editor of *Rheumatology* journal.

Professor David L. Scott



Thursday 30 April
11.30 – 13.00 Droitwich Medical Trust Lecture
Charter 3

Susan is a Nurse Consultant in Rheumatology and Chair of the European League Against Rheumatism (EULAR) Standing Committee for Health Professionals.

Susan Oliver OBE



She qualified as a nurse in 1978 and worked for many years in the NHS, initially in areas such as intensive care and renal dialysis. She left the NHS, having set up the rheumatology nursing service in North Devon, to take up a role as the first independent nurse consultant in rheumatology in 2003. She has previously held several senior level roles including, Chair of the Royal College of Nursing rheumatology forum in the UK (2004-2010), Chief Nurse Advisor for the National Rheumatoid Arthritis Society (2002-2009) and joint chair of the Rheumatology Futures Project (2009).

Earlier in her career, she held the position of Director of the South West Branch of the British Lung Foundation, before returning to clinical work initially as a practice nurse and lecturer. She took up a secondary care post as a Lead Research Nurse and Data Co-coordinator for respiratory research before committing to a long term career pathway in Rheumatology as a specialist nurse.

Susan was selected as one of fourteen health professionals in England to receive a Department of Health sponsored Social Enterprise course at Oxford University, Saïd Business School and has been honoured with various awards over the years. These include Professional Nurse of the year in 2000 for her nurse led services, Honorary Membership of the British Healthcare Professionals in Rheumatology in 2006, and an RCN Fellowship (FRCN) for her contribution to rheumatology nursing (2009). In 2014 she was honoured with an OBE in the Queen’s Birthday Honours List.



BSR Prizes and Awards



Rewarding professional excellence, innovations and achievements each year the British Society for Rheumatology and British Health Professionals in Rheumatology award a series of prizes to recognise achievements and encourage those working to improve patient care across all levels.

Michael Mason Prize

The esteemed Michael Mason Prize is awarded by the Heberden Committee for excellence in clinical or scientific research in the field of rheumatology. The winner receives £1,000, the Michael Mason trophy and the opportunity to present their work during the Jewels in the Crown plenary session at Rheumatology 2015.

UK primary Sjogren's syndrome registry,
Prof Wan-Fai Ng, Newcastle University, Newcastle
Jewels in the Crown | Tuesday 28 April 14.15 – 16.15,
Exchange Auditorium

Garrod Prize

Named after Sir Alfred Baring Garrod, the prestigious Garrod Prize is open to scientists with a non-clinical background currently working in rheumatology or a related discipline. The winner receives £500 cheque prize, the Garrod trophy and the opportunity to present their work during the Jewels in the Crown plenary session at Rheumatology 2015.

Gut-microbiota induced IL-1 β and IL-6 control the differentiation of regulatory B cells,
Dr Elizabeth Rosser, University College London, London
Jewels in the Crown | Tuesday 28 April 14.15 – 16.15,
Exchange Auditorium



2014 Michael Mason Prize winner:
Prof Elaine Dennison, Southampton University, Southampton



2014 Garrod Prize winner:
Dr Sandra Sacre, University of Sussex, Sussex



2014 Young Investigator Award winner:
Dr Audrey Low, Arthritis Research UK Centre for Epidemiology, Manchester

BSR Young Investigator Award

Intended to encourage the work of young investigative rheumatologists at an early stage of their careers, these prizes reward those who have submitted an imaginative hypothesis with results that could advance the knowledge within the field. Up to two winners receive a £250 cheque prize, certificate of achievement, complimentary registration to Rheumatology 2015 and the chance to present their work at the conference.

Impact of conventional disease modifying therapy on mortality risk in two UK rheumatoid arthritis cohorts,
Dr Sam Norton, King's College, London
RA outcomes and comorbidities oral abstract session
Tuesday 28 April, 09.00 - 10.30 | Charter 2-3

Synovial Pathotype predicts response to TNF-alpha inhibitors in patients with rheumatoid arthritis,
Dr Maria Di Cicco, Queen Mary University of London, London
Jewels in the Crown | Tuesday 28 April 14.15 – 16.15,
Exchange Auditorium

BSR Droitwich Medical Trust Prize

Funded by the Droitwich Medical Trust, this prize is judged and awarded at Rheumatology 2015.

It is awarded for the best clinical case report, based on either a poster presentation of the case, or an oral presentation during the session devoted to case reports.

BHPR Prizes and Awards



BHPR Clinical Prize

A prestigious annual award recognising examples of outstanding clinical work, highlighting best improved patient care. This BHPR Clinical Prize winner receives £250 cheque prize and a certificate of achievement.

Nurse led annual review service for stable inflammatory arthritis,

Mrs Fidelma Gordon, East and North Hertfordshire NHS Trust, Hertfordshire

Droitwich Medical Trust Lecture
Thursday 30 April, 11.30 - 13.00

BHPR Student/Recently Qualified Health Professional Prize

This annual award is presented to an applicant who in the opinion of the judging panel, is deemed to have submitted a piece of work that is of outstanding quality for a person at this stage in their career and be directly relevant to rheumatology. The winner receives up to £500 expenses entitlement to be used towards their attendance at Rheumatology 2015.

Examining personality traits, coping styles and adjustment in rheumatoid arthritis patients: a pilot study,

Miss Fani Avgoustaki, University of the West of England, Bristol

Chris Moran Poster Prize

The BHPR prize ceremony will take place during the Droitwich lecture, Thursday 30 April, 11.30 – 13.00 in Charter 3.

This prize is judged and awarded onsite at Rheumatology 2015 during the BHPR poster session. An award is given to the best research poster or the best audit poster, reflecting both presentation of the poster and the underlying quality. The winner will receive £100 cheque prize and a certificate of achievement.

Droitwich Medical Trust Lecture

The Droitwich lecture marks the highlight of the BHPR programme, incorporating the presentation of the prestigious Droitwich lecturer session and the BHPR award presentations, an opportunity for inspiring allied health professionals to share their work.

Susan Oliver OBE



This year the prestigious Droitwich prize will be presented to **Susan Oliver**, Nurse Consultant in rheumatology and chair of EULAR Health Professionals Standing Committee. She will present a talk entitled 'A journey of discovery in a changing landscape: the experience of a rheumatology nurse'. This will be followed by the BHPR prizes and awards ceremony.

2014 Droitwich Medical Trust Lecture and BHPR awards ceremony:



2014 BHPR Clinical Prize winner:
Dr Chandrika Gordhan, University of Birmingham, Birmingham



2014 BHPR Student Recently Qualified Prize winner: **Dr Hayley McBain**, City University, London



2014 Chris Moran Poster Prize winner: **Dr Annette Bishop**, Keele University, Keele



2014 Droitwich Medical Trust Lecture delivered by: **Prof Krysia Dzedzic**, Keele University, Keele

Fellowships and Honorary Fellowships

Fellowships and Honorary Fellowships of the BSR and BHPR section can be awarded as a mark of respect in recognition of outstanding contributions to rheumatology or a related science.

The award of a Fellowship or Honorary Fellowship is a lifetime award and this year BSR's Council agreed the following outstanding nominations to be presented with a certificate at the Presidents' Welcome Reception (Tuesday 28 April 2015, 19.45-21.00).

Prof Alison Hammond

AHP Fellow of the British Health Professionals in Rheumatology

Professor Alison Hammond is a Fellow of the College of Occupational Therapists who is widely acknowledged within the rheumatology community as a world expert in her field. She completed her PhD in the psychology department at the University of Nottingham in 1994 which focused on self-management education and health psychology in rheumatology. Prof Hammond is a leading international rheumatology rehabilitation researcher and has published over 50 peer-reviewed articles and book chapters and contributed to writing self-help books and information booklets for people with arthritis. She is co-editor of *Rheumatology: Evidence based Practice for Physiotherapists & Occupational Therapists* (2010, Elsevier). Her research includes clinical trials, surveys, outcome measurement development and qualitative research. Much of her research has had a major impact on OT practice with OTs around the country adopting her pioneering cognitive behavioural joint protection education intervention.



Additionally Prof Hammond has helped develop national and international guidelines and standards of care in rheumatology, including the NICE Guidelines for the Management of Adults with Rheumatoid Arthritis and EULAR Guidelines for non-pharmacological management of osteoarthritis and for rheumatology nursing.

Dr Margaret O'Sullivan

Fellow of the British Society for Rheumatology

Dr O'Sullivan has attained an outstanding reputation as can be seen by the list of achievements summarised below. She has shown dedication to rheumatology and management throughout her career which secured her the much deserved accolade of Fellow of BSR: Consultant Rheumatologist, Wrexham Maelor Hospital (1991-2014), Chair of Hospital Medical Staff Committee (2002-2004), Chair of Rheumatology Specialist Advisory Committee (2003-2007), Member of Education Subcommittee for Arthritis and Rheumatism Council (2001-2004), Associate Clinical Director with responsibility for Clinical Governance (2005-2009), Medical Directorate representative on Safe Medication Practice Committee (2005-2011), Specialty Clinical Lead Rheumatology (2009-2014).



Her contribution to the society goes back for a number of years and she has served on a number of BSR committees including BSR's Advisory Council (1998-2001) as well as being a member of Clinical Affairs Committee (1997-2001) and member of the External Strategy and Engagement Committee (2011- 2014).

New for 2016

The Trustees have approved a new category of awards which will be formally announced at the AGM. The award is meant to reward members who have reached the age of sixty or is a consultant member, or AHP/nurse specialising in rheumatology, for at least 20 years, as a mark of recognition of achievements and lifelong commitment to the society and rheumatology as a whole. Nominations will be invited from the membership in the autumn. Visit the Fellowship and Honorary Fellowships section of the website for more details: www.rheumatology.org.uk/members

Dr Philip Helliwell

Honorary AHP Fellow of British Health Professionals in Rheumatology

Dr Helliwell is a Consultant Rheumatologist at the Bradford Teaching Hospitals NHS Foundation Trust and Senior Lecturer in rheumatology at the University of Leeds. He is a leading expert in the management of psoriatic arthritis (PsA) and has made a lifelong commitment to promoting the role of the MDT and been instrumental in developing much of the evidence base that underpins our practice today. Dr Helliwell developed the first foot and ankle research group in the UK undertaking clinical and biomechanical studies of the foot and ankle across a wide range of rheumatological and musculoskeletal disorders. He has devoted much of his time to supporting AHPs to develop research careers including supervising five AHP/nurse PhD students. He has co-written a substantial portfolio of successful external grants and AHP fellowships and co-authored numerous AHP focused research papers published in leading journals. He also wrote the leading textbook on the foot and ankle in RA and convenes the annual BSR foot and ankle course, devoting much of his time to teaching practicing nurses and AHPs. Dr Helliwell's commitment has been recognised through the College of Podiatry and through his nomination to deliver the prestigious Droitwich Medial Trust Lecture in 2013.



Prof Marco Matucci Cerinic

Honorary Fellow of the British Society for Rheumatology

Professor Matucci Cerinic is an internationally renowned academic and Clinical Rheumatologist principally in the area of scleroderma. He has also served in leadership positions in Europe including EULAR as well as other international rheumatology organisations, including the American College of Rheumatology: International Advisory Committee (1999-2003) and currently with the abstract committee – Scleroderma; Rumenian Society for Rheumatology-International Board (2004-present); International Board, Skleroderma Netzwerke, Germany and World Scleroderma Foundation (WSF), Chairman (2011 to present), to name a few.



His contributions to BSR have been outstanding, specifically as a member and enthusiastic supporter of the editorial board of the journal *Rheumatology*. He was instrumental in arranging access to the journal for members of the Italian Society for Rheumatology. He has also driven the recently established exchange scheme between rheumatologists in Italy and the UK.



Poster categories

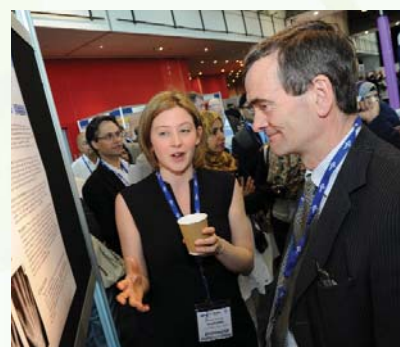
Poster registration desk hours of operation:

Monday:	16.00 – 20.00
Tuesday:	07.30 – 18.00
Wednesday:	07.00 – 18.00
Thursday:	08.00 – 16.30

The poster desk can be found in the Charter Foyer, next to Registration. Please check-in your posters here should you wish to use our hanging service, or if you would like to sign up for one of our poster tours.

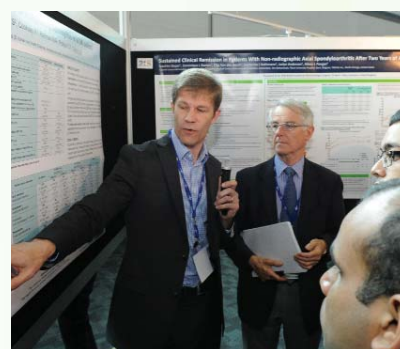
Tuesday 28 April 2015: Poster numbers 1 – 113

Poster category	Poster numbers
Case reports	1 – 26
Epidemiology	27 – 44
Primary care	45 – 51
Rheumatoid arthritis: pathogenesis	52 – 55
Rheumatoid arthritis: treatment	56 – 80
Rheumatoid arthritis: clinical features	81 – 89
Rheumatoid arthritis: comorbidities	90 – 107
Miscellaneous rheumatic diseases	108 – 113



Wednesday 29 April 2015: Poster numbers 114 – 235

Poster category	Poster numbers
BHPR Audit and clinical evaluation	114 – 140
BHPR Research: qualitative	141 – 155
BHPR Research: quantitative	156 – 164
Health services research, economics and outcomes research	165 – 185
Muscle Disorders	186 – 189
Orthopaedics and rehabilitation	190 – 191
Osteoarthritis: clinical features	192 – 194
Osteoarthritis: pathogenesis	195
Osteoarthritis: treatment	196 – 201
Osteoporosis and metabolic bone disease	202 – 212
Sjögren's syndrome and other connective tissue disorders	213 – 216
Spondyloarthropathies (including psoriatic arthritis)	217 – 231
Soft tissue and regional musculoskeletal disease, fibromyalgia	232 – 235

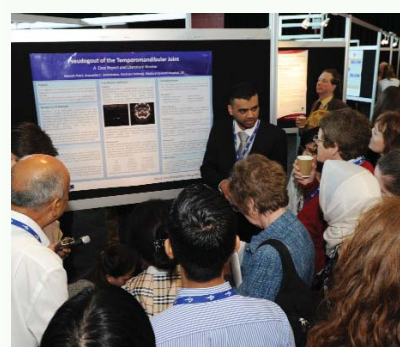


Thursday 30 April 2015: Poster numbers 236 – 318

Poster category	Poster numbers
Basic Science	236
Biology of bone cartilage and connective tissue	237 – 238
Cytokines and inflammation	239 – 240
Education	241 – 251
Genetics	252 – 259
Imaging	260 – 262
Metabolic and crystal arthropathies	263 – 265
Paediatric and adolescent rheumatology	266 – 277
Pain	278 – 281
Scleroderma and related disorders	282 – 288
SLE and antiphospholipid syndrome	289 – 303
Vasculitis	304 – 318

“Presenting my work as a poster shows that it is of a high standard. The process to submit my work wasn’t as hard as I thought it would be”

- Andrew Potheary, Pharmacist,
Royal Cornwall Hospitals Trust.



Poster tours



Our poster tours are guided by leaders in the field of rheumatology and highlight a selection of BSR and BHPR's posters, helping delegates to make the most of poster viewing sessions.

How many people can be in a tour and where do they meet?

Each tour consists of approximately six to eight posters, and is limited to 15 participants per tour. Delegates will need to arrive at the poster desk for their poster tour at 10.35 in order to allow five minutes to give out headsets and have a prompt start at 10.40, thereby giving 45 minutes to complete the tour.

How do I sign up?

Places on the tours are limited, so please register in advance. This can be done via sign-up sheets which will be available at the poster desk throughout the conference.

Tuesday 28 April

Poster tour

Case reports

Primary care

Rheumatoid arthritis

Leader

Dr Nicholas Shenker and Dr Elizabeth Price

Prof Elaine Hay

Prof Ernest Choy

Wednesday 29 April

Poster tour

Spondyloarthropathies

BHPR

Leader

Dr Philip Helliwell

Prof Anthony Redmond

Thursday 30 April

Poster tour

Adolescent and paediatric rheumatology

Connective tissue disease

Vasculitis

Leader

Dr Eileen Baildam

Prof Anisur Rahman

Dr Richard A. Watts



Headsets will be provided for all delegates going on a tour

E-posters

We're very excited about introducing this innovative feature to Rheumatology 2015. The E-posters are an exciting new addition to the conference this year and something we are keen to see going forward. We welcome this innovative opportunity to include additional abstracts in a digital format.

What is an e-poster?

An e-poster is an electronic version/PDF of a poster presentation. The e-poster may include text, figures, charts, tables, images, and artwork though does not include any audio, video, web links or animation.

How and where will they be displayed at the conference?

The e-posters have their own dedicated area in the Exhibition Hall (see venue map p. XXX), near to our printed poster area.

The e-poster area will consist of five large screens. One screen will display a rolling slideshow of all e-posters that specifically apply to the 'categories' of that day. The remaining four screens will have touchscreen menus, with the option to find and view individual posters for a longer amount of time.

Each day, any of the e-posters can be viewed on any of the four touchscreens. The fifth and largest screen will be category-dedicated; meaning only the posters with the chosen categories of the day will be on a rolling display.

Categories appearing on rolling presentation screen

Tuesday 28 April

Case reports
.....
Epidemiology
.....
Primary care
.....
Rheumatoid arthritis: pathogenesis
.....
Rheumatoid arthritis: treatment
.....
Rheumatoid arthritis: clinical features
.....
Miscellaneous rheumatic diseases

Wednesday 29 April

Health services research, economics and outcomes research
.....
Rheumatoid arthritis: treatment
.....
Rheumatoid arthritis: comorbidities
.....
BHPR: Audit and clinical evaluation
.....
BHPR Research: qualitative
.....
Orthopaedics and rehabilitation
.....
Osteoarthritis: clinical features
.....
Osteoarthritis: pathogenesis
.....
Osteoarthritis: treatment
.....
Osteoporosis and metabolic bone disease
.....
Spondylarthropathies (including psoriatic arthritis)
.....
Soft tissue and regional musculoskeletal disease, fibromyalgia

Thursday 30 April

Case reports
.....
Osteoporosis and metabolic bone disease
.....
Basic Science
.....
Education
.....
Imaging
.....
Metabolic and crystal arthropathies
.....
SLE and antiphospholipid syndrome
.....
Vasculitis



Professional development

BSR EDUCATION COURSES 2015

In person

Droitwich study day: Supporting self-management of osteoarthritis
4 June 2015 | Birmingham | Convenor: Dr. Gail Sowden

Trainees in rheumatology: Understanding the wider world outside the NHS
19 June 2015 | London | Meeting organised by BSR and MSD

Trainees in rheumatology: Understanding the wider world outside the NHS
3 July 2015 | Bristol | Meeting organised by BSR and MSD

Basic ultrasound
4 - 5 September 2015 | Middlesbrough | Convenor: Dr. Sanjay Pathare

Best care for patients with shoulder and back pain: evidence, treatment and implementation
TBC | Keele | Convenor: Prof. Elaine Hay, Ms Kay Stevenson and Ms Helen Duffy

Be the first to know when the latest courses are announced

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E events@rheumatology.org.uk
T 020 7842 0900

and online

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Programme

Tuesday 28 April 2015



Programme
Tuesday 28 April 2015

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- Favourable safety profile⁴

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. **Polyarticular 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 < 60 kg: 500 mg (2 vials). Patients weighing ≥ 60 kg to < 100 kg: 750 mg (3 vials). Patients weighing > 100 kg: 1000 mg (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:** Orenzia SC may be initiated with or without an intravenous (IV) loading dose. Orenzia SC should be administered weekly at a dose of 125 mg by subcutaneous injection regardless of weight. If a single IV infusion is given to initiate treatment (IV loading dose before SC administration), the first 125 mg abatacept SC should be administered within a day of the IV infusion, followed by the weekly 125 mg abatacept SC injections. 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 after the first infusion and can be life threatening. Orenzia IV or SC should be discontinued permanently if a patient develops serious allergic or anaphylactoid reaction. **Infections:** Caution should be exercised when considering use in patients with a history of frequent infections, or underlying conditions which may predispose 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:** In adult placebo-controlled trials the following adverse drug 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, local injection site reactions*, systemic injection reactions* (e.g. pruritus, throat tightness, dyspnea) (*Orenzia SC), **Uncommon (> 1/1,000 to < 1/100):** Tooth infection, onychomycosis, 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, 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 EIG, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex UB8 1DH, UK. Tel: 0800-731-1736 **DATE OF PREPARATION:** September 2014 **Job No:** 427UK14PRO6078-01

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

REFERENCES: 1. Orenzia. Summary of product characteristics 2014; 2. Choy EH. *Clin Exp Rheumatol* 2009;27:510-8; 3. Genovese MD, et al. Presented at ACR/ARHP 2012:Poster 1691; 4. Schiff M, et al. *Ann Rheum Dis* 2014;73:86-94; 5. Weinblatt, et al. *Arthr Rheum* 2013; 65(1):28-38.

DATE OF PREPARATION: March 2015

427UK15PRO2507-01

09.00 - 10.30

Exchange Hall

Imaging in rheumatology: a practical perspective

Chair: Dr Philip Helliwell, University of Leeds, Leeds

- Aim: To gain a broad view of the indications for using imaging in clinics, risks that need to be considered, and which modality is likely to be most helpful depending on the clinical questions asked.
- Outcome 1: An understanding of when imaging is indicated in patients presenting with back pain, and pitfalls in unnecessary imaging.
- Outcome 2: An appreciation of the comparative benefits and risk associated with imaging modalities.
- Outcome 3: An understanding of PET scanning, and indications in Rheumatology practice.

09.00

Back pain: when to (and not to) image

Dr Philip Helliwell, University of Leeds, Leeds

09.30

Imaging peripheral joints in rheumatology: what to use and when

Prof Philip Conaghan, University of Leeds, Leeds

10.00

PET-CT imaging in rheumatology: new era or false dawn

Dr Andrew Scarsbrook, Leeds Teaching Hospitals Trust, Leeds

09.00 - 10.30

Exchange Auditorium

Biologics in SLE: getting close to lift off (at last!)

Chairs: Prof Ian Bruce, University of Manchester, Manchester and Prof David Isenberg, University College London, London

- Aim: To provide a cutting edge update on the current and near future use of biologic drugs in the treatment of SLE.
- Outcome 1: To provide an education about when to consider using biologic drugs for lupus patients.
- Outcome 2: To provide a realistic appraisal of which biologics are currently available.
- Outcome 3: To provide a 'peep into the future': what is on the horizon for the biologic drug approach to SLE.

09.00

Blocking B-cells (anti CD20/anti CD20)

Prof David Isenberg, University College London, London

09.30

Blocking B-cell stimulating factors (eg Benlysta/Atacicept)

Dr Joan Merrill, Rheumatology, Oklahoma, United States

10.00

Blocking Interferon Alpha and other targets (eg Abatacept/Lupuzor)

Dr Edward Vital, University of Leeds, Leeds

09.00 - 10.30

Exchange Room 11

Shared decision making and self-management support: why they matter in rheumatology

Chair: Dr Neil Snowden, Pennine MSK Partnership Ltd, Oldham

- Aim: To understand Shared Decision Making (SDM) and Self Management Support (SMS) especially in the context of chronic disease, including how they differ.
- Outcome 1: To understand how SDM and SMS can be applied in clinical practice, including how they shift the balance of the clinical consultation away from the clinician and towards the person with the illness.
- Outcome 2: To understand how SDM and SMS can be applied in rheumatological practice, from a clinician and patient perspective.
- Outcome 3: To understand how the application of SDM and SMS can improve both patient experience and the value of clinical encounters.

09.00

Why do shared decision making and support for self-management matter in long term conditions?

Dr Nick Lewis-Barned, Royal College of Physicians, London

09.30

How SDM and SMS have been used in practice

Dr Alan Nye, Pennine MSK Partnership Ltd, Oldham

10.00

SDM and SMS from a patient perspective

Jacqui Pollock, Self Management UK, Warrington

09.00 - 10.30

Exchange Room 1

Aim:

To provide an overview of the challenges in managing musculoskeletal conditions within remote and rural communities in the UK and provide examples of innovative service solutions.

Outcome 1:

To explore the influence of rurality on musculoskeletal disease.

Outcome 2:

To understand the impact of geography on access to care.

Outcome 3:

To consider innovative models of service delivery to improve access and quality of care offered to rheumatology patients living in remote and rural areas.

09.00

The influence of rurality on musculoskeletal disease

Dr Anthony Woolf, Royal Cornwall Hospital, Truro

09.30

Moving patient centred care closer to home; GO-MOBILE - A mobile DXA scanning service for island communities

Dr Rosemary Hollick, University of Aberdeen, Aberdeen

10.00

Managing biologics with remote consultations: pros and cons

Dr Andrew Keat, Northwick Park Hospital, Harrow

09.00 - 10.30

Exchange Rooms 8-10

Aim:

To obtain an understanding of how rheumatoid arthritis (RA) affects the feet, patient needs and the professional challenges faced.

Outcome 1:

Attendees will appreciate the impact of foot problems relating to RA from a patient perspective.

Outcome 2:

Attendees will become aware of how RA affects the foot and ankle and how a podiatrist can assist in management.

Outcome 3:

Attendees will learn when is best to refer and of the professional challenges faced in delivering foot care.

09.00

Foot health in rheumatoid arthritis: patients' unmet needs to be addressed by the rheumatology team

Dr Savia de Souza, King's College London, London

09.20

How the foot is affected by rheumatoid arthritis and non-surgical management options available

Ms Lynne Hazell, Artesian Clinic, London

09.45

Surgical management of the foot and ankle in rheumatoid arthritis

Mr Steve Kriss, Royal Berkshire Hospital Foundation Trust, Reading

10.05

Guidelines for managing feet in rheumatoid arthritis and the professional challenges faced

Dr Anita Williams, University of Salford, Manchester

A step in the right direction: addressing foot health in rheumatoid arthritis**BHPR**

Chairs: Dr Heidi Lempp, King's College London, London and Prof Jim Woodburn, Institute for Applied Health Research, Glasgow

09.00 - 10.30

Charter 2-3

RA outcomes and comorbidities oral abstract session

Chairs: Dr Nicola Goodson, University of Liverpool, Liverpool and Prof Karim Raza, University of Birmingham, Birmingham

09.00

Anti-carbamylated protein antibodies (anti-CarPa) are associated with long term disability and disease activity in patients with early inflammatory arthritis: results from the Norfolk arthritis register (NOAR)

Dr Jenny Humphreys, University of Manchester, Manchester

09.15

The outcome and cost effectiveness of nurse led care in the community in people with rheumatoid arthritis a pragmatic study

Dr Richard A. Watts, Ipswich Hospital NHS Trust, Ipswich

09.30

Audit: are rheumatoid arthritis patients managed appropriately in primary care?

Dr Amrita Mankia, Buckinghamshire Healthcare NHS Trust, Aylesbury

09.45

Defining the characteristics of remission and low disease activity state in patients with rheumatoid arthritis: clinical, imaging, functional and immunological characteristics

Dr Hanna Gul, University of Leeds, Leeds



10.00

Young Investigator Award: impact of conventional disease modifying therapy on mortality risk in two UK rheumatoid arthritis cohorts

Dr Sam Norton, King's College London, London

10.15

Impact of achieving low disease activity on general health status

Dr Aneela Mian, King's College London, London

09.00 - 10.30

Charter 1

BSR Education special interest group

Prof Andrew Hassell, Keele University, Keele and Dr David Walker, Freeman Hospital, Newcastle upon Tyne

Aim:

To promote the development of education of rheumatology patients and of health professionals active in the area of rheumatology and to develop networks of rheumatology educators.

Outcome 1:

To evaluate the learning needs of healthcare assistants dealing with patients with rheumatological problems.

Outcome 2:

To identify effective ways of promoting education of the primary healthcare team in aspects of rheumatology.

Outcome 3:

To receive an update on the educational activities of Arthritis Research UK.

09.00

Experience of GP educational interventions

Dr Thomas Margham, Arthritis Research UK

09.20

A programme of education in musculoskeletal aspects of care for practice nurses

Speaker tbc

09.40

The educational needs of healthcare assistants

Ms Sandra Robinson, North Tyneside Hospital, Newcastle upon Tyne

10.15

An update on Arthritis Research UK educational activities

Dr Inam Haq, Brighton and Sussex Medical School, Brighton

09.00 - 10.30

Fighting back against scleroderma special interest group**BHPR****Charter 4**

Chair: Mrs Jenny Ratcliffe, Macclesfield District General Hospital, Macclesfield

Aim: To increase knowledge base and understanding in the management of scleroderma.

Outcome 1: Delegates will gain an understanding of what having Scleroderma means, from the Raynaud's and Scleroderma Association (RSA) and hear a patient's perspective of living with Systemic Sclerosis (scleroderma).

Outcome 2: Delegates will gain an understanding of the evidence base behind regular focused exercise and other rehabilitation techniques for people with scleroderma.

Outcome 3: Delegates will understand the impact of scleroderma on the hands, hand function and daily activities and options for management.

09.00

What IS scleroderma and what does a diagnosis of Systemic Sclerosis mean from a patient's perspective?

Mrs Elizabeth Bevins, CEO of the RSA and Miss Nicola Whitehill, Patient and advocate for those with Systemic Sclerosis

09.30

The evidence base for rehabilitation in scleroderma

Mr Will Gregory, Salford Royal Hospital, Salford

10.00

The impact of scleroderma on hand function

Prof Alison Hammond, Centre for Health Sciences Research, University of Salford, Manchester

10.30 - 11.30

Exhibition | Tea and coffee

**Exhibition Hall**

Please see exhibition floor plan on page 86 for catering points

10.30 - 11.30

Poster and E-poster viewing**Exhibition Hall****Poster category**

1-26 Case reports

27-44 Epidemiology

45-51 Primary care

52-55 Rheumatoid arthritis: pathogenesis

56-80 Rheumatoid arthritis: treatment

81-89 Rheumatoid arthritis: clinical features

90-107 Rheumatoid arthritis: comorbidities

108-113 Miscellaneous rheumatic diseases

Don't forget to visit our new feature to this year's conference: the e-poster area.

Please look at the e-poster information on page 23 for further details.


Poster tours

Our poster tours are guided by leaders in the field of rheumatology and highlight a selection of the British Society for Rheumatology and British Health Professionals in Rheumatology's posters, helping delegates to make the most of poster viewing sessions.

Don't miss out on the opportunity to be shown around carefully selected posters for Q&A with the poster presenters. Each expert will conduct a tour consisting of approximately six to eight posters, allowing authors to share their research in an interactive format.

The poster tours are always extremely popular so please ensure you secure your place by signing up at the poster desk (next to registration in the Charter Foyer) ahead of the tour.

Number of participants is limited to 15 per tour.

10.35 – 11.25	Case reports poster tour 
Exhibition Hall	
	Poster tour leaders: Dr Nicholas Shenker, Cambridge University Hospitals, Cambridge and Dr Elizabeth Price, Great Western Hospital, Swindon
	<p style="text-align: center;">Please note: Due to the popularity of this tour, two tours will be available. Both will visit the same posters but at different times so as not to overlap.</p>
03	A case of disseminated varicella in a patient on biologic therapy but with prior immunity. Implications for advice and management following contact with chickenpox Dr Matthew Cates, Royal Cornwall Healthcare Trust, Truro
04	Curry assisted diagnosis in the rheumatology clinic Dr Sarah Donaldson, Leeds Teaching Hospitals NHS Trust, Leeds
05	Paraneoplastic GCA presenting with visual loss Dr Shirish Dubey, University Hospital Coventry, Coventry
06	Multifocal necrotising cerebral lesions after treatment with Tocilizumab in a patient with rheumatoid arthritis Dr Jessica L. Gunn, Nuffield Orthopaedic Centre, Oxford
12	Halo naevi, vitiligo and diffuse alopecia areata associated with Tocilizumab therapy Dr Kavitha Nadesalingam, Chapel Allerton Hospital, Leeds
18	Paraneoplastic palmar fasciitis and polyarthritis syndrome: recognition and treatment Dr Fiona Rayner, University Hospital of North Durham, Durham
22	Foot/ankle insufficiency fractures in rheumatoid arthritis a case series Dr Jeanette Trickey, New Cross Hospital, Wolverhampton
24	Successful management of a case of relapsing and refractory catastrophic antiphospholipid antibody syndrome with eculizumab, a complement 5A inhibitor Dr Surabhi Wig, Central Manchester University Hospitals Foundation Trust, Manchester

10.35 – 11.25

Exhibition Hall

Primary care poster tour



Poster tour leader: Prof Elaine Hay, Keele University, Keele

- 45 **What does a primary care annual review for rheumatoid arthritis include? A national GP survey**
Dr Samantha Hider, Keele University, Keele
- 46 **Integrating care for joint pain and anxiety and depression into reviews for long term conditions: the enhance study**
Dr Claire Jinks, Keele University, Keele
- 47 **Rheumatoid factor testing in Spanish primary care costs €1,432 per true positive case of rheumatoid arthritis; a study using electronic data from the information system for the development of research in primary care**
Prof Raashid Luqmani, Oxford University Hospitals NHS Trust and the University of Oxford, Oxford
- 48 **A negative rheumatoid factor result in primary care significantly delays the time to diagnosis of rheumatoid arthritis: a study using the clinical practice research datalink**
Dr Alison Nightingale, University of Bath, Bath
- 49 **Making it easy to do the right thing: a pilot to develop an e-template to assist GPs in managing patients with low back pain**
Mrs Kay Stevenson, Keele University, Keele
- 50 **How common is depression in patients with polymyalgia rheumatica?**
Miss Arani Vivekanantham, Keele University, Keele
- 51 **Allopurinol use and the illness perceptions of gout patients in primary care**
Mr Ciaran Walsh, Keele University, Keele

10.35 – 11.25

Rheumatoid arthritis poster tour



Exhibition Hall

Poster tour leader: Prof Ernest Choy, Cardiff University, Cardiff

- 52 **Patients with early inflammatory arthritis who are anti-CCP antibody positive have antibodies against acetylated and carbamylated vimentin peptides**
Dr Maria Juarez, University of Birmingham Research Laboratories, Birmingham
- 54 **The importance of IL6STAT3 mediated activation of circulating CD4+ T cells in the pathogenesis of early seronegative rheumatoid arthritis: a validation study**
Dr Arthur Pratt, Newcastle University, Newcastle
- 61 **Rituximab associated neutropaenia: safety of retreatment Rituximab therapy**
Dr Joana Ferreira, University of Leeds, Leeds
- 94 **Trial of Atorvastatin for the primary prevention of cardiovascular events in patients with rheumatoid arthritis (trace RA). A randomized trial in 2986 RA patients**
Prof George Kitas, The Dudley Group NHS Foundation Trust, West Midlands
- 99 **Risk of developing a first invasive melanoma in rheumatoid arthritis patients treated with biologics: results of a collaborative project of 11 European biologics registers**
Dr Louise Mercer, University of Manchester, Manchester
- 105 **Investigation of the prevalence and phenotype of atherosclerosis in patients with rheumatoid arthritis**
Dr Sarah Skeoch, University of Manchester, Manchester

UCB Scientific heritage



1928

Emmanuel Janssen establishes UCB in Brussels



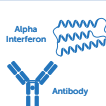
1936

UCB enters the United States



1980

Birth of European biotech industry with creation of Celltech



Within 6 months

First product - an antibody to alpha interferon



March 1983

World first: Fundamental antibody expression methods patent filed



Pioneered large scale culture of mammalian cells

CHIROSCIENCE

MEDEVA PLC

OGS

Oxford Glycosciences

1999-2003

Series of mergers and acquisitions strengthen Celltech



1980s-90s

Launched novel allergy and anti-epilepsy medicines



1972

New state-of-the-art R&D centre built, Braine-l'Alleud, Belgium



2004

UCB acquired the UK's largest and Europe's first biotechnology company Celltech



UCB increases Celltech R&D spend



2008-13

Launched new medicines in rheumatoid arthritis, epilepsy, Parkinson's and restless legs syndrome



2006

UCB acquired German pharma company Schwarz Pharma



Revenue spent on R&D
2011 24%
2012 25%
2013 25%



Approx **400** people engaged in R&D
>700 people employed in UK & Ireland



over **£3m** investment in UK PhD scientists & universities



One of the leading pharma R&D investors in UK

UK/15MIS0027- February 2015



10.40 - 11.20

Innovation Theatre session: UCB

Innovation Theatre

Towards Drug Optimisation: Informed Decision making using Biologic Trough Levels

Patrick Kiely, Consultant Rheumatologist, St George's Hospital, London
 Dr Andrew Nesbitt, Director of Scientific Research (Immunology), UCB, Slough

.....
 This will be a discussion from two speakers about the shift from the current generalized one size fits all approach to biologic treatment optimization to potentially that of a more informed and structured approach based upon drug trough levels.

11.30 - 13.00

Making it happen: optimising the service to RA patients

Charter 1

Chair: Dr Emmanuel George, Arrowe Park Hospital, Wirral

.....
 Aim: To discuss the practical problems that busy rheumatologists face with their patients every clinic.
 Outcome 1: To understand our role in the flow of resource through our service.
 Outcome 2: To discuss the various options available to get the right drugs to patients.
 Outcome 3: To discuss our role in empowering the patients to manage themselves and the disease.

11.30

Optimising the finance and organisation

Dr Alan Hakim, Non-executive, CWHHE Clinical Commissioning, Inner North West London

12.00

Optimising the drugs

Dr Bruce Kirkham, Guy's and St Thomas' NHS Foundation Trust, London

12.30

Optimising the patient role

Dr David Walker, Freeman Hospital, Newcastle upon Tyne

11.30 - 13.00

Musculoskeletal health and vocational rehabilitation

Charter 4

Chairs: Dr Gareth Jones, University of Aberdeen, Aberdeen and Mrs Charlotte Laver, Pennine MSK Partnership, Oldham

.....
 Aim: To understand recent and current work improving the occupational outcomes of patients with rheumatic and musculoskeletal disorders, and to provide an overview of current trends and research in vocational rehabilitation. At the end of the session, attendees will have an increased awareness of the issues facing patients with rheumatic and musculoskeletal disease and who are still in work and the interventions available to clinicians.
 Outcome 1: Understand the societal and cultural factors that may influence work outcomes.
 Outcome 2: Learn about vocational rehabilitation in workers with inflammatory arthritis.
 Outcome 3: Appreciate patient perspectives on vocational rehabilitation provision.

11.30

Musculoskeletal disorders in workers: who is at risk and which factors matter - repetitive strain, psychosocial or cultural?

Dr Karen Walker-Bone, University of Southampton, Southampton

12.00

Vocational rehabilitation in workers with inflammatory arthritis

Prof Alison Hammond, University of Salford, Manchester

12.30

Patient perspectives on vocational rehabilitation provision

Dr Yeliz Prior, University of Salford, Manchester

11.30 - 13.00

Community based physical activity for osteoarthritis: the emerging role of non-healthcare professionals**BHPR**

Exchange Room 11

Chairs: Dr Kirstie Haywood, University of Warwick, Coventry and Dr Clare Jinks, University of Keele, Keele

Aim:

To educate the audience regarding the developing roles and models of care for exercise professionals in managing osteoarthritis (OA).

Outcome 1:

The evidence for non-healthcare professional facilitated interventions in OA.

Outcome 2:

The changing roles of Allied Health Professionals in the management of OA.

Outcome 3:

Adapting models of care for cardiac rehabilitation in OA.

11.30

Community based physical activity for osteoarthritis: the emerging role of non-healthcare professionals

Dr Emma Healey, University of Keele, Keele

12.00

Community based exercise programmes led by non-healthcare exercise professionals for osteoarthritis: a Cochrane review

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

12.30

Lessons learned from cardiac rehabilitation: application to osteoarthritis

Prof John Buckley, University of Chester, Chester

11.30 - 13.00

Biologics and inflammatory arthritis oral abstract session

Charter 2-3

Chairs: Dr Maya Buch, Leeds Teaching Hospitals NHS Trust, Leeds and Prof John Isaacs, Newcastle University, Newcastle upon Tyne

11.30

First results of a European registries collaborative project to describe the spectrum of lymphomas across different drug treatment groups in rheumatoid arthritis

Dr Louise Mercer, University of Manchester, Manchester

11.45

Improvements in fatigue following anti-TNF therapy do not reflect reductions in inflammation and are instead a downstream consequence of pain improvements results from the British Society for Rheumatology Biologics Register for Rheumatoid Arthritis (BSRBR-RA)

Miss Katie Druce, University of Aberdeen, Aberdeen

12.00

Factors associated with persistent, intermittent or never achieving remission in patients with recent onset inflammatory polyarthritis: results from the Norfolk Arthritis Register (NOAR)

Mr Michael Cook, University of Manchester, Manchester

12.15

Risk and characteristics of drug induced lupus in patients exposed to tumour necrosis factor inhibitor therapy: results from the British Society For Rheumatology Biologics Register For Rheumatoid Arthritis

Dr Meghna Jani, University of Manchester, Manchester

12.30

Clinical utility of random anti-TNF drug level testing and measurement of antidrug antibodies on long term treatment response in rheumatoid arthritis

Dr Meghna Jani, University of Manchester, Manchester

12.45

Predictors of drug-free remission following treatment with abatacept (in combination with methotrexate or as monotherapy) in early rheumatoid arthritis

Prof Paul Emery, University of Leeds, Leeds

11.30 - 13.00

Exchange Rooms 8-10

Foot and ankle special interest group

Chairs: Dr Edward Roddy, Keele University, Keele and Dr Catherine Bowen, University of Southampton, Southampton

- Aim: To raise awareness of risk of foot pathology and ulceration in multi-system rheumatological diseases.
- Outcome 1: Delegates will be aware of the implications of SLE for lower limb and foot morbidity and specific factors associated with such morbidity in SLE.
- Outcome 2: Delegates will understand the factors predicting foot-function impairment in patients with systemic sclerosis and recognise the implications for clinical practice and service development.
- Outcome 3: Delegates will learn about the burden, clinical assessment and treatment of foot ulceration in systemic vasculitis.

11.30

Focus on feet: the effects of systemic lupus erythematosus

Dr Anita Williams, University of Salford, Manchester

11.55

Foot functional impairment in ssc: a multifactorial model

Ms Begonya Alcacer-Pitarch, University of Leeds, Leeds

12.20

Foot ulcers and systemic vasculitis

Dr Richard A. Watts, Ipswich Hospital NHS Trust, Ipswich

12.45

General Discussion

11.30 - 13.00

Exchange Hall

Lung disease in RA special interest group

Chair: Dr Clive Kelly, Queen Elizabeth Hospital, Gateshead and Dr David Hutchinson, Royal Cornwall, Truro

- Aim: To address the clinical issues in this area.
- Outcome 1: Update on guidelines.
- Outcome 2: Research updates.
- Outcome 3: Plan further studies.

11.30

Evidence based clinical guidance on management of interstitial lung disease in RA

Dr Clive Kelly, Queen Elizabeth Hospital, Gateshead

12.00

An update on studies into airways disease in RA (BROAD group)

Dr David Hutchinson, Royal Cornwall, Truro

12.30

Diagnosis and management of respiratory disease in RA

Dr Michael Gibbons, Royal Devon and Exeter NHS Foundation Trust, Exeter

11.30 - 13.00

Exchange Auditorium

Systemic vasculitis special interest group

Chair: Prof Raashid Luqmani, University of Oxford, Oxford

- Aim: To update attendees on the latest advances in vasculitis research.
- Outcome 1: To enhance knowledge of research in vasculitis.
- Outcome 2: To present the latest findings from studies in vasculitis and review actively recruiting studies to give opportunities for attendees to get involved.
- Outcome 3: To understand the current view from NICE and NHS England on the management of vasculitis.

11.30

Where are we with diagnosis and classification of vasculitis?

Dr Richard A. Watts, Ipswich Hospital NHS Trust, Ipswich

11.52

Large vessel vasculitis: the search for response biomarkers

Prof Justin Mason, Imperial College London, London

12.14

How should we use ultrasound and pathology in the diagnosis and management of giant cell arteritis?

Prof Raashid Luqmani, University of Oxford, Oxford

12.36

How can we assess patients with ANCA associated vasculitis?

Dr Joanna Robson, University of Oxford, Oxford

BSR Biologics Registers @ Rheumatology 2015

Putting Patient Safety First



Chat to our teams from the AS and RA biologics registers on the BSR stand to find out about:

- Monitoring biosimilar patients and our active cohorts
- Latest findings from the BSRBRs
- Help troubleshooting your recruitment and CLRN funding problems
- Using the BSRBR-RA data for your own study



Conference Session
Tuesday 13.00 – 14.00 | Exchange Room 1

- Learn about the latest findings from the academics analysing our Rheumatoid Arthritis register data
- Hear about the progress of the Ankylosing Spondylitis register and their analysis plans.



13.00 - 14.00

Exchange Room 11

Post-doctoral, PhD and postgraduate student network

Chairs: Dr Fiona Cramp, University of the West of England, Bristol and Dr Emma Dures, University of the West of England, Bristol

Aim:

To identify the benefits of mentoring at all stages of career progression, and to facilitate networking.

Outcome 1:

Attendees will develop a knowledge and understanding of the mentoring process.

Outcome 2:

Attendees will have an opportunity to hear about mentoring in practice.

Outcome 3:

Attendees will have discussed how they could benefit from a mentor.

13.00

Mentoring for the mentee

Dr Jo Adams, University of Southampton, Southampton

13.20

Mentoring case studies in rheumatology

Dr Fiona Cramp, University of the West of England, Bristol

13.30

Small group discussion

13.00 - 14.00

Exchange Room 1

BSRBR: Latest news from the BSR Biologics Registers

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

Aim:

To overview the last year's work of the BSR Biologics Registers from the AS and the RA teams and select analysts.

Outcome 1:

To understand BSR's position statement on biosimilars and how to register patients and collect data on biosimilar patients.

Outcome 2:

Reports on the RA and AS registers and summary of research outputs by principle investigators Dr Kimme Hyrich and Prof Gary Macfarlane.

Outcome 3:

Quickfire reports from select researchers analysing the data

Speakers will include: Prof Elaine Dennison, University of Southampton, Southampton; Dr Philip Hamann, University of Bath, Bath and Dr Daniel McWilliams, University of Nottingham, Nottingham.

13.00 - 14.15

Exhibition | Lunch

Exhibition Hall

Please see exhibition floor plan on page 86 for catering points.

13.10 - 13.50

Innovation Theatre session: Celgene Ltd

Innovation Theatre

Psoriatic Arthritis: What are our biggest clinical challenges?

Prof Neil McHugh, Professor of Pharmacoepidemiology, Royal National Hospital For Rheumatic Disease, Bath
Dr Chris Edwards, Consultant Rheumatologist, Southampton University Hospital, Southampton

Introduction on the biggest clinical challenges in PsA followed by two interactive patients cases with Q&A.

14.15 - 16.15

Exchange Auditorium

Jewels in the Crown

Chairs: Dr Michael Backhouse, President of BHPR and Prof Simon Bowman, President of BSR

The Jewels in the Crown session is one of the highlights of the conference. This year the keynote address will be given by Sir Mark Walport.

The session will also feature our winners of the prestigious Michael Mason and Garrod prizes as well as this year's top scoring abstracts.

14.15

Keynote address: A rheumatologist in Whitehall

Sir Mark Walport, Chief Scientific Adviser to HM Government and Head of the Government Office for Science



14.45

Michael Mason prize winner**UK primary Sjögren's syndrome registry**

Prof Wan-Fai Ng, Newcastle University, Newcastle



15.00

Garrod prize winner**Gut-microbiota induced IL-1 β and IL-6 control the differentiation of regulatory B cells**

Dr Elizabeth Rosser, University College London, London

15.15

The cost of treating juvenile idiopathic arthritis in the era of biologics

Dr Wendy Gidman, University of Manchester, Manchester

15.30

Economic evaluation of a brief education, self-management and upper limb exercise training programme in people with rheumatoid arthritis

Dr Lindsay Bearne, King's College London, London



15.45

Young Investigator Award: Synovial pathotype predicts response to TNF alpha inhibitors in patients with rheumatoid arthritis

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

16.15 - 16.45

Exhibition | Tea and coffee

Exhibition Hall

Please see Exhibition Hall floor plan on page 86 for catering points.

16.20 - 16.40

Innovation Theatre session: AbbVie Ltd

Innovation Theatre

T2T in PsA: from theory to practice

Prof Neil Mchugh, Royal National Hospital For Rheumatic Diseases, Bath

Dr Sonya Abraham, Great Western Hospitals NHS Trust, London

This innovation session will cover the latest thinking and research around T2T in PsA bringing the theory into practice. The session will update on the Outside In roadshows, revealing care practice insights highlighted from the programme, and explore available assessment tools to support a T2T approach in PsA.

16.45 - 17.45

Exchange Auditorium

Heberden Round

Chair: Prof Simon Bowman, President of BSR

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

In 2015, Prof David D'Cruz will deliver this prestigious presentation.

Lupus and the art of clinical medicine

Prof David D'Cruz, Consultant Rheumatologist based at Louise Coote Lupus Unit, Guy's and St Thomas' Hospital NHS Foundation Trust, London

18.00 - 19.30

Exchange Room 9

Industry supported symposium: Roche Products Limited and Chugai Pharma UK Limited**Breaking boundaries in RA: How far can technology take us?**

Chair: Dr Kevin Fong, Consultant Anaesthetist at University College London Hospital, BBC Science and Medicine Presenter and Founder of The Centre for Altitude, Space and Extreme Environment Medicine (CASE), University College London Hospital, London

The aim of 'Breaking boundaries in RA: How far can technology take us?' is to provide education on how new technologies are improving patient outcomes in RA and the personalisation of treatment options.

- Outcome 1: Delegates will gain a greater understanding of how technology has and will continue to transform medicine.
 Outcome 2: Delegates will better understand the role of imaging and ultrasound in assessing if a patient is in remission.
 Outcome 3: Delegates will appreciate the necessity of tailoring biologic therapy to each patient, and how we can improve patient outcomes through technology.

18.00 Welcome and introductions

Dr Kevin Fong, Consultant Anaesthetist at University College London Hospital, BBC Science and Medicine Presenter and Founder of The Centre for Altitude, Space and Extreme Environment Medicine (CASE), University College London Hospital, London

18.05 How technology has transformed medicine

Dr Kevin Fong, University College London Hospital, London

18.25 The role of imaging and ultrasound - assessing if a patient is in remission

Professor Philip Conaghan, Professor Of Musculoskeletal Medicine, University Of Leeds, Leeds

18.45 Tailoring biologic therapy – Right drug, Right patient

Professor John Isaacs, Consultant Rheumatologist And Clinical Director, Institute Of Cellular Medicine, Newcastle University

19.05 Improving patient outcomes through technology

Dr Marwan Bukhari, Consultant Rheumatologist And Clinical Lead, Royal Lancaster Infirmary, Lancaster

19.20 Q & A and close

Faculty

Catering will be provided.

Approved by the Federation of the Royal Colleges of Physicians of the United Kingdom for 1 category 1 (external) CPD credit.

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POSSIBILITIES.

AXHUR141342f Date of Preparation: February 2015



abbvie

18.00 - 19.30

Charter 2

Industry supported symposium: AbbVie Ltd***Perspectives: Art, Inflammation and Me*
Patient – Artist – Clinician**

Through different creative media, to examine and discuss the challenges faced by patients living with immune-mediated inflammatory conditions, their life priorities and treatment goals, and how to improve communication with healthcare professionals.

- Outcome 1: Developed to complement the AbbVie Ltd gallery exhibition *Perspectives: Art, Inflammation and Me*, this exciting and innovative session offers delegates the opportunity to discuss important aspects of the management of immune-mediated inflammatory diseases, sharing the thoughts of patients and clinicians.
- Outcome 2: Delegates will have a better understanding of how to communicate effectively with patients to agree shared management goals and treatment outcomes.
- Outcome 3: Delegates will be introduced to the AbbVie Ltd worldwide art initiative “Perspectives; Art, Inflammation and Me” with expert insight from professional art critic Estelle Lovatt.

18.00

Living with Inflammatory Disease

Lee Hurst (Comedian/broadcaster)

Dr Andrew Östör (Addenbrooke’s Hospital, Cambridge)

Lydia Warner (Perspectives Artwork: ‘Stag Beetle’, patient perspective)

Lorna Anton (Perspectives Artwork: ‘Caught in Time’, patient perspective)

18.35

The Critic’s Eye

Estelle Lovatt (Professional art critic/broadcaster)

18.45

Perspectives Exhibition: Official Opening & Tour

Ailsa Bosworth (Chief Executive, National Rheumatoid Arthritis Society)

Light refreshments will be provided.

This symposium has been organised and funded by AbbVie Ltd

AXHUR141342ar

Date of Preparation: March 2015

19.45 - 21.00

Manchester
Art Gallery

Presidents' Welcome Reception



Join the Presidents of the British Society for Rheumatology and British Health Professionals in Rheumatology, on Tuesday 28 April, at the beautiful Manchester Art Gallery. Please arrive from 19.45 to take in the artwork, nibble on some delicious canapés and enjoy a glass or two.

This fun social event is free to attend for all delegates so don't miss the opportunity to network with colleagues in this stunning setting.

Curators from the Gallery will be on hand to give brief tours and supply attendees with fascinating facts about this historic venue. Additional entertainment will be provided by a truly unique act, Wandering Hands. The energetic musical trio will bound between groups of guests performing crowd-pleasing hits from the last sixty years, making this an event truly not to be missed.



The Art gallery is a short walk from the conference venue.



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Programme

Wednesday 29 April 2015



Programme
Wednesday 29 April 2015

The first biosimilar monoclonal antibody (mAb)
for use in rheumatology

Gain a fresh perspective

INFLECTRA™ is the world's first biosimilar mAb. Designed with equivalent efficacy, safety and quality to reference infliximab^{1,2} to increase the treatment options for your rheumatology patients.

Change your perception. Choose INFLECTRA™.

Abbreviated indications:

Rheumatoid arthritis (RA): in combination with MTX, for reducing the signs and symptoms of RA and to improve physical function in: adult patients with active disease when the response to DMARDs, including MTX, has been inadequate; adult patients with severe, active and progressive disease not previously treated with MTX or other DMARDs.

Ankylosing spondylitis (AS): adult patients with severe, active AS who have responded inadequately to conventional treatment.

Psoriatic arthritis (PsA): adult patients with active and progressive PsA when the response to previous DMARD therapy has been

inadequate: in combination with MTX; or alone in patients who show intolerance to MTX or for whom MTX is contraindicated.



Abbreviated Prescribing Information – INFLECTRA™ (Infliximab) powder for concentrate for solution for infusion Please refer to full Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** Vial containing 100 mg of infliximab powder for concentrate for solution for infusion. **Indications:** 1) **Rheumatoid arthritis (RA)** in combination with methotrexate (MTX) in adult patients with active disease with inadequate response to disease-modifying antirheumatic drugs (DMARDs) or adult patients with severe, active and progressive disease not previously treated with MTX or other DMARDs. 2) **Adult Crohn's disease (CD)** a) In patients with moderately to severely active CD who have not responded despite a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant, or who are intolerant to or have medical contraindications for such therapies. b) In patients with fistulising, active CD who have not responded, despite a full and adequate course of conventional treatment (including antibiotics, drainage and immunosuppressive therapy). 3) **Paediatric CD** Severe, active CD in patients aged 6 to 17 years, who have not responded to conventional therapy including corticosteroid, immunomodulator and primary nutrition therapy; or who are intolerant to or have contraindications for such therapies. 4) **Ulcerative colitis (UC)** In both adult patients with moderate to severely active UC, and children and adolescents aged 6 to 17 years with severely active UC and an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine (6-MP) or azathioprine (AZA), or those who are intolerant to, or have medical contraindications for such therapies. 5) **Ankylosing spondylitis (AS)** In adult patients with severe active AS who have responded inadequately to conventional therapy. 6) **Psoriatic arthritis (PsA)** In adult patients with active and progressive PsA when response to previous DMARD therapy has been inadequate. Inflectra should be administered in combination with MTX - or alone in patients who show intolerance to MTX, or for whom MTX is contraindicated. 7) **Psoriasis (PsO)** In adult patients with moderate to severe plaque PsO who failed to respond to, or who have a contraindication to, or are intolerant to systemic therapy including cyclosporine, MTX or Psoralen ultra-violet A (PUVA). **Dosage & Administration:** All doses to be administered as an intravenous (IV) infusion over 2 hours initially and monitor post-infusion for at least 1-2 hours for infusion-related reactions. 1) **RA** 3 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. Inflectra must be given concomitantly with MTX. 2) **Moderately to severely active CD** 5 mg/kg repeated 2 weeks after initiation. If no response after 2 doses, no additional dose should be given. In responding patients: Maintenance dose of 5 mg/kg at 6 weeks after the initial dose, followed every 8 weeks; or: Readministration of 5 mg/kg if signs and symptoms recur. 3) **Fistulising, active CD** 5 mg/kg repeated 2 and 6 weeks after initiation. If no response after 3 doses, no additional dose should be given. In responding patients: Maintenance dose of 5 mg/kg every 8 weeks; or: Readministration of 5 mg/kg if signs and symptoms recur, followed by 5 mg/kg every 8 weeks. 4) **UC** 5 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. 5) **AS** 5 mg/kg repeated 2 and 6 weeks after initiation, then every 6 to 8 weeks. If no response by 6 weeks, no additional dose should be given. 6) **PsA** 5 mg/kg repeated at 2 and 6 weeks after initiation, then every 8 weeks. 7) **PsO** 5 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. If no response after 14 weeks no additional dose should be given. 8) **Paediatric CD** (6 to 17 years): 5 mg/kg repeated 2 and 6 weeks later, then every 8 weeks. Data do not support further treatment in children and adolescents not responding within the first 10 weeks. 9) **Paediatric UC** (6 to 17 years): 5 mg/kg repeated at 2 and 6 weeks, then every 8 weeks. Available data do not support further treatment in patients not responding within the first 8 weeks. **Elderly people (>65 years):** Studies have not been conducted. No major age-related differences in clearance or volume of distribution observed in clinical studies. No dose adjustment is required. **Impaired renal and/or hepatic function:** Not studied. No dose recommendations can be made. **Contraindications:** Hypersensitivity to

infliximab, to other murine proteins, or to any excipients. Tuberculosis (TB) or other severe infections such as sepsis, abscesses, and opportunistic infections. Moderate or severe heart failure (NYHA class III/IV). **Warnings and Precautions:** Caution in patients with or at risk of infusion reactions and hypersensitivity. Do not administer in patients with bacterial infections, invasive fungal, viral or other opportunistic infections. Monitor for TB, and do not use in patients with TB. Test for latent/active TB prior to initiation of therapy. Do not use Inflectra in patients with active TB. In patients with latent TB, treatment with anti-TB therapy must be started before the initiation of Inflectra, and in accordance with local recommendations. Consult a physician with expertise in the treatment of TB. Monitor closely for infections, including TB before, during and for six months post-treatment. Patients with fistulising CD with acute suppurative fistulas must not initiate therapy until source of infection, specifically abscess, is excluded. Test for HBV infection before initiating treatment. For patients who test positive, consult a physician with expertise in the treatment of hepatitis B. Closely monitor carriers of HBV for signs and symptoms of active HBV infection during and after therapy. In patients with HBV reactivation, stop Inflectra and initiate effective antiviral therapy with supportive treatment. Symptoms or signs of liver dysfunction should be evaluated for evidence of liver injury. If jaundice and/or ALT elevations \geq times the upper limit of normal develop(s), stop Inflectra and initiate thorough investigation. Concurrent administration of Inflectra with anakinra, abatacept or other biologic therapeutics is not recommended due to possible increased risk of infection and/or other potential pharmacological interactions. Live vaccines or therapeutic infectious agents should not be used concurrently with Inflectra. Patients should continue to be monitored while switching from one biologic to another. If a patient develops symptoms suggestive of lupus-like syndrome following treatment with Inflectra and is positive for antibodies against double stranded DNA, discontinue Inflectra treatment. In patients with pre-existing or recent onset of demyelinating disorders (including multiple sclerosis and Guillain Barré syndrome), the risk/benefit of anti-TNF treatment should be carefully considered before initiation of Inflectra. Discontinuation of Inflectra should be considered if these disorders develop. Caution should be exercised in considering treatment of patients with increased risk for malignancy or when considering treatment in patients that develop a dysplasia or a malignancy or with previous history of malignancy. Caution should also be exercised in patients with psoriasis and a medical history of extensive immunosuppressant therapy or prolonged PUVA treatment. Potential risk of development of hepatosplenic T-cell lymphoma (HSTCL) when used in combination with AZA or 6-MP, especially in adolescents and young adult males with CD or UC. Periodic skin examination is recommended, particularly for patients with risk factors for skin cancer. Patients with UC who are at increased risk or prior history of dysplasia for dysplasia or colon carcinoma should be screened for dysplasia (including colonoscopy and biopsies) at regular intervals before therapy and throughout their disease course. Use with caution and monitor closely in mild heart failure (NYHA class I/II). Discontinue Inflectra treatment in patients who develop new or worsening symptoms of heart failure. Patients should be advised to seek immediate medical attention if they develop signs and symptoms suggestive of blood dyscrasias. Discontinuation of Inflectra should be considered in patients with confirmed significant haematologic abnormalities. For patients that require surgery, Inflectra long half-life should be taken into account and should be monitored for infections. **Special populations:** Risk of infections should be considered when treating elderly and paediatric patients. If possible, comply with vaccination program for paediatric patients prior initiating treatment with Inflectra. **Women of childbearing potential:** Use adequate contraception to prevent pregnancy and continue its use for at least 6 months after the last Inflectra treatment. **Pregnancy:** Administration of infliximab is not recommended during pregnancy. **Breast feeding:** Unknown whether infliximab is excreted in human milk or absorbed systemically after

ingestion. As human immunoglobulins are excreted in milk, women must not breast feed for at least 6 months after Inflectra treatment. **Undesirable effects:** The most serious adverse drug reactions (ADRs) associated with the use of TNF blockers reported for infliximab include: hepatitis B reactivation, congestive heart failure (CHF), serious infections (including sepsis, opportunistic infections and TB), serum sickness (delayed hypersensitivity reactions), haematologic reactions, systemic lupus erythematosus/lupus-like syndrome, demyelinating disorders, hepatobiliary events, lymphoma, HSTCL, leukaemia, Merkel cell carcinoma, melanoma, paediatric malignancy, sarcoedosis/sarcoid-like reaction, intestinal or perianal abscess (in CD), and serious infusion reactions. ADRs with a frequency of very common (\geq 1/10) or common (\geq 1/100 to $<$ 1/10): Viral infection, bacterial infection, neutropenia, leucopenia, anaemia, lymphadenopathy, allergic respiratory symptom, depression, insomnia, headache, vertigo, dizziness, hypoaesthesia, paraesthesia, conjunctivitis, tachycardia, palpitation, hypotension, hypertension, ecchymosis, hot flush, flushing, upper respiratory tract infection (URTI), sinusitis, lower respiratory tract infection, dyspnoea, epistaxis, abdominal pain, nausea, gastroenteritis, haemorrhage, diarrhoea, dyspepsia, gastroesophageal reflux, constipation, hepatic function abnormal, transaminases increased, psoriasis (new onset or worsening), urticaria, rash, pruritus, hyperhidrosis, dry skin, fungal dermatitis, eczema, alopecia, arthralgia, myalgia, back pain, urinary tract infection, infusion related reaction, pain, chest pain, fatigue, fever, injection site reaction, chills, oedema. For a complete list of undesirable effects please refer to the Summary of Product Characteristics. **Pack/Basic NHS price:** 1 vial: £377.66; 2 vials: £755.32; 3 vials: £1132.98; 4 vials: £1510.64; 5 vials: £1888.30 **Legal category:** POM **Marketing Authorisation Number:** EU/1/13/854/001, EU/1/13/854/002, EU/1/13/854/003, EU/1/13/854/004, EU/1/13/854/005 **Marketing Authorisation Holder:** Hospira UK Limited, Queensway, Royal Leamington Spa, CV31 3RW. **Date of preparation:** January 2015 (UK/INF/15/0001)

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 Hospira UK Ltd. Telephone Medical Information: +44 (0) 1926 834400

MTX = Methotrexate
PUVA = Psoralen + ultra-violet A treatment

References:

1. INFLECTRA™. European Public Assessment Report (EPAR). Available at: http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/medicines/002778/human_med_001677.jsp&mid=WC0b01ac058001d124. [Accessed November 2013]. 2. EMA. Guideline on similar biological medicinal products containing monoclonal antibodies – non-clinical and clinical issues. May 2012. Available at: http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2012/06/WC500128686.pdf [Accessed November 2013].

UK/INF/14/0004
February 2015


Hospira
Biologics

Biological Confidence

07.15 - 08.45

Charter 2

Industry supported symposium: Hospira

Biosimilars in the Round

Join broadcaster and journalist Jonathan Dimbleby and our multidisciplinary panel of experts as they tackle the key questions surrounding the introduction of Inflectra™▼ (infliximab), a biosimilar, for the management of rheumatoid arthritis (RA)

Faculty

Jonathan Dimbleby, Journalist and Broadcaster (Chair)

Dr Paul Cornes, Consultant Clinical Oncologist, Bristol Haematology and Oncology Centre

Prof João Gonçalves, Faculty of Pharmacy, University of Lisbon, Portugal

Prof John Isaacs, Professor of Clinical Rheumatology, Freeman Hospital, Newcastle

Prof Tore K Kvien, Professor of Rheumatology, University of Oslo, Norway

Learning objectives

- Answer the key questions regarding the introduction of biosimilars and their role in RA
- Review the clinical efficacy and safety data for Inflectra™, an infliximab biosimilar
- Provide information on the biosimilars to help physicians lead local discussions

Breakfast will be provided.

Abbreviated Prescribing Information – INFLECTRA▼ (Infliximab) powder for concentrate for solution for infusion

Please refer to full Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** Vial containing 100 mg of infliximab powder for concentrate for solution for infusion. **Indications:** 1) **Rheumatoid arthritis (RA)** in combination with methotrexate (MTX) in adult patients with active disease with inadequate response to disease-modifying antirheumatic drugs (DMARDs) or adult patients with severe, active and progressive disease not previously treated with MTX or other DMARDs 2) **Adult Crohn's disease (CD)** a) In patients with moderately to severely active CD who have not responded despite a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant; or who are intolerant to, or have medical contraindications for such therapies. b) In patients with fistulising, active CD who have not responded despite a full and adequate course of conventional treatment (including antibiotics, drainage and immunosuppressive therapy). 4) **Paediatric CD** Severe, active CD in patients aged 6 to 17 years, who have not responded to conventional therapy including corticosteroid, immunomodulator and primary nutrition therapy; or who are intolerant to or have contraindications for such therapies. 4) **Ulcerative colitis (UC)** In both adult patients with moderate to severely active UC, and children and adolescents aged 6 to 17 years with severely active UC and an inadequate response to conventional therapy including corticosteroids and 6-mercaptopurine (6-MP) or azathioprine (AZA), or those who are intolerant to, or have medical contraindications for such therapies. 5) **Ankylosing spondylitis (AS)** In adult patients with severe active AS who have responded inadequately to conventional therapy. 6) **Psoriatic arthritis (PsA)** In adult patients with active and progressive PsA when response to previous DMARD therapy has been inadequate. Inflectra should be administered in combination with MTX - or alone in patients who show intolerance to MTX, or for whom MTX is contraindicated. 7) **Psoriasis (PsO)** In adult patients with moderate to severe plaque PsO who failed to respond to, or who have a contraindication to, or are intolerant to systemic therapy including cyclosporine, MTX or Psoralen ultra-violet A (PUVA). **Dosage & Administration:** All doses to be administered as an intravenous (IV) infusion over 2 hours initially and monitor post-infusion for at least 1-2 hours for infusion-related reactions. 1) **RA:** 3 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. Inflectra must be given concomitantly with MTX. 2) Moderately to severely active CD: 5 mg/kg repeated 2 weeks after initiation. If no response after 2 doses, no additional dose should be given. In responding patients: Maintenance dose of 5 mg/kg at 6 weeks after the initial dose, followed every 8 weeks, or: Re-administration of 5 mg/kg if signs and symptoms recur. 3) **Fistulising, active CD:** 5 mg/kg repeated 2 and 6 weeks after initiation. If no response after 3 doses, no additional dose should be given. In responding patients: Maintenance dose of 5 mg/kg every 8 weeks or: Re-administration of 5 mg/kg if signs and symptoms recur, followed by 5 mg/kg every 8 weeks. 4) **UC:** 5 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. 5) **AS:** 5 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. 6) **PsA:** 5 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. 7) **PsO:** 5 mg/kg repeated 2 and 6 weeks after initiation, then every 8 weeks. 8) **Paediatric CD (6 to 17 years):** 5 mg/kg repeated 2 and 6 weeks later, then every 8 weeks. Data do not support further treatment in children and adolescents not responding within the first 10 weeks. 9) **Paediatric UC (6 to 17 years):** 5 mg/kg repeated at 2 and 6 weeks, then every 8 weeks. Available data do not support further treatment in patients not responding

within the first 8 weeks. **Older people (> 65 years):** Studies have not been conducted. No major age-related differences in clearance or volume of distribution observed in clinical studies. No dose adjustment is required. **Impaired renal and/or hepatic function:** Not studied. No dose recommendations can be made. **Contraindications:** Hypersensitivity to infliximab, to other murine proteins, or to any excipients. Tuberculosis (TB) or other severe infections such as sepsis, abscesses, and opportunistic infections. Moderate or severe heart failure (NYHA class III/IV). **Warnings and Precautions:** Caution in patients with or at risk of infusion reactions and hypersensitivity. Do not administer in patients with bacterial infections, invasive fungal, viral or other opportunistic infections. Monitor for TB, and do not use in patients with TB. Test for latent/active TB prior to initiation of Inflectra, and in accordance with local recommendations. latent TB, treatment with anti-TB therapy must be started before the initiation of Inflectra, and in accordance with local recommendations. Consult a physician with expertise in the treatment of TB. Monitor closely for infections, including TB before, during and for six months post-treatment. Patients with fistulising CD with acute suppurative fistulas must not initiate therapy until source of infection, specifically abscess, is excluded. Test for HBV infection before initiating treatment. For patients who test positive, consult a physician with expertise in the treatment of hepatitis B. Closely monitor carriers of HBV for signs and symptoms of active HBV infection during and after therapy. In patients with HBV reactivation, stop Inflectra and initiate effective antiviral therapy with supportive treatment. Symptoms or signs of liver dysfunction should be evaluated for evidence of liver injury. If jaundice and/or ALT elevations ≥ 5 times the upper limit of normal develop(s), stop Inflectra and initiate thorough investigation. Concurrent administration of Inflectra with anakinra, abatacept or other biologic therapeutics is not recommended due to possible increased risk of infection and/or other potential pharmacological interactions. Live vaccines or therapeutic infectious agents should not be used concurrently with Inflectra. Patients should continue to be monitored while switching from one biologic to another. If a patient develops symptoms suggestive of lupus-like syndrome following treatment with Inflectra and is positive for antibodies against double stranded DNA, discontinue Inflectra treatment. In patients with pre-existing or recent onset of demyelinating disorders (including multiple sclerosis and Guillain Barré syndrome), the risk/benefit of anti-TNF treatment should be carefully considered before initiation of Inflectra. Discontinuation of Inflectra should be considered if these disorders develop. Caution should be exercised in considering treatment of patients with increased risk of malignancy or when considering treatment in patients that develop a dysplasia or a malignancy or with previous history of malignancy. Caution should also be exercised in patients with psoriasis and a medical history of extensive immunosuppressant therapy or prolonged PUVA treatment. Potential risk of development of hepatosplenic T-cell lymphoma (HSTCL) when used in combination with AZA or 6-MP, especially in adolescents and young adult males with CD or UC. Periodic skin examination is recommended, particularly for patients with risk factors for skin cancer. Patients with UC who are at increased risk or prior history of dysplasia or dysplasia or colon carcinoma should be screened for dysplasia (including colonoscopy and biopsies) at regular intervals before therapy and throughout their disease course. Use with caution and monitor closely in mild heart failure (NYHA class I/II). Discontinue Inflectra treatment in patients who develop new or worsening symptoms of heart failure. Patients should be advised to seek immediate medical attention if they develop signs and symptoms suggestive of blood dyscrasias.

Discontinuation of Inflectra should be considered in patients with confirmed significant haematologic abnormalities. For patients that require surgery, Inflectra long half-life should be taken into account and should be monitored for infections. **Special populations:** Risk of infections should be considered when treating elderly and paediatric patients. If possible, comply with vaccination program for paediatric patients prior initiating treatment with Inflectra. **Women of childbearing potential:** Use adequate contraception to prevent pregnancy and continue its use for at least 6 months after the last Inflectra treatment. **Pregnancy:** Administration of infliximab is not recommended during pregnancy. **Breast feeding:** Unknown whether infliximab is excreted in human milk or absorbed systemically after ingestion. As human immunoglobulins are excreted in milk, women must not breast feed for at least 6 months after Inflectra treatment. **Undesirable effects:** The most serious adverse drug reactions (ADRs) associated with the use of TNF blockers reported for infliximab include: hepatitis B reactivation, congestive heart failure (CHF), serious infections (including sepsis, opportunistic infections and TB), serum sickness (delayed hypersensitivity reactions), haematologic reactions, systemic lupus erythematosus/lupus-like syndrome, demyelinating disorders, hepatobiliary events, lymphoma, HSTCL, leukaemia, Merkel cell carcinoma, melanoma, paediatric malignancy, sarcoidosis/sarcoid-like reaction, intestinal or perianal abscess (in CD), and serious infusion reactions. ADRs with a frequency of very common ($\geq 1/10$) or common ($\geq 1/100$ to $< 1/10$): Viral infection, bacterial infection, neutropenia, leucopenia, anaemia, lymphadenopathy, allergic respiratory symptom, depression, insomnia, headache, vertigo, dizziness, hypoesthesia, paraesthesia, conjunctivitis, tachycardia, palpitation, hypotension, hypertension, ecchymosis, hot flush, flushing, upper respiratory tract infection (URTI), sinusitis, lower respiratory tract infection, dyspnoea, epistaxis, abdominal pain, nausea, gastrointestinal haemorrhage, diarrhoea, dyspepsia, gastroesophageal reflux, constipation, hepatic function abnormal, transaminases increased, psoriasis (new onset or worsening), urticaria, rash, pruritus, hyperhidrosis, dry skin, fungal dermatitis, eczema, alopecia, arthralgia, myalgia, back pain, urinary tract infection, infusion related reaction, pain, chest pain, fatigue, fever, injection site reaction, chills, oedema. For a complete list of undesirable effects please refer to the Summary of Product Characteristics. **Pack/Basic NHS price:** 1 vial: £377.66; 2 vials: £755.32; 3 vials: £1132.98; 4 vials: £1510.64; 5 vials: £1888.30 **Legal category:** POM **Marketing Authorisation Number:** EU/1/13/854/001, EU/1/13/854/002, EU/1/13/854/003, EU/1/13/854/004, EU/1/13/854/005 **Marketing Authorisation Holder:** Hospira UK Limited, Queensway, Royal Leamington Spa, CV31 3RW. **Date of preparation:** January 2015. (UK/INF/15/0001)

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 Hospira UK Ltd. Telephone Medical Information: +44 (0) 1926 834400

07.15 - 08.45

Charter 3

Industry supported symposium: Janssen Pharmaceuticals**Psoriatic arthritis: under the skin**

Chair: Professor Dennis Mcgonagle, Professor Of Regenerative Medicine, Leeds Teaching Hospitals NHS Trust, Leeds

- Provide an overview of the key pathological features of psoriatic arthritis and how this differs from rheumatoid arthritis.
- Provide a case history demonstration of ultrasound identification of psoriatic arthritis, and how to identify signs of disease progression.
- Discuss the currently available treatment options for the management of psoriatic arthritis.

Outcome 1:

Delegates have a greater understanding of the pathogenesis of psoriatic arthritis

Outcome 2:

Delegates have a greater understanding of how to identify psoriatic arthritis using ultrasound, and how to identify disease progression

Outcome 3:

Delegates have a greater understanding of the available treatment options for psoriatic arthritis

07:15

Breakfast and arrivals

Professor Dennis Mcgonagle, Professor Of Regenerative Medicine, Leeds Teaching Hospitals NHS Trust, Leeds

07:30

An introduction to psoriatic arthritis

Dr Hector Chinoy, Senior Lecturer, Rheumatology, The University Of Manchester, Manchester

07:45

Identification and management of psoriatic arthritis – a practical discussion

Dr Richard Wakefield, Senior Lecturer And Honorary Consultant In Rheumatology, Leeds Teaching Hospitals NHS Trust, Leeds

Catering will be provided.

09.00 - 10.30

Charter 3

Aim:

To update clinicians and scientists with regards to recent advances in sensory-immune interactions and novel agents coming through for chronic pain and arthritis.

Outcome 1:

To inform delegates about sensory-immune interactions and results from passive transfer of serum in a mouse model of rheumatoid arthritis.

Outcome 2:

To provide delegates with new information about the development of biologic drugs to treat the pain of arthritis.

Outcome 3:

To educate delegates on how bisphosphonate drugs are in trials for treating pain in osteoarthritis.

09.00

Sensory-immune interactions and the role of neuropeptides in a serum-transfer-induced mouse model of inflammatory arthritis

Dr Zsuzsanna Helyes, University of Pécs, Pécs, Hungary

09.30

Biologic agents in the treatment of musculoskeletal pain

Dr Nidhi Sofat, St George's, University of London, London

10.00

Treating bone to manage pain

Prof Philip Conaghan, Chapel Allerton Hospital, Leeds

09.00 - 10.30

Exchange Hall

Aim:

To get an up-to-date understanding of the function of the unconventional T cells, NKT cells and innate lymphoid cells in immune homeostasis.

Outcome 1:

Understanding of what unconventional T cells are.

Outcome 2:

Understanding of what NKT cells and innate lymphoid cells are.

Outcome 3:

Understanding of the functions of these cells, how they can be identified and what their role is in health and disease.

09.00

Unconventional T cells

Dr Jessica Strid, Imperial College London, London

09.30

Innate Lymphoid cells and Stroma in inflammation and tissue pathology

Dr Mark Coles, University of York, York

10.00

NKT Cells

Prof Mark Exley, University of Manchester, Manchester

This session was kindly proposed by The British Society for Immunology and forms part of a co-badged stream.

09.00 - 10.30

Exchange Auditorium

- Aim: To update the audience on the practical approach to assessing and managing common clinical conditions
- Outcome 1: Refresh delegates on the best practice in assessing common rheumatological conditions.
- Outcome 2: Delegates will have been brought up-to-date on disease management.

09.00

The assessment and management of Raynaud's

Prof Ariane Herrick, Salford Royal NHS Foundation Trust, Manchester

09.30

An approach to patients with a chronic monoarthritis

Dr Neil Snowden, Pennine MSK Partnership, Oldham

10.00

The neurological manifestations of systemic lupus erythematosus (SLE)

Prof David D'Cruz, St Thomas' Hospital, London

**Essentials in rheumatology: disease assessment and management**

Chairs: Dr Vinodh Devakumar, Pennine MSK Partnership, Oldham and Dr Dipak Roy, Tameside General Hospital, Lancashire

09.00 - 10.30

Charter 4

- Aim: To enhance the knowledge and skills of rheumatology professionals in the area of qualitative methods in terms of study design and method of analysis.
- Outcome 1: To understand (a) the study design options for qualitative research (b) why different research designs are important or effective (e.g. when to use interviews/focus groups and why).
- Outcome 2: To learn about (a) the role of the interviewer/facilitator in qualitative research (b) the importance of reflexivity to ensure rigour (c) the affect of a patient co-facilitating focus groups.
- Outcome 3: To understand (a) some of the different options for qualitative analysis (b) why different methods of analysis are needed and when to use them (c) the basis of how to conduct a qualitative analysis.

09.00

How to bake the qualitative cake: which method to use?

Dr Elizabeth Hale, Dudley group of hospitals, Birmingham

09.20

Me, myself and my participant: rigour and reflexivity in qualitative research

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

09.40

Overcoming analysis paralysis: working out what to do with your data

Prof Karen Rodham, Staffordshire University, Stoke-on-Trent

10.00

Panel discussion**BHPR****Quality not quantity: research training in qualitative methods**

Chairs: Dr Emma Dures, University of the West of England, Bristol and Dr Anita Williams, University of Salford, Manchester

09.00 - 10.30

Charter 2

- Aim: To provide insights into the impact, measurement and management of comorbidity in RA and how this adds to patient complexity.
- Outcome 1: Delegates will learn about the incidence and impact of comorbidity in RA.
- Outcome 2: Delegates will gain insight into the measurement and recording of comorbidity in RA and the importance of harmonizing data collection.
- Outcome 3: Delegates will learn about important comorbidities in RA including psychiatric morbidity such as depression.

09.00

The impact of comorbidity on outcomes and prognosis in RA

Dr Elena Nikiphorou, Addenbrooke's Hospital, Cambridge

09.20

Collecting and recording comorbidity data using the CRPD

Prof Jackie Cassell, Brighton and Sussex University, Brighton

09.40

Mental health in RA: an overview

Dr Ruth Williams, Wells Park Practice, London

10.00

ARUK-CSG Comorbidity Working Group: harmonizing comorbidity data-collection. Work to date

Dr Kimme Hyrich, University of Manchester, Manchester

10.20

Questions**Comorbidities in Rheumatoid Arthritis**

Chair: Prof Adam Young, University of Hertfordshire, Hatfield

09.00 - 10.30

Exchange Rooms 8-10

Connective tissue diseases oral abstract session

Chairs: Prof Justin Mason, Imperial College London, London and Dr John Pauling, Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, Bath

09.00

B lymphocyte stimulator promotes monocyte dysfunction in SLE

Dr Eoghan McCarthy, Beaumont Hospital, Dublin, Ireland

09.15

Vitamin D improves endothelial function and endothelial repair in systemic lupus erythematosus

Dr John Reynolds, University of Manchester, Manchester

09.30

Response to Rituximab in patients with refractory systemic lupus erythematosus (SLE): results from a national multicentre register

Dr Emily Sutton, University of Manchester, Manchester

09.45

Heat shock protein 70 protects against ER stress induced mitochondrial dysfunction; a potential therapeutic target to reduce muscle weakness in IIM?

Dr Adam Lightfoot, University of Liverpool, Liverpool

10.00

Safety and efficacy of subcutaneous Tocilizumab in adults with systemic sclerosis: week 24 data from a phase 2/3 trial

Prof Christopher Denton, University College London, London

10.15

Early halo sign features on ultrasound examination of treated patients with giant cell arteritis

Prof Raashid Luqmani, University of Oxford, Oxford

09.00 - 10.30

Charter 1

Osteoporosis special interest group

Chair: Dr Tehseen Ahmed, Royal National Hospital for Rheumatic Diseases, Bath

Aim:

To provide a topical update on current issues in metabolic bone disease to general rheumatologists and trainees, including those with a particular interest in osteoporosis.

Outcome 1:

To provide an expert review of the management of osteoporosis in men.

Outcome 2:

To increase knowledge regarding the rare bone disease osteogenesis imperfect.

Outcome 3:

To update the audience on new therapies for osteoporosis currently in development.

09.00

Osteoporosis in men: is it a different disease, and should it be treated differently?

Prof Roger Francis, Newcastle University, Newcastle

09.30

Osteogenesis Imperfecta: a guide for the adult rheumatologist

Dr Nicola Peel, Sheffield Teaching Hospitals, Sheffield

10.00

New and emerging treatments for osteoporosis

Prof Stuart H. Ralston, Western General Hospital, Edinburgh

Amgen has provided unrestricted funding for the 2015 BSR Osteoporosis Special Interest Group Session. Amgen has had no input into the programme, selection of speakers or topics.

09.00 - 10.30

Measuring disease activity in axial spondyloarthritis and ankylosing spondylitis: BHPR Workshop**BHPR****Exchange Room 1**

Chair: Mr David Pickles, Chapel Allerton hospital, Leeds

Aim:

To update delegates on the various assessments of disease activity for patients with axial spondyloarthritis and AS.

Outcome 1:

Understand importance of measuring disease activity in the context of modern disease management.

Outcome 2:

Gain practical experience of performing assessments of spinal mobility (BASMI) and assessments of enthesitis (MASES).

Outcome 3:

Gain more familiarity with the exercises recommended for AS patients and increased understanding of how certain exercises increases spinal mobility and flexibility.

09.00

Axial-Spondyloarthritis: why measure disease activity and what should we aim to achieve?

Dr Alexander Bennett, Defence Medical Rehabilitation Centre, Epsom

09.15

Exercises for AS patients

Ms Sue Gurden, Aneurin Bevan University Health Board, Newport

09.30

Outcome measures for AxSpa and AS: a practical guide

Ms Kate Gadsby, AbbVie

09.45

Demonstration of metrology (BASMI) and enthesitis (MASES)

Mr David Pickles, Chapel Allerton Hospital, Leeds

10.00

Interactive quiz

Please note this session is limited to strictly 48 delegates. Delegates will be split into three groups of 16 and rotate between three interactive stations, as listed above.

10.30 - 11.30

Exhibition | Tea and coffee**Exhibition Hall**

Please see exhibition floor plan on page 86 for catering points

10.30 - 11.30

Poster and E-poster viewing**Exhibition Hall****Poster category**

114-140

BHPR Audit and clinical evaluation

141-155

BHPR Research: qualitative

156-164

BHPR Research: quantitative

165-185

Health services research economics and outcomes research

186-189

Muscle disorders

190-191

Orthopaedics and rehabilitation

192-194

Osteoarthritis: clinical features

195

Osteoarthritis: pathogenesis

196-201

Osteoarthritis: treatment

202-212

Osteoporosis and metabolic bone disease

213-216

Sjögren's syndrome and other connective tissue disorders

217-231

Spondyloarthropathies (including psoriatic arthritis)

232-235

Soft tissue and regional musculoskeletal disease fibromyalgia

Don't forget to visit our new feature to this year's conference: the e-poster area.

Please look at the e-poster information on page 23 for further details.

Another opportunity to take part in our popular poster tours.

Our poster tours are guided by leaders in the field of rheumatology and highlight a selection of the British Society for Rheumatology and British Health Professionals in Rheumatology's posters, helping delegates to make the most of poster viewing sessions.

Don't miss out on the opportunity to be shown around carefully selected posters for Q&A with the poster presenters. Each expert will conduct a tour consisting of approximately six to eight posters, allowing authors to share their research in an interactive format.

The poster tours are always extremely popular so please ensure you secure your place by signing up at the poster desk (next to registration in the Charter Foyer) ahead of the tour.

Number of participants is limited to 15 per tour.

10.35 - 11.25	Spondyloarthropathies poster tour
Exhibition Hall	Poster tour leader: Dr Philip Helliwell, University of Leeds, Leeds
218	Ethnic differences in the response to anti-TNF in patients with ankylosing spondylitis Mrs Rebecca Adshead, Whipps Cross Hospital, London
219	The radiologists' understanding of axial SpA and the use of MRI in the assessment of disease: is it time for a consensus? Dr Alexander Bennett, Defence Medical Rehabilitation Centre, Headley Court, Epsom
220	Predicting successful long term treatment with tumour necrosis factor alpha inhibitors in patients with psoriatic arthritis Dr Karen Fagerli, Diakonhjemmet Hospital, Oslo, Norway
223	Use of remote consultation in the management of stable patients receiving biological therapy for ankylosing spondylitis Mrs Claire Harris, London North West Healthcare NHS Trust, London
226	A crosssectional survey on inflammatory back pain: a common finding in patients with chronic back pain? Dr Arumugam Moorthy, University Hospitals of Leicester NHS Trust, Leicester
227	Retrospective study on the response and side effect profile of the second biologics in the management of peripheral psoriatic arthritis Dr Veena Patel, Leicester Royal Infirmary NHS Trust, Leicester
229	A comparison of clinical and synovial immunohistochemical characteristics between psoriatic arthritis and rheumatoid arthritis in an early arthritis cohort Dr Wang Sin Tan, Queen Mary University London, London
231	The submaximal Siconolfi step test reliably estimates cardiorespiratory fitness levels in patients with axial spondyloarthropathy Mr Paul Thompson, Bangor University, Bangor, Wales



10.35 - 11.25

BHPR poster tour



Exhibition Hall

Poster tour leader: Prof Anthony Redmond, University of Leeds, Leeds

116

Tools for life: a group education programme for patients with inflammatory arthritis results of an audit
Miss Gemma Brown, Dudley Group of Hospitals, Dudley



122

Nurse led annual review service for stable inflammatory arthritis
Mrs Fidelma Gordon, East and North Herts NHS Trust, Hertfordshire

125

Identifying patients preferences regarding education sessions for self management of newly diagnosed rheumatoid and inflammatory arthritis
Mrs Yvonne Hough, St Helens and Knowsley Teaching Hospitals NHS Trust, Merseyside

139

Survey of patients switching to IV Zoledronate for osteoporosis suggests better information delivery may be needed results from a quality improvement project
Dr Sreekanth Vasireddy, Bolton NHS Foundation Trust, Bolton

146

A qualitative evaluation of the Living Well with Arthritis course
Dr Kate Druett, North Bristol NHS Trust, Bristol

153

Development of a physical activity intervention for rheumatoid arthritis fatigue: patients' views
Ms Victoria Salmon, University of the West of England, Bristol

156

Preliminary validation of an illness perception questionnaire for healthcare professionals
Mrs Seher Arat, Skeletal Biology and Engineering Research Center, KU Leuven, Leuven, Belgium



157

Examining personality traits, coping styles and adjustment in rheumatoid arthritis patients: a pilot study
Miss Fani Avgoustaki, University of the West of England, Bristol

160

People's views, beliefs and experiences of exercise for chronic hip and knee pain a Cochrane review with qualitative synthesis
Prof Mike Hurley, St George's, University of London, London

Help grow the BHPR network

After the success of the 2014 scheme, we are pleased to be re-launching the member advocacy initiative where BHPR members encourage colleagues to consider joining BHPR, and in doing so, helping to grow our network of likeminded professionals.

We believe BHPR members are best placed to pass on to colleagues the benefits membership brings such as conferences, regional events, online courses, journal access, CPD materials and much more. In addition to all these existing membership benefits, there are discounts available to rheumatology events.

Everyone benefits

In return, both existing and new members will benefit from rewards such as access to leading publications and discounts on membership and the cost of conference.

Get involved

To get started, visit the BSR & BHPR stand in the main hall where you can pick up some materials and talk to a member of staff, or visit

www.rheumatology.org.uk/grow_your_network

For more information visit the BSR and BHPR stand or the website:
www.rheumatology.org.uk/grow_your_network

BHPR
British Health Professionals
in Rheumatology

10.40 - 11.20

Innovation Theatre session: Roche Products Limited and Chugai Pharma UK Ltd

Innovation Theatre

The Impact of Medicines Non-Adherence in Rheumatoid Arthritis

Prof John Weinman, Professor Of Psychology As Applied To Medicines, King's College London, London
Ms Sandra Robinson, Senior Research Nurse, North Tyneside Hospital

Please join us for an educational session discussing the adherence to medication within RA, and the impact non-adherence can have on patient and clinical outcomes. Content will include the theory behind adherence, including why non-adherence occurs. Specifically it will look at DMARD adherence, and tips to uncover and manage non-adherence.

11.30 - 13.00

Hypermobility: a pain to manage?

Charter 3

Chair: Dr Alan Hakim, Barts Health NHS Trust, London

Aim:
Outcome 1:
Outcome 2:
Outcome 3:

To encourage BSR members to engage with patients with hypermobility with confidence.

To understand the evidence-base on the community-prevalence of hypermobility.

To educate with regards to rare diseases not to be missed.

To outline pain management strategies unique to this population.

11.30

Generalised hypermobility in the paediatric and general population

Dr Jacqui Clinch, Bristol Royal Hospital for Children, Bristol

12.00

Zebbras and an inpatient pain management programme

Dr Helen Cohen, Royal National Orthopaedic Hospital, Stanmore, London

12.30

Outpatient physiotherapy and the comorbidities of generalised hypermobility

Dr Toby Smith, University of East Anglia, Norwich

11.30 - 13.00

Infection and autoimmunity: the missing link

Exchange Hall

Chair: Dr Nidhi Sofat, St George's, University of London, London

Aim:
Outcome 1:
Outcome 2:
Outcome 3:

To update delegates about new developments in the understanding of the link between infection and autoimmunity.

To update delegates about the link between periodontal disease and rheumatoid arthritis.

To understand the role of Toll-like receptors in rheumatoid arthritis.

To understand the role of Leucocyte immunoglobulin-type receptors in rheumatoid arthritis.

11.30

Periodontal disease and rheumatoid arthritis

Prof Patrick Venables, University of Oxford, Oxford

12.00

Leukocyte Ig-Like Receptors, immunomodulators that provide a novel mechanism for MHC disease associations?

Dr Rachel Allen, St George's, University of London,, London

12.30

The role of Toll-like Receptors (TLRs) in the pathogenesis of rheumatoid arthritis

Dr Sandra Sacre, Brighton and Sussex Medical School, Brighton

11.30 - 13.00

Exchange Auditorium

Essentials in rheumatology: clinical knowledge and practice

Chairs: Dr Dipak Roy, Tameside General Hospital, Lancashire and Dr Vinodh Devakumar, Pennine MSK Partnership, Oldham

Aim: To update the audience on the latest clinical understanding and practical aspects of handling common clinical situations in patients with rheumatic disease.

Outcome 1: Refresh delegates on topical areas of interest and commonly asked questions in rheumatology.

Outcome 2: Delegates will have been brought up-to-date on the latest clinical knowledge and expert practice in a specific disease area.

11.30

Active RA despite DMARDs: where next?

Dr Shouvik Dass, Leeds Teaching Hospitals NHS Trust, Leeds

12.00

HIV and rheumatic diseases

Dr Karen Walker Bone, University of Southampton, Southampton

12.30

Headache, GCA or not GCA?

Prof Bhaskar Dasgupta, Southend University Hospital NHS Foundation Trust, Westcliff-on-sea

11.30 - 13.00

Charter 4

BHPR oral abstract session**BHPR**

Chairs: Mr Robert Field, Dorset Health Care University Foundation Trust, Dorset and Dr Jill Firth, Pennine MSK Partnership, Oldham

11.30

Patient experiences of psychological support in inflammatory arthritis: open ended responses in a national survey

Dr Emma Dures, University of the West of England, Bristol

11.45

The relationship between pain severity and allostatic load: results from the English longitudinal study of ageing

Dr Ross Wilkie, Keele University, Keele

12.00

Uptake and maintenance of physiotherapy led exercise and general physical activity in older adults with knee pain: the BEEP longitudinal qualitative study

Dr Clare Jinks, University of Keele, Keele

12.15

We all keep schtum: the experiences and coping styles of men with rheumatoid arthritis

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

12.30

A multicentre survey of tolerability and adherence for patients on regular Methotrexate

Mrs Sandra Robinson, Northumbria Healthcare NHS Foundation Trust, Tyne and Wear

12.45

Raising teenagers' awareness of musculoskeletal health through lifelab: a collaboration between school students, teachers and clinical academic researchers

Dr Jo Adams, University of Southampton, Southampton

11.30 - 13.00

Charter 2

Diagnosis and management of common shoulder problems in primary care

Chair: Dr Thomas Margham, Arthritis Research UK, London

Aim: To provide delegates with greater knowledge and understanding of the assessment and management of common painful shoulder problems in primary care.

Outcome 1: Delegates will have a better understanding of how to assess shoulder pain and when to request imaging.

Outcome 2: Delegates will understand the evidence-base for the use of steroid injections and exercises to treat common painful shoulder problems.

Outcome 3: Delegates will be aware of surgical treatment options and understand when referral should be considered.

11.30 **Shoulder pain: the dilemma of diagnosis**

Assoc Prof Karen Ginn, Sydney Medical School, Sydney, Australia

12.00 **Treating shoulder pain in primary care: steroid injections or exercises?**

Prof Elaine Hay, Keele University, Keele

12.30 **When primary care management fails: what are the options and when should I refer?**

Mr Ron Dodenhoff, The Shrewsbury and Telford Hospital NHS Trust, Shrewsbury

11.30 - 13.00

Exchange Room 9

Imaging oral abstract session

Chairs: Dr Ish Atchia, Newcastle University Newcastle and Dr Zunaid Karim, Pinderfields Hospital, Wakefield

11.30 **A diagnostic protocol for giant cell arteritis using ultrasound assessment**

Mrs Jennifer Piper, University of Oxford, Oxford

11.45 **Sonoelastography as a novel imaging biomarker in spondyloarthropathy: a pilot study**

Dr Ilfita Sahbudin, University of Birmingham, Birmingham

12.00 **Ultrasound defined tenosynovitis improves the prediction of early rheumatoid arthritis**

Dr Ilfita Sahbudin, University of Birmingham, Birmingham

12.15 **Reliability and validity of mean vessel width in capillaroscopy for evaluating systemic sclerosis related microangiopathy**

Dr Graham Dinsdale, University of Manchester, Manchester

12.30 **Vertebral endplate or modic change is an independent risk factor for episodes of severe and disabling low back pain**

Dr Frances Williams, King's College London, London

12.45 **The role of musculoskeletal ultrasound in the stratification of SLE; a multicenter crosssectional study**

Dr Ahmed Zayat, University of Leeds, Leeds

11.30 - 13.00
Charter 1
Aim:
Outcome 1:
Outcome 2:
Outcome 3:
11.30
11.45
12.05
12.20
12:35

Specialised services commissioning: what's in it for rheumatology?

Chairs: Prof Christopher Denton, University College London, London and Dr Peter Lanyon, Nottingham University Hospital, Nottingham

- Aim: To update all delegates about the key developments in specialised commissioning and their importance to rheumatology.
- Outcome 1: Have a greater understanding of NHS England's current and future ambitions for Specialised Commissioning, and the role of the specialised rheumatology Clinical Reference Group.
- Outcome 2: Learn how commissioning policies, QIPP proposals and quality dashboards have been developed and their role in raising the profile of the specialty and promoting equitable care.
- Outcome 3: Be aware of how rheumatology teams can work together in coordinated networks to implement the vision of the Department of Health rare diseases strategy.

11.30 The role of NHS England in specialised commissioning

Dr Sarah Watson, NHS England, London

11.45 The role of the NHS England clinical reference group in promoting rheumatology and the needs of our patients

Dr Peter Lanyon, Nottingham University Hospital, Nottingham

12.05 The role of NHS England commissioning policies in promoting equitable access to a high cost drug

Dr Marina Anderson, University of Liverpool Aintree University Hospital, Liverpool

12.20 The emerging role of quality dashboards; how do we demonstrate our compliance and contribution to value?

Dr Bridget Griffiths, Freeman Hospital, Newcastle upon Tyne

12:35 Q&A session

11.30 - 13.00
Exchange Room 10
Aim:
Outcome 1:
Outcome 2:
Outcome 3:
11.30
11.55
12.20
12.50

BRiTs: Adolescent rheumatology: what rheumatology trainees need to know

Chairs: Dr Elena Nikiphorou, Addenbrooke's Hospital, Cambridge and Dr Maliha Shaikh, Royal Free Hospital, London

- Aim: To provide trainees with an insight into adolescent rheumatology.
- Outcome 1: To review the pathophysiology of rheumatic diseases in adolescence.
- Outcome 2: To review the presentation and classification of rheumatic diseases in adolescence.
- Outcome 3: To review the management of rheumatic diseases in adolescence and how it differs from adult-management of rheumatic disease.

11.30 What is unique about adolescence and an introduction to JIA?


Dr John Ioannou, University College London, London

11.55 How to conduct a clinical consultation for an adolescent and young adult and what does this clinic look like

Dr Rachel Tattersall, Sheffield Teaching Hospitals and Sheffield Children's Hospital, Sheffield

12.20 Case presentations

12.50 Q&A session and discussion points

13.00 - 14.30	Exhibition Lunch	
Exhibition Hall	Please see exhibition floor plan on page 86 for catering points.	

13.00 - 14.15

BSR Annual General Meeting

Exchange Room 11

You are invited to the BSR Annual General Meeting

Exchange Room 11 | Wednesday 29 April at 13.00 – 14.15



Lunch provided

Come along to receive reports from the President, trustees and Honorary officers about the activities of the Society including:

- The 2014 Annual Accounts and Report
- Subscriptions for 2016
- BHPR section activity update
- Appointments to committees
- Thank you to departing officers

Importantly, a resolution to formally integrate with the British Society for Paediatric and Adolescent Rheumatology (BSPAR) will be presented for agreement. Your participation is valued so we hope to see you all there.

For more information visit our stand or the members area of the website:

www.rheumatology.org.uk/members/members_area/committees_2/agm_2015

BSR
The British Society for Rheumatology

BHPR
British Health Professionals
in Rheumatology

13.10 - 13.50

Innovation Theatre session: SOBI

Innovation Theatre

Red Flags in Auto-inflammatory Disorders

Prof Dennis McGonagle, Professor Of Regenerative Medicine, Chapel Allerton Hospital, Leeds
Prof Ramanan, Paediatric Rheumatologist, University Children's Hospital Bristol, Bristol

To deliver a short educational presentation that encompasses disease awareness on auto-inflammatory conditions. This will include two speakers, a 20 minute overview on auto-inflammatory disorders and a 20 minute presentation on a severe complication know as MAS.

14.00 - 14.20

Innovation Theatre session: Pfizer

Innovation Theatre

Introducing iMonitor

Dr Phil Riley and Dr Rachel Gorodkin, Consultant Paediatric Rheumatologist & Consultant Rheumatologist, Central Manchester NHS Foundation Trust, Manchester
Dr Alex Liakos, Medical Team Lead, Inflammation, Pfizer Ltd

14.30 - 16.00

Charter 3

- Aim:** To network, educate and feedback on current projects for members with an interest in MSK pain.
Outcome 1: To learn about the role of ethnicity in pain.
Outcome 2: To learn about the neurogenic neuroinflammation.
Outcome 3: To get feedback from progress of pain guidelines and education days.

14.30

Ethnicity and self-management in chronic musculoskeletal pain

Prof Anisur Rahman, University College London, London

15.15

Neurogenic neuroinflammation

Dr Michael Lee, Cambridge University Hospital, Cambridge

14.30 - 16.00

Exchange Hall

- Aim:** To explore the involvement of the gut microbiome in autoimmunity and arthritis.
Outcome 1: Understand the role of the gut microbiome in autoimmunity.
Outcome 2: Understand the role of the gut microbiome in rheumatoid arthritis.
Outcome 3: Understand the role of the gut microbiome in axial spondyloarthritis.

14.30

The role of the gut microbiome in health and disease

Dr Karen Scott, University of Aberdeen, Aberdeen

15.00

The role of the gut microbiome in axial spondyloarthritis

Dr Simon Milling, University of Glasgow, Glasgow

15.30

The role of the gut microbiome in the differentiation of regulatory B cells in arthritis

Prof Claudia Mauri, University College London, London



This session forms part of a co-badged stream with the British Society for Immunology.

14.30 - 16.00

Exchange Auditorium

- Aim:** To update the audience on relevant specialist areas of practice from experts in the field.
Outcome 1: To inform delegates about the latest clinical practice from experts in the field.
Outcome 2: Delegates will have been brought up-to-date on specialist areas to help them manage patients with rheumatic conditions.

14.30

The role of orthopaedic hand surgery: current trends and developments

Mr Lindsay Muir, Salford Royal NHS Foundation Trust, Manchester

15.15

The role of MRI and ultrasound in rheumatic disease

Prof Charles Hutchinson, University of Warwick, Coventry

Essentials in rheumatology: update from the experts

Chairs: Dr Dipak Roy, Tameside General Hospital, Lancashire and Dr Vinodh Devakumar, Pennine MSK Partnership, Oldham



14.30 - 16.00

Exchange Rooms 8-10

BHPR CTD special interest group: assessing and managing multi-system lupus**BHPR**

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

Aim: An Introduction to the assessment and management of multi-system lupus, including the benefits of annual review clinics.

Outcome 1: To understand the diagnostic difficulties in lupus and gain an understanding of the assessments essential to everyday clinical practice.

Outcome 2: To gain an understanding of the role for DMARDs and biologic therapies in lupus, and recognising red flags in clinical practice.

Outcome 3: To understand the merits of annual review clinics in lupus, an example from the service provided at one UK centre.

14.30 **Diagnosing systemic lupus erythematosus: Challenges in correctly interpreting and managing a multi-system disease**

Dr John Pauling, Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, Bath

15.00 **Immunosuppression in active systemic lupus erythematosus: a clinical picture of the use of DMARDs and biologics**

Prof David Isenberg, University College London, London

15.30 **Setting up a lupus annual review clinic: an observation from at one UK rheumatology centre**

Consultant Nurse Sue Brown, Royal National Hospital for Rheumatic Diseases NHS Foundation Trust, Bath

14.30 - 16.00

Charter 2

Primary Care oral abstract session

Chairs: Dr Peter Lanyon, Nottingham University Hospital, Nottingham and Dr Arthur Mone, Mid Yorkshire Hospitals NHS Trust, Wakefield

14.30 **Gout and risk of subsequent vascular event: a discrete time event history analysis in the clinical practice research datalink**

Dr Lorna Clarson, Keele University, Keele

14.45 **Can paramedics use FRAX to identify patients at greatest risk of future fracture among those who fall? A feasibility study**

Dr Shane Clarke, University Hospitals Bristol, Bristol

15.00 **A real headache: a cross-sectional survey of symptoms associated with giant cell arteritis in a primary care setting**

Dr Max Yates, Norfolk and Norwich University Hospital, Norwich

15.15 **When do GPs refer suspected RA? A nationwide GP survey**

Dr Samantha Hider, Keele University, Keele

15.30 **Population prevalence and associations of plantar heel pain in adults aged 50 years and over: cross-sectional findings from the clinical assessment study of the foot**

Dr Edward Roddy, Keele University, Keele

15.45 **Improving the effectiveness of exercise therapy for older adults with knee pain: a pragmatic randomised controlled trial (the BEEP trial)**

Dr Emma Healey, Keele University, Keele

14.30 - 16.00

Charter 4

ARMA: Musculoskeletal Clinical Networks - delivering real improvements for MSK services 

Chair: Mr Federico Moscogiuri, ARMA

- Aim: To showcase the latest developments in ARMA's project on MSK clinical networks and discuss next steps with a broad professional and patient audience.
- Outcome 1: A good understanding of the MSK clinical networks project and what it means for everyone.
- Outcome 2: A shared understanding of the challenges and opportunities for the MSK community following some discussion.
- Outcome 3: A commitment to improving MSK care locally, regionally and nationally in the ways discussed.

14.30

Welcome, scene-setting and introductions

Mr Federico Moscogiuri, ARMA

14.35

The future shape of MSK

Prof Peter Kay, MSK National Clinical Director

14.55

Collaboration not competition: a BSR perspective

Prof Simon Bowman, President of BSR

15.15

Hubs, Spokes and Spanners: The Haywood Rheumatology Centre model

Dr Caitlyn Dowson, The Haywood Rheumatology Centre, Stoke-on-Trent

15.25

Integrated service delivery across the whole patient pathway

Dr Peter Devlin, Brighton and Hove Integrated care service, Brighton

15.35

Panel Discussion

14.30 - 16.00

Charter 1

Improving quality of life for older adults with musculoskeletal conditions

Chairs: Dr Adrian Jones, Nottingham University Hospitals, Nottingham and Dr Yeliz Prior, University of Salford, Manchester

- Aim: To highlight the challenges particular to managing older adults with musculoskeletal conditions and ways of improving their quality of life.
- Outcome 1: Recognition of the increasing challenge of older adults with musculoskeletal conditions due to increasing numbers and comorbidity/polypharmacy.
- Outcome 2: Be aware of the outcomes that are important to older adults with musculoskeletal conditions.
- Outcome 3: Recognise opportunities to improve the care of older adults with musculoskeletal conditions.

14.30

Older adults with musculoskeletal conditions: challenges and opportunities

Dr Ross Wilkie, Keele University, Keele

15.00

Managing comorbidities and the challenge of polypharmacy in older adults with musculoskeletal conditions

Dr Adrian Jones, Nottingham University Hospitals NHS Trust, Nottingham

15.30

Engaging with older people to develop and deliver interventions for self-management of chronic musculoskeletal conditions

Prof Denis Martin, Teesside University, Middlesbrough

14.30 - 16.00	
Exchange Room 1	
Aim:	To update delegates on the various assessments of disease activity for patients with axial spondyloarthritis and AS.
Outcome 1:	Understand importance of measuring disease activity in the context of modern disease management.
Outcome 2:	Gain practical experience of performing assessments of spinal mobility (BASMI) and assessments of enthesitis (MASES).
Outcome 3:	Gain more familiarity with the exercises recommended for AS patients and increased understanding of how certain exercises increases spinal mobility and flexibility.
14.30	Axial-Spondyloarthritis: Why measure disease activity and what should we aim to achieve? Dr Alexander Bennett, Defence Medical Rehabilitation Centre, Epsom
14.45	Exercises for AS patients Ms Sue Gurden, Aneurin Bevan University Health Board, Newport
15.00	Outcome measures for AxSpa and AS: a practical guide Ms Kate Gadsby, AbbVie
15.15	Demonstration of metrology (BASMI) and enthesitis (MASES) Mr David Pickles, Chapel Allerton Hospital, Leeds
15.30	Interactive quiz

Measuring disease activity in axial spondyloarthritis and ankylosing spondylitis: BHPR Workshop

Chair: Mr David Pickles, Chapel Allerton Hospital, Leeds

Please note this session is limited to strictly 48 delegates. Delegates will be split into three groups of 16 and rotate between three interactive stations, as listed above.

16.00 - 16.30 Exhibition | Tea and coffee

Exhibition Hall Please see exhibition floor plan on page 86 for catering points.

16.30 - 17.30 **Heberden Oration**

Exchange Auditorium

Chair: Prof Simon Bowman, President of BSR

The tradition of the Heberden Oration dates back to 1938, when distinguished members of the Heberden Society (the predecessor to the British Society for Rheumatology)) were invited to present their research as orations.

In 2015 Professor David L. Scott will feature in this prestigious presentation.

16.30

Changing the course of rheumatoid arthritis
Prof David L. Scott, King's College London, London

Rheumatoid Arthritis: Is There a Path To Drug-Free Remission?

Wednesday 29 April, 2015, 17:45–19:15

Exchange Room 9, Manchester Central, Manchester, UK

Chair: Professor Andrew Cope, King's College London, London, UK

The 'at-risk' individual – definition and prospects for therapy

Professor Andrew Cope, King's College London, London, UK

Biomarkers – a road map for individualized treatment?

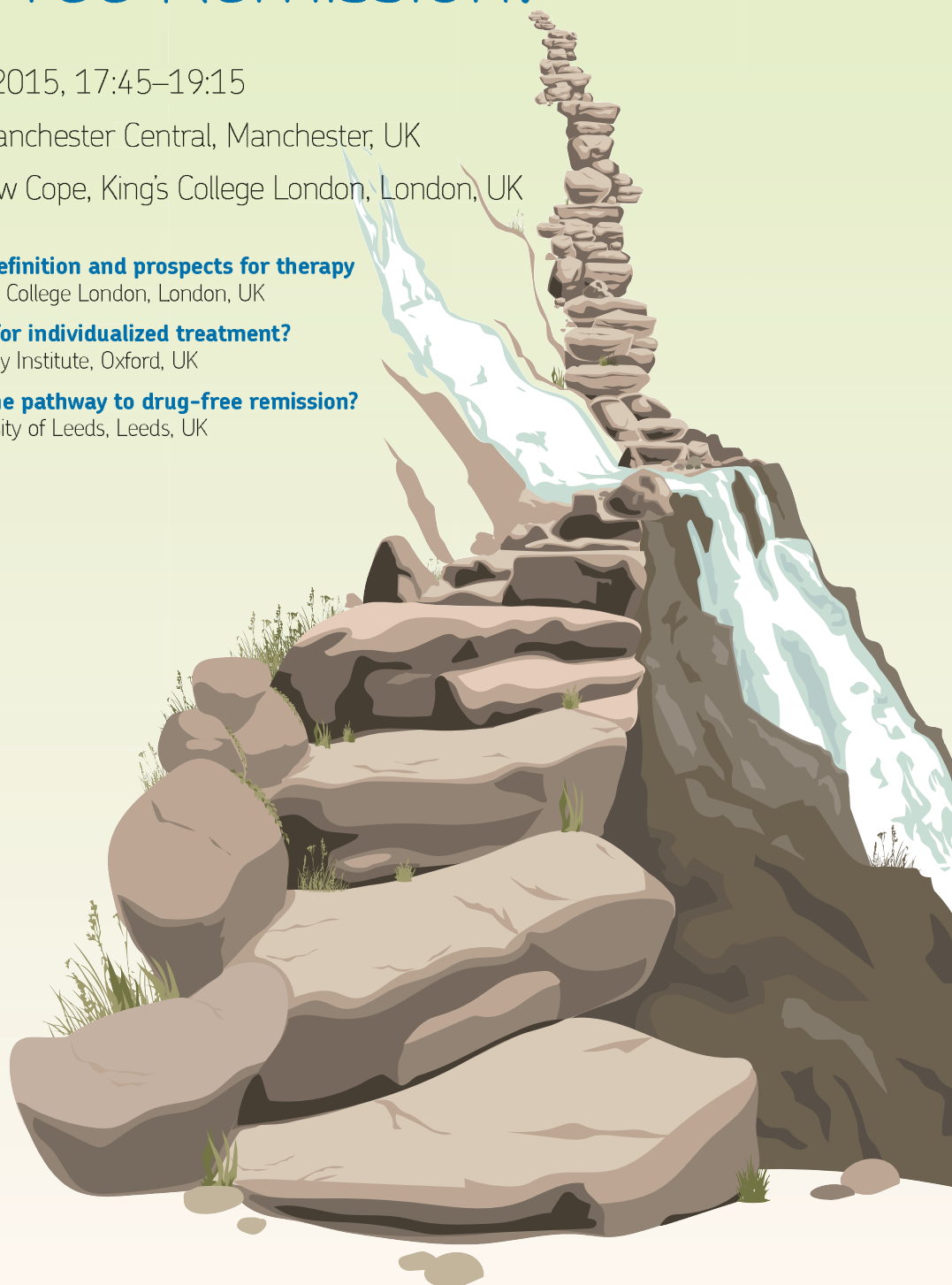
Professor Peter Taylor, Kennedy Institute, Oxford, UK

Early treatment – is this the pathway to drug-free remission?

Professor Paul Emery, University of Leeds, Leeds, UK

Discussion

Chair & speakers



This meeting is organized and funded by



Approval code 427UK15NP01445-01 Date of preparation: February 2015

Rheumatology 2015

28-30 April | Manchester, UK

17.45 - 19.15

Exchange Room 9

Industry supported symposium: Bristol-Myers Squibb**Rheumatoid arthritis: is there a path to drug-free remission?**

As well as discussing the need for greater clarity for definitions of terminology such as 'pre-RA' and 'early RA', this session aims to challenge current thinking about treatment pathways in patients with early disease and to encourage discussion around the potential for treatment de-escalation or withdrawal strategies in patients who do achieve remission.

- Outcome 1: The audience will be better able to understand signs and symptoms of 'at-risk' individuals and early RA, and recognize the importance of early targeted treatment to improve long-term patient outcomes.
- Outcome 2: The audience will gain an insight into the prediction of treatment response, and how this insight may help them to individualize treatment in the future.
- Outcome 3: The audience will better understand the latest evidence from drug trials and observational studies of treatment de-escalation or withdrawal in patients who achieve remission.

17.45

Welcome and introduction

Professor Andrew Cope, King's College London, London

17.50

The 'at-risk' individual – definition and prospects for therapy

Professor Andrew Cope, King's College London, London

18.15

Biomarkers – a road map for individualized treatment?

Professor Peter Taylor, Kennedy Institute, Oxford

18.40

Early treatment – is this the pathway to drug-free remission?

Professor Paul Emery, University of Leeds, Leeds

19.05

Discussion

Chair & Speakers

This meeting is organized and funded by Bristol-Myers Squibb

17.45 - 19.15

Charter 2

Outcome 1:

Outcome 2:

17.45

17.50

18.00

18.20

18.40

18.50

19.20

Industry supported symposium: Pfizer

- **Reducing the incidence of infection in patients with inflammatory conditions**

Chair: Dr James Galloway, Consultant, King's College, London

Raise awareness of the importance of vaccination against pneumococcal infection for rheumatology patients and explain how broader protection against infection can be achieved.

Gather feedback from delegates on how access to, and utilisation of, appropriate vaccines can be improved.

Quantifying the risk of infection in patients with inflammatory conditions.

Use of vaccination in rheumatology patients remains low. Healthcare professionals need to do more to raise awareness.

Welcome

Dr James Galloway, Consultant, King's College, London

Viewpoint 1: audience poll**Infection: a significant risk for patients with inflammatory conditions**

Dr James Galloway, Consultant, King's College, London

An audit of vaccination coverage in rheumatoid arthritis patients

Dr Helen Harris, Consultant, NHS Fife

Viewpoint 2: audience poll**Discussion: Strategies to improve vaccination coverage for UK patients with inflammatory conditions**

Faculty-led

Summary and close

Dr James Galloway, Consultant, King's College, London

18.00 - 19.00

Exchange Room 11

International Delegate's Reception

For those attending the Conference Dinner please be aware that coaches will depart at 18.45 (please board this if you've opted to go on the tour) and 19.10 to Old Trafford. Attendees will also be made aware of timings while at the reception.

Coaches will pick up directly outside Manchester Central (opposite the Radisson Blu Hotel). See venue map on page 6.

International Delegates' Drinks Reception

Network and learn more about BSR's activities with overseas colleagues

18.00 - 19.00 | Wednesday 29 April
Exchange Room 11



- 18.00 **Introduction and welcome**
- 18.05 **Why it's important to develop international links: BSR's perspective**
Prof Rob Moots, Chair of BSR's International Strategy Group
- 18.15 **Working in the slums of Delhi: my personal experience**
Dr Elaine Smith, BSR member, Gloucester Royal Hospital
- 18.35 **Networking**
- 19.00 **Close**

19.15 - 22.45

Old Trafford

Conference dinner

Coaches will pick up directly outside Manchester Central (opposite Raddison Blu) at 18.45 and 19.10. Please see venue map on page 6.

For those going on the stadium tour please ensure you take the earlier coach.

Tickets are nearly sold out, so enquire at registration if you would like to attend.

Conference dinner

A unique opportunity to experience one of Manchester's most popular attractions, Old Trafford, home to Manchester United Football Club.

Step inside the legend with a guided stadium tour seeing the stadium through the eyes of Manchester United greats themselves; followed by an exquisite three course dinner hosted over a spectacular view of the ground.

Drinks reception and tour from 19.15
Dinner served at 20.15

Complimentary parking and coach drop off is located at N2 car park.

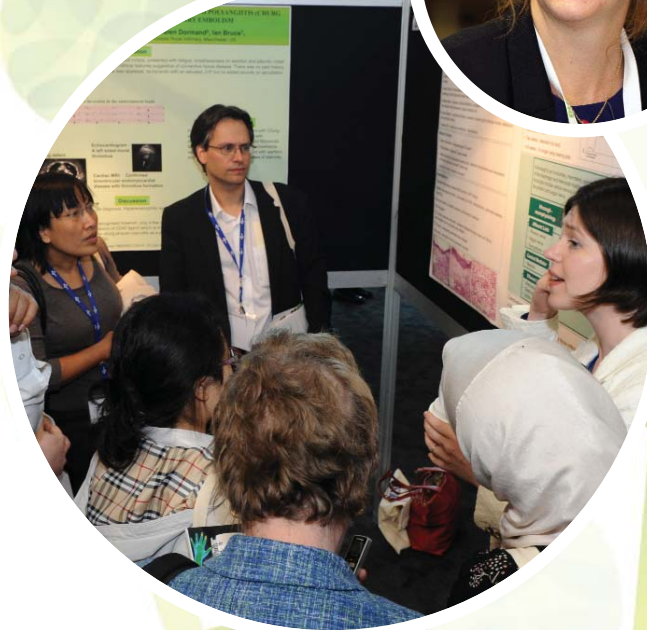




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Programme

Thursday 30 April 2015



Programme
Thursday 30 April 2015

BSR audit session

13.00-14.00 on Thursday 30 April

Exchange Room 1



Lunch provided

Chaired by **Dr Jo Ledingham**, Chair of the BSR Standards, Audit and Guidelines Working Group

Come along to hear further details about the BSR audits and question the project teams:

National clinical audit for rheumatoid and early inflammatory arthritis

Run in partnership by:



- ✓ Long-term aims of the audit
- ✓ Development of the audit tools and IT platform
- ✓ The annual report – timescales, structure and contractual requirements
- ✓ Best practice and how to secure further resources
- ✓ Q&A session



National audit of gout management

- ✓ Findings from the 12 month follow-up stage

<http://rheumatology.org.uk/resources/audits/>

08.00 - 09.00

Exhibition | Tea and coffee



Exhibition Hall

Tea and coffee will be available from outside the Innovation Theatre

08.10 - 08.50

Innovation Theatre session: AbbVie

Innovation Theatre

Evolving US practice in nurse-led care

Jackie Smith, Clinical Nurse Specialist, East Kent Hospitals University Foundation Trust, Canterbury
Susan Matthews, Clinical Nurse Specialist, Cannock Hospital, Cannock, Royal Wolverhampton Trust

This 40-minute session will feature two presentations from nurses who use ultrasound in their daily practice. Their presentations will be followed by a discussion on US in nurse-led care.

09.00 - 10.30

Pharmacoepidemiology: new truths, new lies

Exchange Rooms 8-10

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

Aim: To introduce and critically evaluate the new resources that are available to rheumatologists for pharmacoepidemiological studies.

Outcome 1: To help understand the value of pharmacoepidemiological data and the insights that it can give into drug effects and efficacy.

Outcome 2: To consider the hazards related to interpreting pharmacoepidemiological data and consider the risks to both patients and prescribers that result from hidden data in clinical trials.

Outcome 3: To highlight the values and hazards discussed in outcomes 1 and 2 with a number of examples including analyses of the use of biologics, steroids, statins and uric acid lowering drugs.

09.00 **Adverse effect of statin use in population studies**

Prof Tjeerd-Pieter van Staa, University of Manchester, Manchester

09.30 **Population use of urate-lowering therapy**

Prof Mike Doherty, Nottingham University, Nottingham

10.00 **Steroid safety: what we know, what we don't know, and why**

Dr Will Dixon, University of Manchester, Manchester

09.00 - 10.30

Ageing well: is it about bone or muscle or both?

Exchange Auditorium

Chair: Prof Elaine Dennison, University of Southampton, Southampton

Aim: This session will be a state of the art review of the latest research into musculoskeletal ageing, particularly in relation to the bone:muscle interface.

Outcome 1: Describe the mechanisms underlying musculoskeletal ageing.

Outcome 2: Introduce the concept of sarcopenia and explain its relevance and importance.

Outcome 3: Inform the audience about the potential this creates for novel therapeutic targets.

09.00 **Biology of ageing applied to bone and muscle**

Dr Steve Cummings, California Pacific Medical Center Research Institute, San Francisco, United States

09.30 **Contrasting definitional approaches to sarcopenia and osteoporosis**

Prof Cyrus Cooper, University of Southampton, Southampton

10.00 **Novel therapeutic targets with potential to influence bone/muscle**

Dr Rene Rizzoli, University of Geneva, Geneva, Switzerland

09.00 - 10.30

Charter 1

Adolescent and young adult rheumatology

Chair: Dr John Ioannou, University College London, London

Aim: Provide an insight into key issues revolving around adolescent and young adult rheumatology with regards to service provision and some key disease areas

Outcome 1: Provide an understanding of what a young adult rheumatology service looks like and why it is important.

Outcome 2: Describe potential novel biomarkers for juvenile onset dermatomyositis and long-term outcomes.

Outcome 3: Give a balanced overview of the different models of care for chronic pain management in adolescents and the evidence base.

09.00 **Young adult rheumatology service: what is it, why do we need it and how to commission for it?**

Dr Rachel Tattersall, Sheffield Teaching Hospitals and Sheffield Children's Hospital, Sheffield

09.30 **Juvenile onset dermatomyositis: current state of play with best practice, emerging biomarkers and outcomes**

Prof Lucy Wedderburn, University College London, London

10.00 **Optimal models for managing chronic widespread pain in adolescents**

Dr Jacqui Clinch, University Hospitals Bristol, Bristol

09.00 - 10.30

Charter 2

How to write, review and edit for rheumatology journals

Chair: Prof Jaap van Laar, University Medical Center Utrecht, Utrecht, The Netherlands

Aim: To educate novice researchers and seasoned authors how to write, review and edit their papers and reviewer comments for publishing.

Outcome 1: Participants will learn how to structure their clinical reviews, original papers and case studies.

Outcome 2: Tips on how to search through bibliographic databases will be provided.

Outcome 3: Current views on ethical writing and editing will be discussed.

09.00 **Upgrading standards of ethical publishing in rheumatology journals**

Associate Prof Armen Gasparyan, Russells Hall Hospital, Dudley

09.30 **Impact indicators of rheumatology journals**

Prof Robert Moots, University of Liverpool, Liverpool

10.00 **Writing a paper for *Rheumatology* (Oxford)**

Prof Jaap van Laar, University Medical Center Utrecht, Utrecht, The Netherlands

09.00 - 10.30

Charter 3

09.00

The autoimmune risk gene UBE2I3 is highly expressed during B cell proliferation and is correlated with plasma blast & plasma cell expansion in SLE

Dr Adrian Shields, King's College London, London

09.15

Methotrexate induces epigenetic modification of the FOXP3 locus in CD4+CD25+ regulatory T cells from patients with rheumatoid arthritis

Dr Adam Cribbs, Kennedy institute of rheumatology and Botnar research centre, Oxford

09.30

Hypoxia increases neutrophil extracellular trap formation and adhesion to endothelial cells

Mr Akif Khawaja, University College London, London

09.45

Plasma levels of polyunsaturated Omega 3 eicosapentaenoic acid are associated with anti-TNF response in rheumatoid arthritis, and inhibit the etanercept driven rise in TH17 cell differentiation in vitro

Dr Benjamin Fisher, University of Birmingham, Birmingham

10.00

Antiphospholipid antibodies enhance cardiomyocyte apoptosis in a simulated in vitro cardiac ischaemia/reperfusion injury model: a process dependent on the proapoptotic kinase p38 MAPK

Miss Lauren Bourke, University College London, London

10.15

Is muscle a chemotactic organ in the idiopathic inflammatory myopathies (IIM)? Overexpression of MHC I (h2kb) in C2C12 myotubes results in release of proinflammatory cytokines

Dr Adam Lightfoot, University of Liverpool, Liverpool



This session is part of a co—badged stream with the British Society for Immunology.

09.00 - 10.30

Charter 4

Aim:

To review the overuse injuries and medical complications occurring during a triathlon competition.

Outcome 1:

To review the medical risks of an endurance event.

Outcome 2:

To review injuries occurring during the running phase, with particular reference to stress fracture and tendinopathy.

Outcome 3:

To review the injuries occurring during the swim phase, with particular reference to the shoulder.

09.00

Medical problems in endurance sport

Dr Courtney Kipps, University College London, London

09.30

Overuse injuries in the leg during the triathlon

Dr David Hulse, DMRC Headley Court, Epsom

10.00

Injuries to the shoulders during the swimming phase

Dr Jo Larkin, DMRC Headley Court, Epsom

09.00 - 10.30

Exchange Hall

How can we encourage patient participation in the clinic?**BHPR**

Chairs: Dr Mwidimi Ndosu, University of Leeds, Leeds and Dr Martijn Steultjens, Glasgow Caledonian University, Glasgow

Aim: To identify what we do that can encourage patient participation in everyday clinic interaction and look at new technologies to improve patient participation in the future.

Outcome 1: Delegates will have an increased awareness of how we can encourage patient participation in everyday clinical consultations.

Outcome 2: Delegates will have an understanding of barriers and facilitators in the application of skills to promote patient participation.

Outcome 3: Evidence of ways to promote patient participation by using social media.

09.00 Patient activation and self-management: what happens in clinic?

Dr Emma Dures, University of the West of England, Bristol

09.20 Increasing patient participation in nurse-led rheumatology clinics: results from a multicentre observation and interview study

Dr Jill Firth, Pennine MSK Partnership, Oldham

09.40 Innovate to motivate: using telehealth to facilitate engagement with physical activity

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

10.00 Panel discussion

All speakers

10.30 - 11.30

Exhibition | Tea and coffee



Exhibition Hall

Please see exhibition floor plan on page 86 for catering points

10.30 - 11.30

Poster and E-poster viewing



Exhibition Hall

Poster category

236 Basic Science

237-238 Biology of bone cartilage and connective tissue

239-240 Cytokines and inflammation

241-251 Education

252-259 Genetics

260-262 Imaging

263-265 Metabolic and crystal arthropathies

266-277 Paediatric and adolescent rheumatology

278-281 Pain

282-288 Scleroderma and related disorders

289-303 SLE and antiphospholipid syndrome

304-318 Vasculitis

Don't forget to visit our new feature to this year's conference: the e-poster area.


Please look at the e-poster information on page 23 for further details.

The final day of conference and the final day to join one of our popular poster tours.

Our poster tours are guided by leaders in the field of rheumatology and highlight a selection of the British Society for Rheumatology and British Health Professionals in Rheumatology's posters, helping delegates to make the most of poster viewing sessions.

Don't miss out on the opportunity to be shown around carefully selected posters for Q&A with the poster presenters. Each expert will conduct a tour consisting of approximately six to eight posters, allowing authors to share their research in an interactive format. The poster tours are always extremely popular so please ensure you secure your place by signing up at the poster desk (next to registration in the Charter Foyer) ahead of the tour.

Number of participants is limited to 15 per tour.

10.35 - 11.25	Adolescent and paediatric rheumatology poster tour	
Exhibition Hall	Poster tour leader: Dr Eileen Baildam, Alder Hey Children's NHS Foundation Trust, Liverpool	
266	Standardised mortality rates are increased in patients with severe juvenile idiopathic arthritis Miss Rebecca Davies, University of Manchester, Manchester	
267	Treatment prescribing patterns in a cohort of patients with juvenile idiopathic arthritis. Data from the childhood arthritis prospective study Miss Rebecca Davies, University of Manchester, Manchester	
268	Validating a pain perception questionnaire for young people with juvenile arthritis Miss Daniela Ghio, University of Manchester, Manchester	
269	Fat patterning and metabolic abnormalities in children with juvenile dermatomyositis a descriptive study Dr Anju Gupta, Postgraduate Institute of Medical Education and Research, Chandigarh, India	
273	In adolescent patients with juvenile idiopathic arthritis anxiety and mood predicts function whereas life event stressors in the older adolescent predicts inflammation Miss Laura Hanns, University College London, London	
274	Factors associated with choice of first biologic among children with juvenile idiopathic arthritis: a combined analysis from 2 UK paediatric biologic registers Mrs Lianne Kearsley-Fleet, University of Manchester, Manchester	
276	Multicentre audit of disease activity assessment in juvenile idiopathic arthritis: juvenile idiopathic arthritis topic specific group Dr Flora McErlane, Great North Children's Hospital, Newcastle	
277	Growth during Tocilizumab therapy in patients with polyarticular-course juvenile idiopathic arthritis: 2 year data from the phase 3 Cherish trial Dr Athimalaipet Ramanan, Bristol Royal Hospital for Children and Royal National Hospital for Rheumatic Diseases, Bath	

10.35 - 11.25


Connective tissue disease poster tour



Exhibition Hall

Poster tour leader: Prof Anisur Rahman, University College London, London

- 284 **A study of morphea in systemic sclerosis: defining links between localised and systemic sclerosis**
Dr Nataliya Gak, Royal Free London NHS Foundation Trust, London
-
- 285 **Systemic sclerosis inpatient mortality has not improved from 1995-2011. Results from a national Irish audit of scleroderma comorbidities**
Dr Len Harty, Cork University Hospital, Cork, Ireland
-
- 287 **An observational study of intravenous immunoglobulin therapy in the treatment of gastrointestinal involvement in systemic sclerosis**
Dr Jasmin Raja, University College London Medical School, London
-
- 289 **Comparison of disease characteristics and organ damage in patients with juvenile and adult onset systemic lupus erythematosus in a large cohort from Turkey**
Dr Bahar Artim-Esen, Istanbul University, Istanbul, Turkey
-
- 294 **The challenge of achieving complete remission: a 32 year retrospective analysis of a lupus cohort**
Dr Carmen Medina-Quiñones, Ramón y Cajal Hospital, Madrid, Spain
-
- 298 **Early symptoms in systemic lupus erythematosus: can they be used to predict diagnosis?**
Dr Frances Rees, University of Nottingham, Nottingham
-
- 299 **The burden of comorbidity in systemic lupus erythematosus**
Dr Frances Rees, University of Nottingham, Nottingham
-
- 303 **Predictors of bone loss over time in patients who have systemic lupus erythematosus**
Dr Richa Sinha, Royal Lancaster Infirmary, Lancaster

10.35 - 11.25	Vasculitis poster tour 	
Exhibition Hall	Poster tour leader: Dr Richard A. Watts, Ipswich Hospital NHS Trust, Ipswich	
305	Factors associated with detection of large-vessel vasculitis on 18-florine flurodeoxyglucose positron emission tomography/computed tomography scans: a single-centre audit Dr Esme Ferguson, University of Leeds, Leeds	
306	How do general practitioners manage suspected giant cell arteritis Dr Toby Helliwell, Keele University, Keele	
308	Cardiovascular outcomes are worse in microscopic polyangiitis compared to granulomatosis with polyangiitis: data from an inception cohort of patients with anti-neutrophil cytoplasm antibody associated systemic vasculitis Dr Anna Mistry, University of Oxford, Oxford	
310	Poor positive predictive value of PR3 and MPO antibodies in diagnosis of AAV Dr Fiona Pearce, Queen's Medical Centre, Nottingham	
314	Increased risk of cerebrovascular and cerebrovascular disease outcomes in patients with giant cell arteritis independently associated with social deprivation Dr Joanna Robson, University of Oxford, Oxford	
315	Development of an anti-neutrophil cytoplasmic antibody-associated vasculitis patient reported outcome measure: identification of salient themes and candidate questionnaire item development Dr Joanna Robson, University of Oxford, Oxford	
316	Predictors of delay in diagnosis of giant cell arteritis and anti-neutrophil cytoplasm antibody associated vasculitides analysis of data from the diagnostic & classification criteria in vasculitis study (DCVAS) Mr Benjamin Seeliger, University of Jena, Jena, Germany	
318	Preliminary analysis of histological findings in GCA biopsy positive patients recruited into a large multicentre study of temporal artery ultrasound versus biopsy in the diagnosis of giant cell arteritis Prof Raashid Luqmani, University of Oxford, Oxford	

10.40 - 11.20

Innovation Theatre session: Novartis

Innovation Theatre

The IL-17 pathway: a promising target to treat Ankylosing Spondylitis

Dr Helena Marzo-Ortega, Consultant Rheumatologist, Chapel Allerton Hospital, Leeds
 Dr Hasan Tahir, Consultant Rheumatologist, Whipps Cross University Hospital, London

Main Aims: Examine the current unmet needs. Discuss the current scientific understanding regarding the role of the IL-17 pathway in the pathogenesis of ankylosing spondylitis. Review the available data regarding the therapeutic potential of new biological therapies targeting the IL-17 pathway for the management of ankylosing spondylitis.

11.30 - 13.00

Rheumatic disease and the kidney

Exchange Auditorium

Chairs: Dr Neil Basu, University of Aberdeen, Aberdeen and Dr Aman Sharma, Post Graduate Institute of Medical Education and Research, Chandigarh, India

Aim: To highlight recent advances in the evaluation and management of renal disease in the context of the rheumatology unit.

Outcome 1: Delegates will have an increased awareness of current assessment and treatment strategies for lupus nephritis.

Outcome 2: Delegates will be familiar with state of the art management options for renal vasculitis.

Outcome 3: Delegates will have a better understanding of the implications of rheumatic drug prescribing on pre-existing and future renal co-morbidity.

11.30 **Managing lupus nephritis in the era of biological therapies**

Prof Elizabeth Lightstone, Imperial College London, London

12.00 **Modern strategies for the management of renal vasculitis**

Prof Lars Erwig, University of Aberdeen, Aberdeen

12.30 **Rheumatic drug prescribing and the kidney**

Prof Mark Little, Trinity College Dublin, Dublin, Ireland

11.30 - 13.00

Opportunistic infections

Charter 1

Chairs: Dr Graham Raftery, City Hospitals Sunderland, Sunderland and Dr Muddassir Shaikh, Freeman Hospital, Newcastle

Aim: To give practical evidence based approach to the clinical rheumatologist for the screening, prevention and prophylactic treatment of commonly encountered infections.

Outcome 1: Delegates will develop an approach to address issues related to vaccination in the rheumatology practice.

Outcome 2: A comprehensive overview aimed to enable clinicians to identify patients likely to benefit from prophylactic antibiotic treatment.

Outcome 3: To develop an understanding of the diagnosis and treatment of latent tuberculosis, and approach to immunosuppression whilst being treated for tuberculosis.

11.30 **Vaccination in rheumatology practice**

Prof Jaap van Laar, University Medical Center Utrecht, Utrecht, The Netherlands

12.00 **An evidence-based approach to preventing infection in the therapeutically immunocompromised**

Dr Andrew Berrington, City Hospitals Sunderland, Sunderland

12.30 **Latent tuberculosis: myth or reality?**

Dr Muddassir Shaikh, Freeman Hospital, Newcastle upon Tyne

11.30 - 13.00

Exchange Hall

Aim:
Outcome 1:
Outcome 2:
Outcome 3:

11.30

12.00

12.30

BSR clinical guidelines

Chair: Dr Jo Ledingham, Queen Alexandra Hospital, Portsmouth

To provide delegates with an update on guidelines in development.
To highlight key changes and new recommendations to existing guidelines.
To provide details of key recommendations for new guidelines.
To provide an opportunity for delegates to question the guideline working group leads and to feed comments into the guideline development process.

Prescribing in pregnancy for rheumatology

Dr Ian Giles, University College Hospital, London

Ankylosing spondylitis and biologics

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

Scleroderma management

Prof Christopher Denton, University College London, London

11.30 - 13.00

Exchange Room 11

Aim:
Outcome 1:
Outcome 2:
Outcome 3:

11.30

12.15

BRiTs: Seronegative arthritides: test your knowledge!

Chair: Dr Elena Nikiphorou, Addenbrooke's Hospital, Cambridge and Dr Sonia Panchal, University Hospitals of Leicester NHS Trust, Leicester

To provide trainees with up-to-date clinical teaching on seronegative arthritides.
To review the pathophysiology of seronegative arthritides.
To review the presentation and classification of seronegative arthritides.
To review the management of seronegative arthritides based on current evidence base.

Exploring Horizons in axial SpA

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

"Just when you thought Psoriatic arthritis was easy"

Dr Helena Marzo-Ortega, Leeds Musculoskeletal and Biomedical Research Unit, Leeds

11.30 - 13.00

Charter 3



12.30

Droitwich Medical Trust lecture**BHPR**

Chair: Dr Michael Backhouse, President of BHPR

The Droitwich lecture marks the highlight of the BHPR programme, featuring the presentation of the prestigious Droitwich lecture followed by an awards ceremony where inspiring allied health professionals have the opportunity to share their work.

Droitwich lecture: A journey of discovery in a changing landscape: the experience of a rheumatology nurse

Susan Oliver OBE, Nurse Consultant in Rheumatology and Chair of European League Against Rheumatism (EULAR) Health Professionals, Standing Committee

BHPR Awards ceremony

Featuring BHPR Clinical Prize winner, Mrs Fidelma Gordon, East and North Herts NHS Trust, Herts

11.30 - 13.00

Charter 2

Adolescent and young adult oral abstract session

Chairs: Dr Jacqui Clinch, University Hospitals Bristol, Bristol and Dr Rachel Tattersall, Sheffield Teaching Hospitals and Sheffield Children's Hospital, Sheffield

11.30

The efficacy of a multidisciplinary intervention strategy for the treatment of benign joint hypermobility syndrome in childhood. A randomised, single centre parallel group trial (the Bendy study)

Dr Kate Armon, Norfolk and Norwich University Hospital, Norwich

11.45

An integrative analytical approach to sub-phenotyping of juvenile dermatomyositis (JDM)

Dr Claire Deakin, University College London Institute of Child Health, London

12.00

Tumour necrosis factor inhibition in enthesitis related arthritis and disease modifying effects in axial disease

Dr Corinne Fisher, University College London, London

12.15

What are the educational needs of nurses involved in the care of children and young people with rheumatic disease?

Dr Nicola Smith, Newcastle University, Newcastle

12.30

Clinical outcomes of young adults with juvenile idiopathic arthritis following transition to adult care

Dr Adam Croft, University of Birmingham, Birmingham

12.45

Development and feasibility testing of a new iPad application 'This Feeling' to aid communication of pain in children with juvenile idiopathic arthritis

Mrs Pauline Tapping, University of Manchester, Manchester

11.30 - 13.00

Exchange Rooms 8-10

Sjögren's special interest group: hands on management of patients with suspected Sjögren's syndrome

Chair: Dr Elizabeth Price, Great Western Hospital, Swindon

Aim:

To update the audience on the value of lip biopsy as a diagnostic and prognostic tool. To demonstrate to the audience how to perform a lip biopsy. To review the role of US as a diagnostic and response to treatment tool in Sjögren's. To share the draft management guidelines with the audience and invite discussion and debate on their value.

Outcome 1:

Understand when to proceed to lip biopsy and salivary gland ultrasound.

Outcome 2:

Understand the diagnostic and prognostic value of lip biopsy and salivary gland ultrasound.

Outcome 3:

Have an understanding of the management of each aspect of Sjögren's syndrome.

11.30

Salivary gland biopsy: why and when to do it?

Dr Francesca Barone, Queen Elizabeth Hospital Birmingham, Birmingham

11.50

Salivary gland biopsy: how to do it!

Dr Benjamin Fisher, University of Birmingham, Birmingham

12.10

Use of salivary gland ultrasound as a diagnostic and response to management tool in Sjögren's

Prof Fai Ng, Newcastle University, Newcastle upon Tyne

12.30

Managing your Sjögren's patients: a practical guide

Dr Elizabeth Price, Great Western Hospital, Swindon

11.30 - 13.00

Exchange Room 1

Stratified medicine special interest group

Chair: Prof Jane Worthington, University of Manchester, Manchester

- Aim: To understand the concept of stratified medicine and review progress.
- Outcome 1: The audience will understand what stratified medicine is and how it is being applied in other disease areas.
- Outcome 2: To update on current stratified medicines initiatives in RA.
- Outcome 3: To update on current stratified medicines initiatives in JIA.

11.30

Overview of stratified medicine: what is it and what examples are there of successful application?

Prof Ann Morgan, University of Leeds, Leeds

11.50

MATURA workstream 1: workstream 1 approach and progress update

Prof Costantino Pitzalis, Barts and the London School of Medicine, London

12.10

MATURA workstream 2: approach and progress update

Prof Anne Barton, University of Manchester, Manchester

12.30

CHART - stratified medicine for juvenile idiopathic arthritis: progress and update

Prof Lucy Wedderburn, University College London, London

13.00 - 14.15

Exhibition | Lunch



Exhibition Hall

Please note that the Exhibition Hall will close at the end of this break.

13.00 - 14.15

BHPR Members' Meeting: promoting regional networks

BHPR

Charter 4

You are invited to the BHPR Members' Meeting: promoting regional networks

Charter 4 | Thursday 30 April at 13.00 – 14.00



Lunch provided

The meeting will feature feedback from the South Central and Yorkshire and Humber regions on running local events accompanied by guides and information packs for each regional lead.

A question and answer session on BHPR activities and how this relates to the regions will be included and covers topics such as competency frameworks and learning and development opportunities. Come along and find out more, bring a colleague and get involved.

BHPR

British Health Professionals
in Rheumatology

BSR
The British Society for Rheumatology

For more information visit our stand or the website:

http://www.rheumatology.org.uk/bhpr/about_us/regions.aspx

13.00 - 14.00

Exchange 1

BSR Audit session**Update on the national clinical audit for rheumatoid and early inflammatory arthritis**

Dr Jo Ledingham, Clinical Audit Director and Consultant Rheumatologist, Queen Alexandra Hospital, Portsmouth

Update on the national gout audit

Dr Edward Roddy, Keele University, Keele

Additional speakers will include:

Dr Neil Snowden, Consultant Rheumatologist, Pennine MSK Partnership, Oldham and Ailsa Bosworth, Chief Executive, National Rheumatoid Arthritis Society (NRAS)

13.10 - 13.50

Innovation Theatre session: Celgene

Innovation Theatre

Algorithms in Psoriatic Arthritis: are we there yet?

Prof Oliver Fitzgerald, Consultant Rheumatologist, St Vincent's University Hospital, Dublin
Dr David Walker, Consultant Rheumatologist, Freeman University Hospital, Newcastle

Short introduction on current and future algorithms in PsA with two interactive patient cases to illustrate

14.15 - 15.45

Exchange Hall

The challenge of public education in rheumatology

Chair: Prof Andrew Hassell, Keele University, Keele

Aim:

Rheumatology healthcare professionals increasingly recognise the importance of effective public education, in its broadest sense. This session will explore different aspects of this area.

Outcome 1:

Delegates will appraise methods of promoting public health messages in rheumatology.

Outcome 2:

Delegates will identify effective means of influencing health policy.

Outcome 3:

Delegates will evaluate strategies for public and patients education in the context of specific diseases.

14.15

Educating the public about arthritis

Dr Benjamin Ellis, Imperial College Healthcare NHS Trust, London

14.45

Educating the public about Rheumatology and Simple Tasks campaign

Prof Simon Bowman, President of BSR

15.15

Increasing public awareness of a Cinderella disease: lessons from the "FAST" campaign

Prof Gary Ford, Oxford Academic Health Science Network, Oxford

14.15 - 15.45

Exchange Rooms 8-10

Get fired up for audit and research**BHPR**

Chairs: Dr Kanta Kumar, University of Manchester, Manchester and Prof Anthony Redmond, University of Leeds, Leeds

Aim:

To encourage AHPs to undertake their own research/audit projects and to disseminate their work.

Outcome 1:

To provide a basic understanding of research and audit, and how this can improve practice.

Outcome 2:

To have an understanding of the support and funding available to nurses and AHPs to conduct research.

Outcome 3:

To appreciate different methods of dissemination and to have a basic understanding of how to write a research paper or conference abstract.

14.15

Audit and research: overcoming the barriers

Mrs Sandra Robinson, Northumbria Healthcare NHS foundation Trust, North Shields

14.40

Making the most of the NIHR research opportunities for health professionals

Dr Anne-Maree Keenan, Chapel Allerton Hospital, Leeds

15.05

A beginner's guide to publishing research or audit

Mrs Sarah Ryan, Haywood Hospital, Stoke-on-Trent

15.30

Panel discussion

14.15 - 15.45

Exchange Auditorium

From TNF inhibition to biosimilars: managing safety and quality

Chair: Dr Shouvik Dass, Leeds Teaching Hospitals NHS Trust, Leeds and Dr Jill Firth, Pennine MSK Partnership, Oldham

Aim: To provide an overview of the practical aspects of providing high quality and safe service delivery of biologic therapies to patients.

Outcome 1: To outline the updated guidance provided by the Royal College of Nursing (RCN) and BSR and discuss how to implement them effectively.

Outcome 2: To look at ways to ensure that patients receive a high quality service to their home in partnership with homecare companies.

Outcome 3: To share with delegates current knowledge surrounding the introduction of biosimilars into practice and recommendations for how this should be done.

14.15 **Practical management of patients on biologic therapies (updated RCN & BSR guidance)**

Dr Diana Finney, Royal College of Nursing (RCN), London

14.45 **Biosimilars: out of the laboratory and into practice**

Dr James Galloway, King's College London, London

15.15 **Current challenges from a patient perspective regarding biologics**

Alisa Bosworth, National Rheumatoid Arthritis Society (NRAS), London

14.15 - 15.45

Exchange Room 11

BRiTs: Dermatological manifestations of rheumatic disease: all you need to know

Chairs: Dr Sonia Panchal, University Hospitals of Leicester NHS Trust, Leicester and Dr Maliha Shaikh, Royal Free Hospital, London

Aim: To provide trainees with an overview of dermatological manifestations of rheumatic disease.

Outcome 1: To review the causes of dermatological disease in rheumatic diseases.

Outcome 2: To review the presentation of rheumatic diseases with dermatological manifestations.

Outcome 3: To review the management of dermatological manifestations in the context of rheumatic disease.

14.15 **Dermatology for rheumatologists**

Dr Portia Goldsmith, The Royal London and Homerton NHS Trusts, London

15.00 **Dermatological manifestations of rheumatic disease**

Prof David D'Cruz, St Thomass' Hospital, London

14.15 - 15.45

Charter 3

Genetics oral abstract session

Chairs: Dr Michelle Fernando, King's College London, London and Prof Alex MacGregor, University of East Anglia, Norwich

- 14.15 **Personalized genetic medicine: amino acid positions 11, 71 and 74 in HLA-DRB1 predict disease severity, mortality and treatment response in rheumatoid arthritis; multicentre prospective cohort studies**
Dr Sebastien Viatte, University of Manchester, Manchester
- 14:30 **International immunochip study in the idiopathic inflammatory myopathies identifies genetic differences between clinical subgroups, and confirms HLA alleles as strongest genetic risk factor**
Mr Simon Rothwell, University of Manchester, Manchester
- 14.45 **DNA methylation profiling of synovial fluid-derived fibroblast-like synoviocytes from patients with rheumatoid arthritis reveals common and distinct changes relative to their tissue-derived counterparts**
Dr John Glossop, Keele University, Keele
- 15.00 **Characterisation of rheumatoid arthritis susceptibility locus, 5Q11 (ANKRD55)**
Dr Kate McAllister, University of Manchester, Manchester
- 15.15 **PTPN22 is associated with susceptibility to psoriatic arthritis but not psoriasis: evidence for a further pSa-specific risk locus**
Dr John Bowes, University of Manchester, Manchester
- 15.30 **Reduced mental health in early rheumatoid arthritis is associated with genetic susceptibility for depression, disease severity and pain levels**
Dr Ian Scott, King's College London, London

14.15 - 15.45

Charter 1

Adolescent and young adult special interest group

Chairs: Dr Alison Jordan, University Hospitals Birmingham, Birmingham and Dr Flora McErlane, Newcastle University, Newcastle upon Tyne

- Aim: To engage young people across the UK in the development of high quality, evidence based, young person friendly services across paediatric, adolescent, and adult MSK groups.
- Outcome 1: To understand the challenges of ensuring continuous, high quality healthcare for adolescents and young adults in the modern NHS, with emphasis on the provision of biologics for adults with JIA.
- Outcome 2: To explore ways to improve the health and well-being of adolescents and young adults with arthritis: the experiences of the centre for adolescent rheumatology.
- Outcome 3: To explore ways to improve the health and well-being of adolescents and young adults with arthritis: the experiences of the national network for adolescent rheumatology.

- 14.15 **Improving the health and well-being of adolescents and young adults in the modern NHS: The centre for adolescent rheumatology**
Dr Debajit Sen, University College London, London
- 14.37 **Improving and using the evidence base in adolescent rheumatology; a practical approach to commissioning, research and clinical care in adolescents and young adults**
Dr Rachel Tattersall, Sheffield Teaching Hospitals and Sheffield Children's Hospital, Sheffield
- 15.00 **The use and effectiveness of biologics in adults with JIA: clinical practice and current research**
Prof Helen Foster, Newcastle University, Newcastle upon Tyne and Dr Kimme Hyrich, University of Manchester, Manchester

14.15 - 15.45

Charter 2

Aim:	To provide an update on specific issues regarding ethnicity and rheumatology.
Outcome 1:	To obtain an understanding of psoriatic arthropathy.
Outcome 2:	To obtain an understanding of bone metabolism disorders.
Outcome 3:	To obtain a public perspective on patient educational initiatives.

14.15

Ethnic differences in phenotypic expression of psoriatic arthritis.

Dr Philip Helliwell, University of Leeds, Leeds

14.45

Ethnicity, inclusion and MSK innovation: patient partnerships

Ms Christine Thomas, Community Leicester Arthritis Self Help (CLASH), Leicester

15.15

Ethnicity and Metabolic Bone Diseases

Dr Ashok Bhalla, Royal National Hospital for Rheumatic Diseases, Bath

15.45 - 16.00

Refreshments



The Gallery

For those staying for the special interest group sessions in the afternoon, refreshments will be available in the Gallery, located directly outside the Exhibition Hall.

16.00 - 17.30

Exchange Hall

Aim:	Update on assessment and treatment of scleroderma.
Outcome 1:	Understand assessment techniques for Raynaud's phenomenon.
Outcome 2:	Review the treatment of calcinosis.
Outcome 3:	Current management guidelines in scleroderma.

16.00

Eminence and evidence based management of scleroderma: navigating recommendations and guidelines

Prof Christopher Denton, University College London, London

16.30

Assessment of microvascular disease and Raynaud's phenomenon

Dr John Pauling, Royal National Hospital for Rheumatic Diseases, Bath

17.00

Assessment and treatment of calcinosis

Prof Ariane Herrick, University of Manchester, Manchester

16.00 - 17.30

Charter 1

Myositis special interest group

Chairs: Dr Hector Chinoy, University of Manchester, Manchester and Dr Patrick Gordon, King's College London, London

- Aim: To provide updates on current issues and relevant research activities in the clinical management of inflammatory myositis.
- Outcome 1: To provide an update for the general rheumatologist on the assessment of myositis disease activity.
- Outcome 2: To highlight disease resistance in myositis using clinical cases and the use of novel accessible agents for treatment.
- Outcome 3: To highlight the issue of diseases that can mimic the presentation of myositis from a neurologist's perspective.

16.00

Introduction and what is new in myositis

Dr Hector Chinoy, University of Manchester, Manchester

16.20

How to assess myositis disease activity in a busy general rheumatology clinic

Dr Patrick Gordon, King's College Hospital, London

16.40

Clinical cases highlighting disease resistance and novel therapeutic approaches including tacrolimus and combination therapy

Dr Yasmeen Ahmad, Llandudno General Hospital, Llandudno, Wales

17.00

Diseases that can mimic the presentation of myositis from a neurologist's perspective

Dr Mark Roberts, Salford Royal NHS Foundation Trust, Salford

16.00 - 17.30

Exchange Auditorium

Spondyloarthritis special interest group

Chairs: Dr Antoni Chan, Royal Berkshire NHS Foundation Trust, Reading and Dr Bruce Kirkham, Guy's and St Thomas' Hospital, London

- Aim: To provide the latest update in the field of spondyloarthritis.
- Outcome 1: To improve the early identification and assessment of spondyloarthritis.
- Outcome 2: To update on recent national guidelines and commissioning in the field of spondyloarthritis.
- Outcome 3: To increase knowledge on the newer therapies in spondyloarthritis.

16.00

Psoriatic arthritis spectrum: tight control and latest development in composite disease activity measurements

Dr Philip Heliwell, Leeds Institute of Rheumatic and Musculoskeletal Diseases, Leeds

16.15

Update on NICE clinical guidelines on spondyloarthritis

Dr Jon Packham, Keele University, Keele

16.30

Update on BRITSPA

Dr Helena Marzo-Otega, Leeds Musculoskeletal and Biomedical Research Unit, Leeds

16.45

Update on BRITPACT

Dr Sonya Abraham, Imperial College London, London,

17.00

From bench to bedside: updates on treatments in spondyloarthropathies

Prof Peter Taylor, University of Oxford, Oxford

17.15

Questions

16.00 - 17.30

Heritable disorders of connective tissue special interest group

Exchange Rooms 8-10

Chair: Dr Alan Hakim, Barts Health NHS Trust, London

Aim: Attendees will gain a practical update on genetic testing and diagnosis, and the role of vascular assessment in the HDCTs, as well as new insights in to the world of mast cells and their relationship with complications of Ehlers-Danlos syndrome.

Outcome 1: To appreciate the developments in genetic markers and their role in redefining classification criteria and disease mechanisms.

Outcome 2: To gain an understanding of the assessment, differential diagnosis, and management of aortopathy in the HDCT.

Outcome 3: To appreciate the array of clinical manifestations that arise with excess histamine release, and the mechanisms in HDCTs that may lead to inflammation and mast cell activation.

16.00 **Histamine: too much of a good thing?**

Dr Suranjith Seneviratne, Royal Free Hospital, London

16.20 **An update in the Genetics of Heritable Disorders of Connective Tissue**

Dr Brad Tinkle, Advocate Children's Hospital, Chicago, United States

16.40 **Assessing and treating Aortopathy**

Dr Anand Saggar, St George's NHS Trust, London

17.00 **Panel discussion**

All Speakers

HEBERDEN LIBRARY CATALOGUE

now available online

The Heberden Library is an important collection of medico-historical books on rheumatism, gout and other allied conditions. It is maintained by the Royal College of Physicians on behalf of the British Society for Rheumatology and contains over 1,500 books, pamphlets and journals dating from 1534 to the present day.

The Heberden Library catalogue is now available to search online, and includes all the currently-catalogued books housed at Bride House and at the Royal College of Physicians.

Visit the British Society for Rheumatology's website at www.rheumatology.org.uk for further information and to access the online catalogue.



Woodcut illustration of gout sufferers from Eyn verantwortung Podagrae vor dem Richter [Gout answers before the judge], published Mainz, 1537.

Use the app in interactive sessions: Try out our new live polling!



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Exhibition



Acknowledgements

The British Society for Rheumatology would like to thank our sponsors and exhibitors for their generous support, whose contribution to Rheumatology 2015 is invaluable.

Platinum sponsors 2015



AbbVie | Stand 34

Symposium

Perspectives: Art, Inflammation and Me

Patient – Artist – Clinician

Tuesday 28 April, 18.00 - 19.30

Innovation Theatre sessions

T2T in PsA: From theory to practice

Tuesday 28 April, 16.20 - 16.40

Evolving US practice in nurse-led care

Thursday 30 April, 08.10 - 08.50



Bristol-Myers Squibb

Bristol-Myers Squibb | Stand 29

Symposium

Rheumatoid arthritis: is there a path to drug-free remission?

Wednesday 29 April, 17.45 - 19.15



Pfizer | Stands 28 and 34

Symposium

Reducing the incidence of pneumococcal pneumonia in patients with inflammatory conditions

Wednesday 29 April, 17.45 - 19.15

Innovation Theatre session

Introducing iMonitor

Wednesday 29 April, 14.00 - 14.20



Roche Products Ltd and Chugai Pharma UK Ltd

Stands 42, 36 and 44

Symposium

Breaking boundaries in RA: How far can technology take us?

Tuesday 28 April, 18.00 - 19.30

Innovation Theatre session

The Impact of Medicines Non-Adherence in Rheumatoid Arthritis

Wednesday 29 April, 10.40 - 11.20

Silver sponsor 2015



Celgene Ltd | Stand 46

Innovation Theatre sessions

Psoriatic Arthritis: What are our biggest clinical challenges?

Tuesday 28 April, 13.10 - 13.50

Algorithms in Psoriatic Arthritis: Are we there yet?

Thursday 30 April, 13.10 - 13.50

Bronze sponsors 2015



Hospira UK Ltd | Stand 47

Symposium

Biosimilars in the Round

Wednesday 29 April, 07.15 - 08.45



Janssen Pharmaceuticals | Stand 20

Symposium

Psoriatic arthritis: under the skin

Wednesday 29 April, 07.15 - 08.45



Novartis Pharmaceuticals UK Limited | Stand 38

Innovation Theatre session

The IL-17 pathway: a promising target to treat Ankylosing Spondylitis

Thursday 30 April, 10.40 - 11.20



UCB Pharma Ltd | Stand 40

Innovation Theatre session

Optimisation: Informed Decision making using Biologic Trough Levels

Tuesday 28 April, 10.40 - 11.20

BSR Corporate partners

The British Society for Rheumatology would like to acknowledge and thank our corporate partners for their support of key activities throughout the year. These partners have each provided resources to BSR to enable joint work over a year period, speak with the team on the BSR stand to learn more.



Stand 24



Stand 46



Stand 20



Stand 45



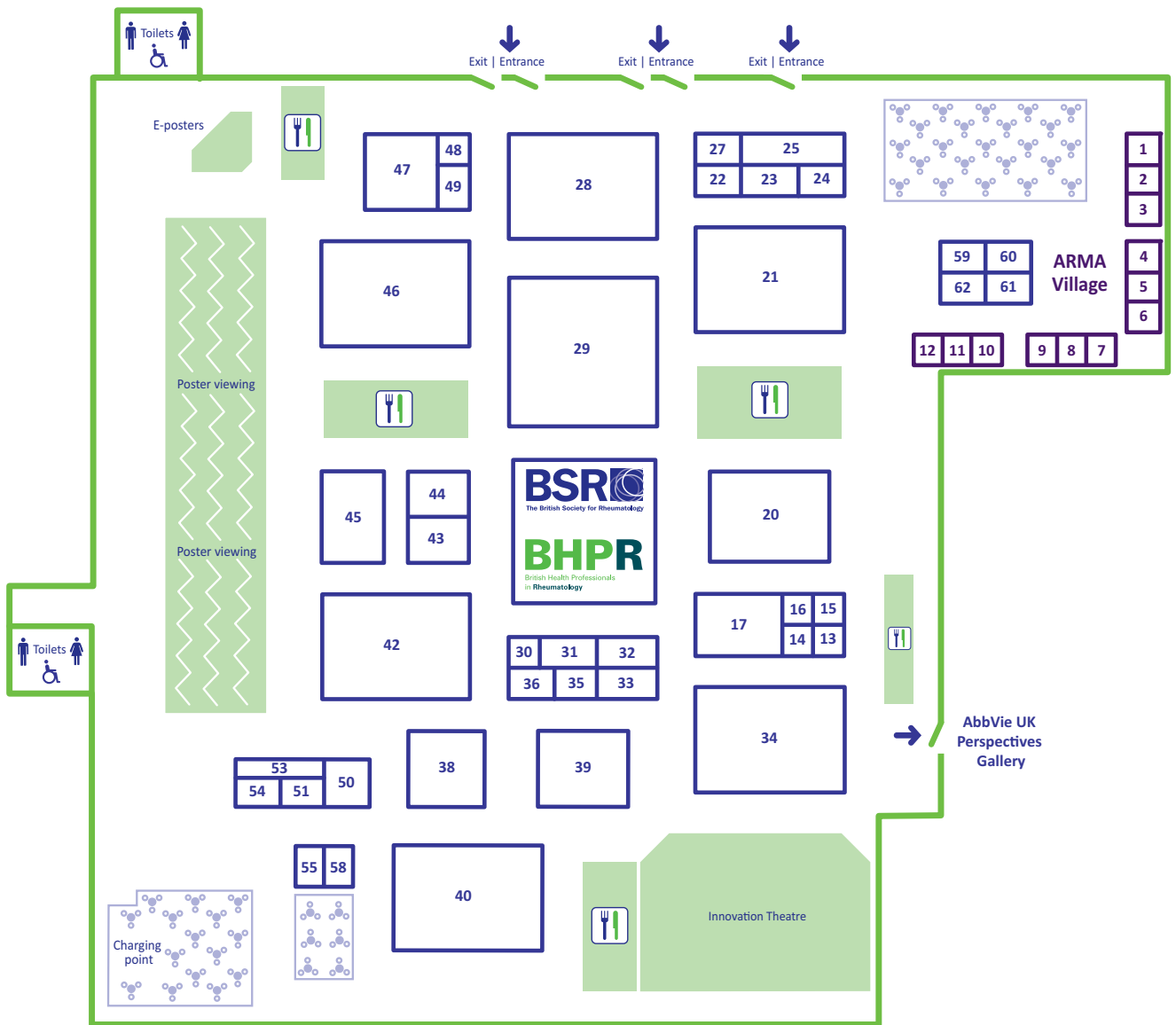
Stand 42, 36 and 44

Exhibitors listing

Stand	Company
27	4S DAWN Clinical Software
24	A.Menarini Farmaceutica Internazionale SRL
34	AbbVie
33	Actelion Pharmaceuticals UK Ltd
55	AposTherapy
12	Arthritis and Musculoskeletal Alliance
1	Arthritis Care
59	Arthritis Research UK
15	BK Medical
29	Bristol-Myers Squibb
8	British Sjögren's Syndrome Association
46	Celgene Ltd
23	Chameleon Information Management Services Ltd (CIMS)
35	DNAnalytics
31	dorsaVi Europe
10	EDS UK
54	Eli Lilly & Company Ltd
2	FMA UK
58	FUJIFILM SonoSite
32	GE Healthcare
43	Glasgow City Marketing Bureau
22	Hemics
25	Hitachi Medical Systems UK Ltd
47	Hospira UK Ltd
50	Internis Pharmaceuticals Ltd
30	Intrapharm Labs
20	Janssen Pharmaceuticals

Stand	Company
5	LUPUS UK
45	medac GmbH (UK)
16	MEDICA Group
21	MSD
4	Myositis UK
17	Napp Pharmaceuticals Ltd
11	National Ankylosing Spondylitis Society
9	National Osteoporosis Society
3	National Rheumatoid Arthritis Society (NRAS)
38	Novartis Pharmaceuticals UK Limited
28	Pfizer
34	Pfizer
7	Polymyalgia Rheumatica & Giant Cell Arteritis UK
42	Roche Products Ltd and Chugai Pharma UK Ltd
36	Roche Products Ltd and Chugai Pharma UK Ltd
44	Roche Products Ltd and Chugai Pharma UK Ltd
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Exhibition floor plan



Rheumatology 2015 exhibitors

4S DAWN Clinical Software

Stand number 27

Reduce incidents & costs, making life easier and safer in your rheumatology clinic. Used in over 30 centres, DAWN RH Rheumatology software enables you to improve outcomes in your clinic for less cost. Introduce a safer service following best-practice guidelines at every stage, while increasing your productivity and patient turnaround; managing your patients safely and efficiently. And while you're at it, streamline your own workload.

A.Menarini Farmaceutica Internazionale SRL

Stand number 24

BSR Corporate partner

Menarini Farmaceutica Internazionale SRL was established in 1999 as the UK affiliate of the Menarini Group— an Italian pharmaceutical company based in Florence with over 16,500 employees. Menarini is one of Europe's leading pharmaceutical and healthcare companies, with headquarters in Florence and research facilities in Pomezia, near Rome. The organisation, which was incorporated over 100 years ago has over forty subsidiaries operating throughout Eastern and Western Europe. We are actively involved in the development of leading edge medicines for cardiovascular disease, pain relief, oncology and Sexual Health with teams supporting Healthcare Professionals across primary care, secondary care and commissioning organisations.

AbbVie

Stand number 34

Rheumatology 2015 platinum sponsor

AbbVie is a global, research-based biopharmaceutical company formed in 2013 following separation from Abbott Laboratories. The company's mission is to use its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world's most complex and serious diseases. AbbVie employs approximately 25,000 people worldwide and markets medicines in more than 170 countries. For further information on the company and its people, portfolio and commitments, please visit www.abbvie.co.uk

AbbVie UK Perspectives Gallery

Gallery space

Perspectives – Art, Inflammation and Me is a gallery exhibition which brings a different dimension to the understanding of immune-mediated inflammatory diseases (IMIDs) and their impact on patients and society. This exhibit is a glimpse into more than 200 unique artistic expressions – all inspired by the collective desire of patients and artists to help people gain new Perspectives into these conditions, and the unknown, ignored or underestimated burdens associated with them. Each artwork and story carries a message of hope – along with a passionate desire to help better understand, and enable change.

Actelion Pharmaceuticals UK Ltd

Stand number 33

Actelion focuses on the discovery, development and commercialisation of innovative treatments to serve unmet medical needs. Please visit us on stand 33 in the main Exhibition Hall to find out more.

AposTherapy

Stand number 55

AposTherapy offers a new approach for the treatment and management of knee conditions based on the latest scientific evidence regarding the central role biomechanics plays in the pathophysiology of knee OA and other knee pathologies. By combining optimal body alignment & controlled perturbation while walking, AposTherapy restores neuromuscular control, instilling desirable patterns of motion for significant reduction in pain, and improvement in function.

Arthritis Research UK

Stand number 59

Arthritis Research UK is the leading authority on arthritis in the UK, funding research into all types of arthritis and related musculoskeletal conditions. We provide information for patients and health care professionals, as well as supporting education and innovation in the promotion of musculoskeletal health. To find out more visit our website www.arthritisresearchuk.org, or come and meet us at stand 59.

Rheumatology 2015 exhibitors

BK Medical

Stand number 15

Analogic's, BK Medical offers a comprehensive range of premium performance bk3000 and Flex Focus ultrasound systems with Quantum Technology and innovative, unique transducers to address the specialized needs and challenges of clinicians worldwide. The ground-breaking bk3000 model, uses processors and technology developed for the gaming market, to give unrivalled refresh rates and image quality over the entire range of the transducer.

Bristol-Myers Squibb

Stand number 29

Rheumatology 2015 platinum sponsor

Bristol-Myers Squibb is a global BioPharma company firmly focused on its mission to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. Bristol-Myers Squibb UK aims to deliver on its commitments: to our patients and customers, to our employees, to our communities, and to our environment.

British Society for Rheumatology

Stand number 37



British Society for Rheumatology (BSR) promotes excellence in the treatment of people with rheumatic and musculoskeletal disorders, and support those delivering care. Members of BSR form a network of consultants and trainees, based in over 50 countries, who enjoy a range of exclusive benefits and services. Visit us at the BSR stand - which can be found centrally in the main exhibition hall - to find out more about the work we do.

www.rheumatology.org.uk

British Health Professionals in Rheumatology

Stand number 37



British Health Professionals in Rheumatology (BHPR) unites and supports members of the multi-disciplinary team in delivering best quality care for individuals with rheumatic and musculoskeletal disorders. A committee of British Society for Rheumatology, members come from many professions within nursing and allied health colleagues. Visit us at the BSR stand, in the main exhibition hall, to find out more about the work we do.

www.rheumatology.org.uk/BHPR

Celgene Ltd

Stand number 46

Rheumatology 2015 silver sponsor

BSR Corporate partner

Celgene Corporation, headquartered in Summit, New Jersey, is an integrated global pharmaceutical company engaged primarily in the discovery, development and commercialisation of innovative therapies for the treatment of cancer and inflammatory diseases through gene and protein regulation. Celgene UK & Ireland is a subsidiary of Celgene Corporation. For more information, please visit <http://celgene.co.uk/>

Chameleon Information Management Services Ltd (CIMS)

Stand number 23

Chameleon Information Management Services Ltd (CIMS) is a leading provider of fully integrated clinical systems with thousands of users in over 90 NHS Trusts using InfoFlex software across the full range of specialties including Rheumatology. In the ever-changing Healthcare environment, CIMS offers highly flexible Clinical Systems that deliver the right information to those who need it, supporting patient management and improvements in patient care.

DNalytics

Stand number 35

RheumaKit is the first CE-marked product developed by the Belgian start-up DNalytics. RheumaKit is a diagnostic tool designed to help obtain an early differential diagnosis for patients with undifferentiated arthritis, it is a first step in the introduction of biomarker-based in vitro diagnostic tools in rheumatology. RheumaKit is based on a transcriptomic signature and three clinical/biological factors, combined into a mathematical model and implemented in a web application. This algorithm has been designed by DNalytics through advanced data mining approaches based on prospective clinical research data from about 100 synovial biopsies.

dorsaVi Europe

Stand number 31

ViMove enables, for the first time, many aspects of human movement to be accurately and objectively quantified in real-time and real situations for up to 24 hours. Utilizing wearable technology, ViMove is used by researchers and clinicians around the world to bring objectivity, accuracy and reliability to the understanding of patient assessments and, importantly, patient outcomes.

Rheumatology 2015 exhibitors

Eli Lilly & Company Ltd

Stand number 54

Lilly is a global healthcare leader that unites caring with discovery to make life better for people around the world. We were founded more than a century ago by a man committed to creating high-quality medicines that meet real needs, and today we remain true to that mission in all our work.

FUJIFILM SonoSite

Stand number 58

FUJIFILM SonoSite Ltd www.sonosite.co.uk Tel: +44 1462 341151 Email: ukresponse@sonosite.com FUJIFILM SonoSite, is the innovator and world leader in bedside and point-of-care ultrasound Headquartered near Seattle. SonoSite's portable, compact, systems are expanding the use of ultrasound across the clinical spectrum by cost-effectively bringing high-performance ultrasound to the point of patient care. For more information, go to: www.sonosite.co.uk

GE Healthcare

Stand number 32

GE Healthcare is the leading provider of medical ultrasound equipment used in the early detection of rheumatoid arthritis and subsequent monitoring of the disease during treatment. Visit the GE booth to see how advanced high frequency probe technology and powerful software tools can support your rheumatology department.

Glasgow City Marketing Bureau

Stand number 43

Come and visit our stand to find out more about Glasgow, the host city for Rheumatology 2016. The next annual conference will take place from 26th to 28th April 2016 at the Scottish Exhibition and Conference Centre. Come and have a chat about travel, accommodation and making the most of your visit. We look forward to welcoming you to Glasgow.

Hemics

Stand number 22

Hemics is a medical device company active in the field of inflammatory joint diseases. Hemics launches the HandScan, a new non-invasive optical imaging device. It supports rheumatologists in objective assessment of inflammatory status in patients with Rheumatoid Arthritis (RA). The technique is time saving, non-invasive, safe and operator independent, and thus very suitable for monitoring RA. Hemics was founded as a spin-off of Royal Philips.

Hitachi Medical Systems UK Ltd

Stand number 25

State-of-the-art diagnosis in Rheumatology: Dedicated rheumatology ultrasound solutions for fast, accurate diagnosis. Portable to premium high-end systems with extensive functionality and outstanding image quality deliver detailed diagnosis. Advanced technologies including Elastography, fusion imaging, colour flow doppler, wireless connectivity and wide view software together with extensive high frequency transducers and innovative ergonomics provide the most powerful combination of diagnostic imaging tools for all MSK applications.

Hospira UK Ltd

Stand number 47

Rheumatology 2015 Bronze sponsor

Hospira is a global speciality pharmaceutical and medication delivery company dedicated to Advancing Wellness™. A leader in speciality injectable pharmaceuticals offering a broad portfolio in acute care and oncology, and offers one of the industry's largest biosimilar pipelines. Through our offering of high-quality, lower-cost medications, we continue to help reduce the overall costs of healthcare — to improve the affordability of care for patients.

Internis Pharmaceuticals Ltd

Stand number 50

www.internisvitd3.com Founded in 2010, Internis is a UK speciality pharmaceutical company in the bone disorder arena Current work: Internis launched Accrete D3 (calcium/colecalciferol tablets) on to the UK market during 2011. In early 2012, it launched Fultium-D3 800IU capsules (colecalciferol 800IU equivalent to 20 micrograms vitamin D3), the range has subsequently developed with 2 more strengths being launched to date

Rheumatology 2015 exhibitors

Intrapharm Labs Stand number 30

Intrapharm Laboratories are pleased to announce the relaunch of Triamcinolone Hexacetonide it has the longest duration of action and is indicated for intraarticular, intrasynovial or periarticular use in adults and adolescents (3 to 12 years) for the symptomatic treatment of subacute and chronic inflammatory joint diseases.

Janssen Pharmaceuticals Stand number 20

Rheumatology 2015 Bronze sponsor BSR Corporate partner

At Janssen, we are dedicated to addressing and solving some of the most important unmet medical needs of our time in immunology, oncology, neuroscience, infectious diseases and vaccines, and cardiovascular and metabolic diseases. Driven by our commitment to patients, we bring innovative products, services and solutions to people throughout the world.

medac GmbH (UK) Stand number 45

BSR Corporate partner

medac GmbH is a privately owned German company founded in 1970. medac mainly promotes the development and marketing of the therapeutics in the field of autoimmune diseases and oncology. We endeavour to provide the best quality pharmaceutical products with faultless service in an effective, timely and customer-focused manner.

MEDICA Group Stand number 16

MEDICA are the UK's leading provider of teleradiology services. In addition to our NightHawk Out of Hours CT/MR service, we provide subspecialist reporting for CT, MR, Mammography, CT Colonography, plain film and NM. Our reporting is delivered in the UK by consultant radiologists with a minimum of two years' NHS experience and within a strict quality framework. For further information please visit: www.medicagroup.co.uk

MSD Stand number 21

MSD operates in more than 140 countries and focuses on prescription medicines, vaccines, biologic therapies, and animal health products. The company is known as Merck in the United States and Canada. Everywhere else, it is known as MSD (www.msd-uk.com).

Napp Pharmaceuticals Ltd Stand number 17

Napp is a UK pharmaceutical company that has been providing innovative medicines to UK healthcare professionals and their patients for over 80 years. In an environment where NHS expenditure is under increasing pressure, but quality of care remains of paramount importance, we have developed a strong track record in supporting patients with long-term conditions and working with healthcare professionals to improve outcomes. Building on our heritage in chronic pain, we have extended our dedicated and collaborative approach to other therapy areas, including respiratory medicine, inflammatory conditions and oncology.

Novartis Pharmaceuticals UK Limited Stand number 38

Rheumatology 2015 Bronze sponsor

Novartis Pharmaceuticals is committed to developing innovative medicines to enhance health outcomes for patients and healthcare professionals. We are one of the healthcare industry's biggest investors in research and development. By 2016 Novartis will undertake more clinical trials in the UK than any other company. Because of our discovery and development efforts, Novartis has one of the strongest and most productive pipelines in the industry.

Pfizer Stand number 28 and 39

Rheumatology 2015 platinum sponsor

Pfizer: Working together for Britain's national health. We are Pfizer, one of the world's premier innovative biopharmaceutical companies, discovering, developing and providing over 100 different medicines, vaccines and consumer healthcare products that help save and transform the lives of millions of people in the UK and around the world every year. <http://www.pfizer.co.uk/>

Rheumatology 2015 exhibitors

Roche Products Ltd and Chugai Pharma UK Ltd

Stand number 42

Rheumatology 2015 platinum sponsor

BSR Corporate partner

Roche and Chugai - As a supplier of innovative products and services for the early detection, prevention, diagnosis and treatment of diseases, Roche contributes on a broad range of fronts to improving people's health and QOL. Chugai's mission is to dedicate itself to adding exceptional value through the creation of innovative medical products and services for the benefit of the medical community and human health.

Roche Products Ltd and Chugai Pharma UK Ltd

Stand number 44

Rheumatology 2015 platinum sponsor

BSR Corporate partner

The 'What does remission mean to you?' / 'Know your DAS' campaign is a collaborative project between Roche Products Ltd, Chugai Pharma UK Ltd, and the National Rheumatoid Arthritis Society (NRAS). The campaign aims to educate people with rheumatoid arthritis (RA) about remission and the Disease Activity Score (DAS) 28, which measures rheumatoid arthritis activity, to ensure optimal outcomes. Clinical remission, defined as a DAS28 score of less than 2.6, is the goal of effective disease management in RA.

Roche Products Ltd and Chugai Pharma UK Ltd

Stand number 36

Rheumatology 2015 platinum sponsor

BSR Corporate partner

Roche and Chugai - As a supplier of innovative products and services for the early detection, prevention, diagnosis and treatment of diseases, Roche contributes on a broad range of fronts to improving people's health and QOL. Chugai's mission is to dedicate itself to adding exceptional value through the creation of innovative medical products and services for the benefit of the medical community and human health.

Royal Air Force

Stand number 14

From overseas combat Operations to Aeromedical Evacuation and humanitarian missions all over the world, life in the Royal Air Force Medical Service has plenty of challenges. Come and meet the team today to find out about the career that could await you as a Royal Air Force Medical Officer.

Sanofi

Stand number 62

Sanofi, a global healthcare leader, discovers, develops and distributes therapeutic solutions focused on patients' needs. Sanofi has core strengths in the field of healthcare with seven growth platforms: diabetes solutions, human vaccines, innovative drugs, consumer healthcare, emerging markets, animal health and Genzyme. Sanofi is listed in Paris (EURONEXT: SAN) and in New York (NYSE: SNY).

Scope Ophthalmics

Stand number 51

Scope Ophthalmics is a pharmaceutical company, offering Ocular Surface Disease (Dry Eye and Blepharitis) products in the UK and Ireland. All our products are well tried and tested, and have massive success for patients worldwide. Scope is continuously innovating and investing in new ideas and products and we hope to offer even more to our patients throughout 2015.

Sobi

Stand number 49

Sobi is an international specialty healthcare company dedicated to rare diseases. Our mission is to develop and deliver innovative therapies and services to improve the lives of patients. The product portfolio is primarily focused on Haemophilia, Inflammation and Genetic diseases. We also market a portfolio of specialty and rare disease products for partner companies across Europe, the Middle East, North Africa and Russia.

Rheumatology 2015 exhibitors

Stirling Anglian Pharmaceuticals Limited

Stand number 48

Stirling Anglian is a new breed of pharmaceutical company, focused on redefining value and challenging existing clinical practice so patients can access the best medicines at the best prices. Our portfolio of innovative medicines is designed for medicines optimisation, curbing waste and realising significant cost-savings for the NHS.'

TRB Chemedica (UK) LTD

Stand number 13

OSTENIL® is a synthetic, intra-articular injectable preparation of Sodium Hyaluronate for the treatment of osteoarthritis. OSTENIL® MINI was developed specifically for injection into small joints. OSTENIL® PLUS offers clinicians and patients the convenience of an effective single injection option visco-supplement. OSTENIL® products are free from animal proteins and licensed for injection into all synovial joints in the body.

Email: info@trbchemedica.co.uk

Web: www.trbchemedica.co.uk

UCB Pharma Ltd

Stand number 40

Rheumatology 2015 Bronze sponsor

UCB, Brussels, Belgium (www.ucb.com) is a global biopharmaceutical company focused on the discovery and development of innovative medicines and solutions to transform the lives of people living with severe diseases of the immune system or of the central nervous system.

Wisepress Medical Bookshop

Stand number 53

Wisepress.com, Europe's leading conference bookseller, has a range of books and journals relevant to the themes of the meeting. In addition to attending 200 conferences per year, Wisepress has a comprehensive medical and scientific bookshop online with great offers.

The British Society for Rheumatology invites charity members of the Arthritis and Musculoskeletal Alliance (ARMA) to exhibit each year. Visit the ARMA village to learn more about how you can work with these organisations to support your patients.

Arthritis and Musculoskeletal Alliance

Stand number 12

ARMA provides a collective voice for the arthritis and musculoskeletal (MSK) community in the UK. Together with our 40 member organisations, we work to improve the quality of life for more than 10 Million people who are affected by arthritis or other MSK conditions by influencing decision-making in health and social care and providing solutions for improved outcomes.

Arthritis Care

Stand number 1

Arthritis Care exists to support people with arthritis. We are the UK's largest charity working with and for all people who have arthritis. We are a user led charity which means people with arthritis are at the heart of our work – they form our membership, are involved in all of our activities and direct what we do.

British Sjögren's Syndrome Association

Stand number 8

The BSSA was founded in 1986, as a registered charity, to raise awareness of the disease and support research into its cause and treatment. A self-help organisation with more than 2000 members.

EDS UK

Stand number 10

EDS UK supports, advises and informs those living with Ehlers-Danlos Syndrome and helps them live a full, active and positive life. We run regular events and conferences to bring our community together and produce literature and merchandise to increase understanding in the condition. We strive to educate the medical community, promoting joined up medical care, treatment, management and improve accurate diagnosis and fund vital research.

FMA UK

Stand number 2

FMA UK Fighting for Freedom from Fibromyalgia. We are a charity raising awareness for the general public, people with fibromyalgia, medical professionals and decision makers through our publicised information booklets and lobbying activities.

LUPUS UK

Stand number 5

LUPUS UK is the only national charity for people with lupus offering support through our voluntary network of over 20 Regional Groups. Our priorities are to increase lupus awareness among the public and the medical profession, provide support to our members, and raise funds towards research and Lupus Nurses. Tel: 01708 731251 (24 hour answerphone) website www.lupusuk.org.uk

Myositis UK

Stand number 4

Myositis UK is a registered charity supporting people affected by Myositis. It was formed in 1985 as a contact group for parents and guardians of children and was known as the Dermatomyositis and Polymyositis Support Group. By 1987 it evolved to include adults with Dermatomyositis, Polymyositis and Inclusion Body Myositis.

National Ankylosing Spondylitis Society

Stand number 11

The National Ankylosing Spondylitis Society (NASS) provides support, information and advice for patients and their families. NASS works to raise awareness of AS and provides a helpline, website, publications and information. NASS runs a branch network of over 85 branches throughout the UK offering regular supervised physiotherapy sessions. NASS has had great success recently with its GP education programme, raising awareness of AS and IBP.

National Osteoporosis Society

Stand number 9

The National Osteoporosis Society is the only UK wide charity dedicated to improving the diagnosis, prevention and treatment of osteoporosis and fragility fractures. A key focus is advocating for the commissioning of Fracture Liaison Services across the UK, ensuring that people over 50 are assessed for osteoporosis after their first low trauma fracture, thus preventing needless future fractures.

National Rheumatoid Arthritis Society (NRAS)

Stand number 3

NRAS is the only patient organisation focussing specifically on RA and JIA. NRAS works closely with rheumatology teams across the nation. For more information on all our services visit www.nras.org.uk and www.jia.org.uk Visit us at the NRAS stand in the ARMA village where Health Care Professionals are offered free membership and you can view our new JIA website.

Polymyalgia Rheumatica & Giant Cell Arteritis UK

Stand number 7

Polymyalgia Rheumatica & Giant Cell Arteritis UK (PMRGCAuk) is a national charity, working with partner organisations to provide support, raise awareness and promote research into two debilitating rheumatic conditions.

www.pmrcauk.com

Royal College of Nursing

Stand number 6

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

The Scleroderma Society

Stand number 12

As a patient-focused charity we strive to be the voice of diagnosed individuals, we strive to empower diagnosed individuals by providing much needed support to diagnosed individuals, their families, carers and friends. We fund scientific and medical research into the causes and possible treatments for scleroderma. We believe that research is key in understanding, managing and hopefully curing scleroderma.

Vasculitis UK

Stand number 7

Vasculitis UK is a national charity run by volunteers to provide support, reliable information and advice for vasculitis patients, to raise awareness of vasculitic disease and support vasculitis research.

www.vasculitis.org.uk



BSR membership

BSR members are a global network of rheumatology consultants and trainees who enjoy insights in to the latest innovations, professional development resources and great networking opportunities.

Benefits of BSR membership

Stay up-to-date with the **latest knowledge** through the Rheumatology journal – an international, peer-reviewed publication covering the latest research, reviews, meta-analyses and case reports.

Choose from a wide range of **events** where delegates come together on a local, national and international scale. These are a great opportunity to develop knowledge on particular topics and share best practice.

Members also have access to **personal and career development** anytime, anywhere through the e-learning platform and professional guidelines.

BHPR

British Health Professionals
in Rheumatology

BHPR membership

BHPR membership is for health professionals from across the multidisciplinary team who play an integral part in the care of individuals affected with rheumatic and musculoskeletal disorders.

Benefits of BHPR membership

Access the latest **knowledge, research and innovations** through subscription to Musculoskeletal Care Journal and the BHPR e-news bulletin.

Join colleagues at **national conferences**, such as Rheumatology 2015, and smaller events – often hosted with national partners - focused on specific areas of practice.

Professional resources such as BSR guidelines and support through a range of bursaries and awards.



Find out more about membership by visiting the BSR stand or go to

www.rheumatology.org.uk

A unique mechanism of action to treat active psoriatic arthritis

Discover how Stelara® can transform the lives of your psoriatic arthritis patients



After 2 initial doses, 1 dose of Stelara® every 12 weeks was shown to significantly improve the signs and symptoms of active psoriatic arthritis compared to placebo.¹

Stelara® has a unique mechanism of action that specifically targets the IL-12 and IL-23 cytokines – in contrast to the broad suppression of anti-TNF therapies.²

This selective targeting means Stelara® can provide rapid, significant relief from joint, soft tissue, axial, nail and skin symptoms.^{1,3-7}

Email immunology@its.jnj.com to request a meeting with a Janssen representative or visit us at [stand 10](#).



STELARA® 45 mg solution for injection in pre-filled syringe
PRESCRIBING INFORMATION ACTIVE INGREDIENT(S): Ustekinumab. Please refer to Summary of Product Characteristics (SmPC) before prescribing.
INDICATION(S): Plaque psoriasis: Treatment of moderate to severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapies including ciclosporin, methotrexate or PUVA. Psoriatic arthritis: Alone or in combination with methotrexate for the treatment of active psoriatic arthritis in adult patients when the response to previous non-biological disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate. **DOSEAGE & ADMINISTRATION:** Under the guidance and supervision of a physician experienced in diagnosis and treatment of psoriasis or psoriatic arthritis. Subcutaneous injection. Avoid areas with psoriasis. For self-injecting patients ensure appropriate training, follow-up and monitoring during treatment. **Plaque psoriasis, adults & elderly:** Patients ≤ 100kg, 45 mg at week 0 followed by a 45 mg dose at week 4, then every 12 weeks. Patients >100 kg, 90 mg at week 0 followed by a 90 mg dose at week 4, then every 12 weeks (45 mg was less effective in these patients). **Psoriatic arthritis, adults & elderly:** 45 mg at week 0 followed by a 45 mg dose at week 4, then every 12 weeks. Alternatively, 90 mg may be used in patients with a body weight >100 kg. Consider discontinuation if no response after 28 weeks. **Children <18 years:** Not recommended. **Renal & Hepatic impairment:** Not studied. **CONTRAINDICATIONS:** Hypersensitivity to product; clinically important, active infection. **SPECIAL WARNINGS & PRECAUTIONS:** Infections: Potential to increase risk of infections and reactivate latent infections. Caution in patients with a chronic infection or history of recurrent infection, particularly TB. Patients should be evaluated for tuberculosis prior to initiation of STELARA. Consider anti-tuberculosis therapy prior to initiation of STELARA in patients with past history of latent or active tuberculosis. Patients should seek medical advice if signs or symptoms suggestive of an infection occur. If a serious infection develops, they should be closely monitored and STELARA should not be administered until infection resolves. **Malignancies:** Potential to increase the risk of malignancy. No studies in patients with a history of malignancy or in patients who develop malignancy while receiving STELARA. Monitor all patients, in particular those older than 60, patients with a medical history of prolonged immunosuppressant therapy or those with a history of PUVA treatment for non-

melanoma skin cancer. **Concomitant immunosuppressive therapy:** Caution, including when changing immunosuppressive biologic agents. **Hypersensitivity reactions:** Serious hypersensitivity reactions (anaphylaxis and angioedema) reported, in some cases several days after treatment. If these occur appropriate therapy should be instituted and STELARA discontinued. **Latex sensitivity:** Needle cover contains natural rubber (latex), may cause allergic reactions. **Immunotherapy:** Not known whether STELARA affects allergy immunotherapy. **Serious skin infections:** Exfoliative dermatitis has been reported following treatment. Discontinue STELARA if a drug reaction is suspected. **SIDE EFFECTS:** **Common:** dental infections, upper respiratory tract infection, nasopharyngitis, dizziness, headache, oropharyngeal pain, diarrhoea, nausea, pruritus, back pain, myalgia, arthralgia, fatigue, injection site erythema, injection site pain, antibodies to ustekinumab. **Other side effects include:** cellulitis, serious hypersensitivity reactions (including anaphylaxis, angioedema), skin exfoliation, exfoliative dermatitis. **Refer to SmPC for other side effects.** **FERTILITY:** The effect of ustekinumab has not been evaluated. **PREGNANCY:** Should be avoided. Women of childbearing potential: Use effective contraception during treatment and for at least 15 weeks post-treatment. **LACTATION:** Limited data in humans. **INTERACTIONS:** *In vitro*, STELARA had no effect on CYP450 activities. **Vaccinations:** Live vaccines should not be given concurrently with STELARA, and should be withheld for at least 15 weeks after last dose of STELARA. STELARA can resume at least 2 weeks after such vaccinations. No data on secondary transmission of infection by live vaccines in patients receiving STELARA. **Concomitant immunosuppressive therapy:** Psoriasis: The safety and efficacy of STELARA in combination with other immunosuppressants, including biologics, or phototherapy have not been evaluated. **LEGAL CATEGORY:** POM. **PRESENTATIONS, PACK SIZES, MARKETING AUTHORISATION NUMBERS & BASIC NHS COSTS:** 45mg; 1 x 0.5ml pre-filled syringe. EU/1/08/494/003, £2147. **MARKETING AUTHORISATION HOLDER:** JANSSEN-CILAG INTERNATIONAL NV, Turnhoutseweg 30, B-2340 Beerse, Belgium. **FURTHER INFORMATION IS AVAILABLE FROM:** Janssen-Cilag Ltd, 50 – 100 Holmers Farm Way, High Wycombe, Buckinghamshire, HP12 4EG UK.

© Janssen-Cilag Ltd 2014. Prescribing information last revised: 11/2014.

Reporting suspected adverse reactions is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Janssen-Cilag Ltd on 01494 567447.

References: 1. McInnes IB *et al.* Efficacy and safety of ustekinumab in patients with active psoriatic arthritis: 1 year results of the phase 3, multicentre, double-blind, placebo-controlled PSUMMIT 1 trial. *Lancet*, 2013;**382**(9894):780-789. 2. Nograles KE & Krueger JG. Anti-cytokine therapies for psoriasis. *Exp Cell Res*, 2011;**317**(9):1293-1300. 3. Ritchlin C *et al.* Efficacy and safety of the anti-IL-12/23 p40 monoclonal antibody, ustekinumab, in patients with active psoriatic arthritis despite conventional non-biological and biological anti-tumour necrosis factor therapy: 6-month and 1-year results of the phase 3, multicentre, double-blind, placebo-controlled, randomised PSUMMIT 2 trial. *Ann Rheum Dis*, 2014;**73**(6):990-999. 4. Kavanaugh A *et al.* Ustekinumab, an anti-IL-12/23 p40 monoclonal antibody, inhibits radiographic progression in patients with active psoriatic arthritis: results of an integrated analysis of radiographic data from the phase 3, multicentre, randomised, double-blind, placebo-controlled PSUMMIT-1 and PSUMMIT-2 trials. *Ann Rheum Dis*, 2014;**73**:1000-1006. 5. Kimball AB *et al.* Long-term efficacy of ustekinumab in patients with moderate-to-severe psoriasis treated for up to 5 years in the PHOENIX 1 study. *JEADV*, 2013;**27**(12):1535-1545. 6. Papp KA *et al.* Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 52-week results from a randomised, double-blind, placebo-controlled trial (PHOENIX 2). *Lancet*, 2008;**371**:1675-84. 7. Stelara Summary of Product Characteristic, November 2014.