Industry supported symposium: A.Menarini Farmaceutica Internazionale SRL

Closing The Quality of Care Gap: Audit as a tool for optimal treatment, timely identification and referral of refractory gout patients

Aim: Gout affects 1.4% of the UK population. Managing chronic hyperuricaemia with urate deposition by treating sUA levels to target is widely acknowledged as best practice. Using audit as a strategy for effectively managing and treating gout patients and identifying refractory patients, who may not be treated appropriately in primary care, will be the focus of this session.

Outcome 2: Understanding of the importance of monitoring and treating to target, and the early identification of refractory gout patients: closing the quality of care gap between primary and secondary care using audit

Outcome 1: Emphasising medical best practice for treating chronic hyperuricaemia with urate deposition: encouraging sharing of expertise with GPs, resulting in a solid patient portfolio

Outcome 3: Awareness of potential long-term effects of poor symptom control through presentation of published data around comorbidities

07.30 Chair’s welcome
Dr Richard Rees, Consultant Rheumatologist, London

07.40 Overcoming current challenges in the management of gout in primary and secondary care through audit
Dr David Turner, General Practitioner, Isle of Wight

08.00 Enhancing patient portfolios in secondary care through primary care outreach
Dr Ildiko Telegdy, Consultant Rheumatologist, Isle of Wight

08.20 Questions from the floor as well as pre-registered questions
Dr Richard Rees, Consultant Rheumatologist

08.40 Summary and close
Dr Richard Rees, Consultant Rheumatologist
‘A focus on Psoriatic Arthritis – a collaborative view’

Please join us on the 30th April 2014 to see the BAFTA and Emmy-nominated journalist, producer and presenter Michael Mosley, Chair an extremely thought-provoking and interactive symposium.

We aim to explore and demonstrate how joint clinic working can have a positive effect on patient outcomes through a range of stimulating presentations and case studies from expert speakers including:

**Rheumatologists:**
- Dr Richard Haigh, Royal Devon and Exeter Hospital Foundation Trust
- Professor Dennis McGonagle, Chapel Allerton Hospital
- Dr Ira Pande, Nottingham University Hospital

**Dermatologists:**
- Dr Mark Goodfield, Chapel Allerton Hospital
- Dr Ruth Murphy, Nottingham University Hospital

**Wednesday 30th April 2014**
**07:30 – 09:00**
**Hall 3B**
*Breakfast served from 07:30 – 08:00*
**A focus on Psoriatic Arthritis: a collaborative view**

Chair: Michael Mosley, British journalist, medical doctor, producer and TV presenter

**Aim:** To explore and demonstrate how joint clinic working can have a positive impact on patient outcomes through a range of stimulating case study presentations from expert clinicians, and a Payor panel discussion.

**Outcome 1:** Demonstrate the advantages of joint clinic working on patient outcomes through a variety of real-life patient case studies.

**Outcome 2:** Encourage delegates to discuss patient cases with their dermatologists to facilitate earlier detection of psoriatic arthritis.

**Outcome 3:** Provide delegates with the opportunity to discuss service re-design with a service commissioner.

**Faculty:**

**Rheumatologists:** Dr Richard Haigh, Royal Devon and Exeter Hospital Foundation Trust; Professor Dennis McGonagle, Chapel Allerton Hospital and Dr Ira Pande, Nottingham University Hospital

**Dermatologists:** Dr Mark Goodfield, Chapel Allerton Hospital and Dr Ruth Murphy, Nottingham University Hospital

**Payor:** Tim Jones, Commissioner, NHS England, East of England
### Fibromyalgia: improving outcomes for patients

**Chairs:** Prof Gary Macfarlane, University of Aberdeen, Aberdeen and Dr Euthalia Roussou, King George Hospital, Ilford

**Aim:** The session will explore improving outcomes for fibromyalgia patients

**Outcome 1:** Delegates will be aware of new epidemiological evidence which is informing new trials of management in patients with fibromyalgia

**Outcome 2:** Delegates will learn of scientific studies (particularly imaging) which is improving our understanding of mechanisms

**Outcome 3:** Delegates will understand the current evidence from systematic reviews of pharmacological and non-pharmacological management of fibromyalgia

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>09.00</td>
<td>Epidemiological studies informing new trials of managing patients with fibromyalgia Dr Gareth Jones, University of Aberdeen, Aberdeen</td>
</tr>
<tr>
<td>09.30</td>
<td>Understanding mechanisms in the development of fibromyalgia Prof Anthony Jones, University of Manchester, Manchester</td>
</tr>
<tr>
<td>10.00</td>
<td>Managing fibromyalgia: what works and what doesn’t Dr Winfried Hauser, Klinikum Saarbrücken, Saarbrücken, Germany</td>
</tr>
</tbody>
</table>

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### Management of difficult lupus

**Chair:** Prof David D’Cruz, King’s College London, London

**Aim:** To address specific areas of uncertainty in the care of complex lupus patients

**Outcome 1:** Understand the management options for treatment resistant lupus nephritis

**Outcome 2:** Discuss the diagnosis and management of uncommon lung manifestations such as shrinking lung syndrome and progressive interstitial lung disease

**Outcome 3:** Discuss the differential diagnosis and management of lupus related demyelinating disorders, seizures and cognitive dysfunction

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09.00</td>
<td>Management of cardiovascular risk Prof Ian Bruce, University of Manchester, Manchester</td>
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<tr>
<td>09.30</td>
<td>Lung disease: shrinking lung syndrome, progressive interstitial lung disease Prof Athol Wells, Imperial College London, London</td>
</tr>
<tr>
<td>10.00</td>
<td>Neuro-Psychiatric complications of systemic lupus erythematosus Prof Dr Tom Huizinga, Leiden University Medical Centre, Leiden, the Netherlands</td>
</tr>
</tbody>
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### Essentials in rheumatology: disease management

**Chairs:** Prof John Axford, St George’s Hospital, London and Dr Charles Mackworth-Young, Charing Cross Hospital, London

**Aim:** A comprehensive update covering everything you need to know about changes in rheumatology

**Outcome 1:** To prepare rheumatologists for revalidation and provide a valuable educational opportunity for trainees

**Outcome 2:** Delegates will have been brought up-to-date on disease management

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<th>Time</th>
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<tr>
<td>09.00</td>
<td>Adolescent rheumatology comes of age Dr Jon Ioannou, University College London, London</td>
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<tr>
<td>09.30</td>
<td>Sjögren’s syndrome Dr Elizabeth Price, Great Western Hospital, Swindon</td>
</tr>
<tr>
<td>10.00</td>
<td>Paget’s disease and other metabolic bone disorders Prof John Tobias, University of Bristol, Bristol</td>
</tr>
</tbody>
</table>
Should we continue to ignore rheumatic disease related fatigue?

Chairs: Dr Caroline Flurey, University of the West of England, Bristol and Dr Kanta Kumar, University of Birmingham, Birmingham

Aim: To highlight the importance of rheumatic fatigue and to outline the current understanding of its mechanisms

Outcome 1: Delegates will have an increased awareness of the prevalence, impact and determinants of rheumatic fatigue

Outcome 2: Delegates will have a better understanding of the putative biological mechanisms of rheumatic fatigue

Outcome 3: Delegates will be familiar with current management options for rheumatic fatigue

09.00 The epidemiology of rheumatic fatigue
Dr Neil Basu, University of Aberdeen, Aberdeen

09.30 Investigating the biological mechanisms of rheumatic fatigue
Prof Wan-Fai Ng, Newcastle University, Newcastle-upon-Tyne

Managing fatigue in rheumatic diseases
Prof Sarah Hewlett, University of the West of England, Bristol

09.00 – 10.30 Tropical rheumatology 1: unusual infections in musculoskeletal diseases
Chair: Dr Elaine Smith, Gloucestershire Hospitals NHS, Gloucester

Aim: To improve the understanding in the presentation of unusual infections in musculoskeletal diseases

Outcome: Delegates will have learnt how to interpret pyrexia of unknown origin (PUO), how streptococcal infections are changing in their presentation and key points about leprosy

09.00 Chronic bacterial and fungal arthritides
Prof Mohammed Tikly, University of the Witwatersrand, Johannesburg, South Africa

09.30 The changing face of streptococcal disease: an MSK perspective (rheumatic fever, necrotising fasciitis, joint sepsis)
Prof Neil French, University of Liverpool, Liverpool

10.00 Recognising leprosy: pointers for the busy rheumatologist
Prof Diana Lockwood, London School of Hygiene & Tropical Medicine, London

09.00 – 10.30 Rheumatoid arthritis oral abstracts
Chairs: Prof Christopher Buckley, University of Birmingham, Birmingham and Prof Costantino Pitzalis, Barts and the London School of Medicine, London

09.00 Smoking affects immune response to citrullinated autoantigens before clinical onset of rheumatoid arthritis in a Southern European cohort
Dr Alison Cartwright, University of Oxford, Oxford

09.15 Hypoxic regulation of epigenetic modifications during disease progression in rheumatoid arthritis
Miss Kate Heron, University of Birmingham, Birmingham

09.30 Assessing and addressing lifestyle cardiovascular risk in rheumatoid arthritis: a rural community hospital health promotion project
Mrs Anne Thomas, Dolgellau Hospital, Gwynedd

10.00 The influence of anti-TNF or rituximab on cancer incidence in patients with rheumatoid arthritis who have had a prior malignancy
Dr Lucia Silva-Fernandez, University of Manchester, Manchester

10.15 Can early, clinically significant radiographic progression in the first year of disease predict orthopaedic surgery in patients with rheumatoid arthritis?
Mr Lewis Carpenter, University of Hertfordshire, Hatfield
09.00 – 10.30

**Spondyloarthritis special interest group**

**Room 4**

Chairs: Prof Dennis McGonagle, University of Leeds, Leeds and Dr Raj Sengupta, Royal National Hospital for Rheumatic Diseases, Bath

**Aim:** To update delegates in the pathogenesis of spondyloarthritis and the ongoing development of the BRITSpA spondyloarthritis group

**Outcome 1:** Delegates will understand the latest concepts regarding the pathogenesis of spondyloarthritis

**Outcome 2:** Delegates will be updated on the activities of the BRITSpA group and will learn how they can become involved

**Outcome 3:** Delegates will understand the impact of smoking on the development and prognosis in spondyloarthritis

09.00

**Environmental factors in spondyloarthritis pathogenesis**

Dr Peggy Jacques, University Hospital Gent, Gent, Belgium

09.30

**Update on BRITSpA**

Dr Helena Marzo Ortega, University of Leeds, Leeds

10.00

**The effects of smoking on spondyloarthritis**

Dr David Hutchinson, Royal Cornwall Hospitals, Truro

10.30 – 11.30

**Exhibition | Tea and coffee**

Exhibition hall

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

10.30 – 11.30

**Poster viewing categories**

Exhibition hall

125–157  BHPR audit and clinical evaluation

158–169  BHPR research: qualitative

170–180  BHPR research: quantitative

181–182  Muscle disorders

183–185  Orthopaedics and rehabilitation

186–191  Osteoarthritis: clinical features

192  Osteoarthritis: pathogenesis and animal models

193–197  Osteoarthritis: treatment

198–201  Osteoporosis and metabolic bone disease

202–206  Sjögren’s syndrome and other connective tissue disorders

207–230  Spondyloarthopathies (including psoriatic arthritis)

231  Soft tissue and regional musculoskeletal disease fibromyalgia
Day two of our ever popular poster tours. Small groups are led by experts around carefully selected posters for a Q&A with the poster presenters. Each expert will lead delegates through a group of approximately 10 posters, allowing presenters to share their research in an interactive format.
Sign up for the poster tours at the poster desk in the exhibition hall. Tours are limited to 15 participants.

<table>
<thead>
<tr>
<th>10.30 – 11.30</th>
<th>British Health Professionals in Rheumatology poster tour</th>
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<tbody>
<tr>
<td>10.30 – 11.30</td>
<td>Poster tour leader: Dr Sarah Ryan, Haywood Hospital, Stoke-on-Trent</td>
</tr>
<tr>
<td><strong>142</strong></td>
<td>Clinician satisfaction may be improved by patient information leaflets sent in advance of appointments</td>
</tr>
<tr>
<td></td>
<td>Dr Katrin Becker, Great Western Hospital, Swindon</td>
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<tr>
<td><strong>143</strong></td>
<td>North west regional audit: management of polymyalgia rheumatica</td>
</tr>
<tr>
<td></td>
<td>Dr Madhura Castelino, University of Manchester, Manchester</td>
</tr>
<tr>
<td><strong>146</strong></td>
<td>Annual review for inflammatory arthritis patients: a nice extra but a challenge to implement</td>
</tr>
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<td></td>
<td>Mrs Patricia Cornell, Poole Hospital, Poole</td>
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<tr>
<td><strong>158</strong></td>
<td>Social interactions at the onset of rheumatoid arthritis and their influence on help seeking behaviour: a qualitative exploration</td>
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<td>Ms Rumandeep Tiwana, Staffordshire University Centre for Ageing and Mental Health, Stoke-on-Trent</td>
</tr>
<tr>
<td><strong>167</strong></td>
<td>The potential use of physical activity to help manage fatigue in rheumatoid arthritis: lessons from other long term conditions</td>
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<td>Ms Victoria Salmon, University of the West of England, Bristol</td>
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<tr>
<td><strong>169</strong></td>
<td>Is there evidence to support multidisciplinary healthcare working in rheumatology? A systematic review of the literature</td>
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<tr>
<td></td>
<td>Dr Lindsey Cherry, University of Southampton, Southampton</td>
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<tr>
<td><strong>174</strong></td>
<td>Effectiveness of patient-centred education in improving self-efficacy and health status in people with rheumatoid arthritis</td>
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<tr>
<td></td>
<td>Mrs Bernadette Hardware, Barnsley Hospital, Barnsley</td>
</tr>
<tr>
<td><strong>180</strong></td>
<td>Musculoskeletal pain sleep quality and restricted social activity</td>
</tr>
<tr>
<td></td>
<td>Miss Shula Baker, Keele University, Keele</td>
</tr>
</tbody>
</table>
Spondyloarthropathies poster tour

Poster tour leader: Dr Andrew Keat, Northwick Park Hospital, Harrow

208 Plasma microparticle levels are not raised in patients with ankylosing spondylitis
   Mr Nicholas Bradley, University of Liverpool, Liverpool

214 Efficacy of apremilast an oral phosphodiesterase 4 Inhibitor on physical function and pain in patients with psoriatic arthritis and current skin involvement: results of PALACE 3 a Phase 3 randomised controlled trial
   Dr Christopher Edwards, University Hospital Southampton, Southampton

215 Sustained clinical remission in patients with non-radiographic axial spondyloarthritis after two years of adalimumab treatment
   Dr Aileen Pangan, AbbVie Inc., Chicago, United States

216 The work-related costs of ankylosing spondylitis in a UK cohort
   Dr Stefan Siebert, University of Glasgow, Glasgow

221 Switching TNFi therapy in psoriatic arthritis
   Miss Laura Blackler, Guy’s and St Thomas’ NHS Foundation Trust, London

223 Delay to diagnosis in axial spondyloarthritis: are we improving?
   Dr Mark Sykes, Norfolk and Norwich University Hospitals, Norwich

224 The natural history of ankylosing spondylitis: results from the Scotland and Ireland registry for ankylosing spondylitis
   Mrs Linda Dean, University of Aberdeen, Aberdeen

228 Effects of smoking in patients with ankylosing spondylitis and nonradiographic axial spondyloarthritis receiving TNF inhibitors
   Prof Lale Ocal, Istanbul University, Istanbul, Turkey
### Innovation theatre: Celgene

**Exhibition hall**

Establishing a joint relationship: a practical guide to rheumatology/dermatology clinics, adding value to the NHS and to patient care

Speakers: Drs Hector Chinoy and Richard Warren, Departments of Rheumatology and Dermatology respectively, Salford Royal Foundation Hospital, Manchester

### Controversies in osteoarthritis therapeutics

**Room 3B**

Aim: To update delegates regarding the latest evidence concerning key controversies in the pharmacological management of osteoarthritis

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.30</td>
<td>Intra-articular steroid injections: do they work and who will respond?</td>
<td>Prof Terence O’Neill, University of Manchester, Manchester</td>
</tr>
<tr>
<td>12.00</td>
<td>Effectiveness and safety of paracetamol and NSAIDs: which drug should I recommend?</td>
<td>Prof David Felson, University of Manchester, Manchester</td>
</tr>
<tr>
<td>12.30</td>
<td>DMARDs in osteoarthritis: what is the evidence?</td>
<td>Prof Philip Conaghan, University of Leeds, Leeds</td>
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</table>

### What is new in spondyloarthritis pathogenesis and treatment?

**Room 11**

Aim: To examine the evidence for new treatment approaches in spondyloarthropathy

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>11.30</td>
<td>What is the role of type 17 immune responses in spondyloarthritis pathogenesis and do they define new treatment targets?</td>
<td>Prof Paul Bowness, University of Oxford, Oxford</td>
</tr>
<tr>
<td>12.00</td>
<td>Therapy of psoriatic arthritis (PsA) (what is new and how can we treat to target?)</td>
<td>Dr Philip Helliwell, University of Leeds, Leeds</td>
</tr>
<tr>
<td>12.30</td>
<td>New biologic treatments for ankylosing spondylitis</td>
<td>Prof Joachim Sieper, Charité – Universitätsmedizin, Berlin, Germany</td>
</tr>
</tbody>
</table>
Essentials in rheumatology: symptom diagnosis and management and improving patient management

Chairs: Prof John Axford, St George’s Hospital, London and Dr Charles Mackworth-Young, Charing Cross Hospital, London

Aim: A comprehensive update covering everything you need to know about changes in rheumatology

Outcome 1: To prepare rheumatologists for revalidation and provide a valuable educational opportunity for trainees

Outcome 2: Delegates will have been brought up to date on disease management

11.30
- The myths and mysteries of invasive treatment for spinal pain and nerve root pain
  Mr Damian Fahy, Fortius Clinic London, London

12.00
- Rheumatic skin disorders
  Prof Louise Barnes, St. James’s Hospital, Dublin, Ireland

12.30
- What constitutes quality of care in rheumatology?
  Prof Alan Silman, Arthritis Research UK

British Health Professionals in Rheumatology oral abstracts

Chair: Dr Michael Backhouse, University of Leeds, Leeds

11.30
- The impact of a community-based intervention for people with arthritis on quality of life and health service utilisation
  Mrs Chandrika Gordhan, University of Birmingham, Birmingham

11.45
- Does inflammatory arthritis really improve during pregnancy? A systematic review and meta-analysis
  Dr Hannah Jethwa, Royal Free Hospital, London

12.00
- Patients’ experiences of stiffness in rheumatoid arthritis are more than just duration and severity
  Miss Serena Halls, University of the West of England, Bristol

12.15
- Population survey of prevalence, impact and care of foot symptoms in people with rheumatoid arthritis
  Mrs Oonagh Wilson, University of the West of England, Bristol

12.30
- The effectiveness and efficacy of splints for thumb base osteoarthritis: a pilot randomised controlled trial
  Dr Jo Adams, University of Southampton, Southampton

12.45
- A nurse-led clinic for ankylosing spondylitis improves detection of patients eligible for anti-TNF treatment
  Mrs Alison Booth, Royal Derby Hospital, Derby

Tropical rheumatology 2: interactive short cases with keypad voting

Chair: Prof Ade Adebajo, University of Sheffield, Sheffield

Aim: To challenge the understanding of the presentation of infection underlying musculoskeletal diseases

Outcome: Delegates will have a better understanding of a wide spectrum of different musculoskeletal diseases and their interaction with infections

Musculoskeletal symptoms and signs may be prominent in the clinical presentation of many infections. This interactive session will include several cases of imported infections to challenge the diagnostic and clinical management skills of the audience, who will participate throughout using interactive voting keypads. Each case will conclude with a summary of key learning points for the audience to take into their everyday practice.

Dr Nick Beeching, Royal Liverpool and Broadgreen University Hospital NHS Trust, Liverpool
### Inflammatory arthritis and comorbidities oral abstracts

**Chairs**: Dr Nicola Goodson, University Hospital Aintree, Liverpool and Dr George Kitas, Dudley Group NHS Foundation Trust, Dudley

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>11.30</td>
<td>An open label pilot multi-centre step-down randomised controlled trial to examine whether etanercept 25mg once weekly is effective in maintaining a clinical response in patients with ankylosing spondylitis who have responded to 50mg once weekly</td>
<td>Dr Karl Gaffney, Norfolk &amp; Norwich University Hospital NHS Foundation Trust, Norwich</td>
</tr>
<tr>
<td>11.45</td>
<td>Anti-TNF therapy leads to an increase in circulating TH17 cells in patients with different types of inflammatory arthritis and is associated with ultrasonographic improvement of synovitis</td>
<td>Dr Dobrina Hull, Oxford University, Oxford</td>
</tr>
<tr>
<td>12.00</td>
<td>Efficacy pharmacokinetics and safety of different doses of methotrexate in combination with adalimumab: results from the concerto trial</td>
<td>Dr Hartmut Kupper, AbbVie GmbH &amp; Co KG, Ludwigshafen, Germany</td>
</tr>
<tr>
<td>12.15</td>
<td>Excess mortality in rheumatoid arthritis: gains in life expectancy over twenty-five years</td>
<td>Dr Sam Norton, Institute of Psychiatry, King’s College London, London</td>
</tr>
<tr>
<td>12.30</td>
<td>Patients receiving anti-tumor necrosis factor therapies experience clinically important improvements in rheumatoid arthritis related fatigue: results from the British Society for Rheumatology biologics register</td>
<td>Miss Katie Druce, University of Aberdeen, Aberdeen</td>
</tr>
<tr>
<td>12.45</td>
<td>Rheumatoid arthritis related interstitial lung disease: association between biologic therapy and survival</td>
<td>Dr Clive Kelly, Queen Elizabeth Hospital, Gateshead</td>
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### Sjögren’s syndrome special interest group

**Chairs**: Prof Simon Bowman, University Hospitals Birmingham, Birmingham and Dr Elizabeth Price, Great Western Hospital, Swindon

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<tr>
<td>11.30</td>
<td>TRACTISS trial update and studies of biologic therapies in Sjögren’s syndrome</td>
<td>Prof Simon Bowman, University Hospitals Birmingham, Birmingham</td>
</tr>
<tr>
<td>11.45</td>
<td>The UK Primary Sjögren’s Syndrome Registry Project - update on results and studies</td>
<td>Prof Wan-Fai Ng, Newcastle University, Newcastle-upon-Tyne</td>
</tr>
<tr>
<td>12.00</td>
<td>Case and scope of quality standards of care for primary Sjögren’s syndrome</td>
<td>Prof Wan-Fai Ng, Newcastle University, Newcastle-upon-Tyne</td>
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<tr>
<td>12.10</td>
<td>Proposed care pathways for primary Sjögren’s syndrome</td>
<td>Dr Nurhan Sutcliffe, Barts and the London School of Medicine and Dentistry, London</td>
</tr>
<tr>
<td>12.30</td>
<td>Description of the quality standards of care for PSS patients</td>
<td>Prof Bhaskar Dasgupta, Southend University Hospital, Southend-on-Sea</td>
</tr>
<tr>
<td>12.50</td>
<td>Key service outcomes</td>
<td>Dr Elizabeth Price, Great Western Hospital, Swindon</td>
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</table>
You are invited to the

**British Society for Rheumatology Annual General Meeting**

Room 3A
Wednesday 30 April at 13.00 – 14.15

Lunch will be provided

Come along and receive progress reports from the President, Rheumatology Editor, the Heberden Librarian and other honorary officers about the business of the Society, which will also include:

- the 2013 Annual Accounts
- Subscriptions for 2015
- BHPR section report and integration update
- Appointments to the BSR's committees

The meeting will also include a thank you and farewell to departing officers. Your participation is valued so we hope to see you all there.

For more information visit our stand or our website:

[www.rheumatology.org.uk/membersarea/governance](http://www.rheumatology.org.uk/membersarea/governance)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Details</th>
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</table>
| 13.00 – 13.30| **Innovation theatre: UCB**                                            | Exhibition hall | Objective Evidence of Inflammation in SpA: MRI Now and the Future  
Speaker: Dr Alex Bennett, Consultant Rheumatologist, Defence Medical Rehabilitation Centre (DMRC), Headley Court |
| 14.00 – 14.30| **Innovation theatre: Janssen**                                        | Exhibition hall | Changing Paradigms – IL-23  
Speakers: Dr Jonathan Sherlock, University of Birmingham, Birmingham |
| 14.30 – 16.00| **Complex regional pain syndromes update**                            | Room 3B    | **Chair:** Prof Candida McCabe, Royal National Hospitals for Rheumatic Diseases, Bath  
**Aim:** Educate about complex regional pain syndromes (CRPS) diagnosis and management, recent UK CRPS guidelines and research studies  
**Outcome 1:** Delegates will understand the mechanisms behind CRPS  
**Outcome 2:** Delegates will know how to make the diagnosis of CRPS  
**Outcome 3:** Delegates will know about the treatment of CRPS  
**14.30 CRPS: definitions, mechanisms, background**  
Dr Nick Shenker, Cambridge University Hospitals, Cambridge  
**15.00 CRPS: how to make the diagnosis + cases**  
Dr Richard Haigh, Royal Devon and Exeter NHS Trust, Exeter  
**15.30 CRPS: The UK CRPS guidance, and current and future management of CRPS**  
Dr Andreas Goebel, University of Liverpool and Walton Centre NHS Foundation Trust, Liverpool |
| 14.30 – 16.00| **The lung in rheumatoid arthritis**                                  | Room 11   | **Chair:** Dr Adam Young, City Hospital, St Albans  
**Aim:** Delegates will be brought up to date on the lung in rheumatoid arthritis  
Delegates will understand how to best utilise disease-modifying anti-rheumatic drugs (DMARDs) and biologics in rheumatoid arthritis patients with lung disease  
Clinicians will receive a summary of the BRILL network findings on interstitial lung disease in rheumatoid arthritis with latest recommendations on diagnosis and management  
Delegates will learn about the relevance of chronic infections in rheumatoid arthritis and the current evidence base for diagnosis and management  
**14.30 Drug-induced interstitial lung disease in patients with rheumatoid arthritis**  
Dr Julie Dawson, St Helens and Knowsley Hospitals, Merseyside  
**14.50 Interstitial lung disease in rheumatoid arthritis**  
Dr Clive Kelly, Queen Elizabeth Hospital, Gateshead  
**15.10 Chronic pulmonary infection in rheumatoid arthritis**  
Dr David Hutchinson, Royal Cornwall Hospital, Truro  
**15.30 Systemic sclerosis and the lung**  
Dr Bridget Griffiths, Freeman Hospital, Newcastle-upon-Tyne |
### Essentials in rheumatology: clinical decision making

**Chairs:** Prof John Axford, St George’s Hospital, London and Dr Charles Mackworth-Young, Charing Cross Hospital, London

**Aim:** A comprehensive update covering everything you need to know about changes in rheumatology

**Outcome 1:** To prepare rheumatologists for revalidation and provide a valuable educational opportunity for trainees

**Outcome 2:** Delegates will have been brought up-to-date on clinical decision making

#### Reactive arthritis and enteropathic arthritis

**Dr Andrew Keat,** Northwick Park Hospital, Harrow

#### Early arthritis

**Prof Paul Emery,** University of Leeds, Leeds

### Interactive clinical reasoning around recognition of inflammatory back pain

**Chair:** Mrs Sue Gurden, Aneurin Bevan University Health Board, Newport

**Aim:** To update delegates on inflammatory back pain

**Outcome 1:** Awareness will be raised of the impact of inflammatory back pain and consequences of diagnostic delay

**Outcome 2:** Delegates will have explored the challenges in distinguishing causes for back pain, diagnostic criteria and referral pathways

**Outcome 3:** Delegates will have discussed the likely impact of collaborative education initiatives in improving clinical skills in primary care to improve timely and appropriate referral into rheumatology

14.30 | Recognition of inflammatory back pain and axial spondyloarthritis
---|---
**Dr Karl Gaffney,** Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich

**Interactive session:** facilitation of group discussion and development of clinical reasoning skill exploring methods and attitudes of different professionals to back pain management

Interactive session to develop the clinical reasoning skills in the recognition of inflammatory back pain

**Mrs Claire Harris,** Northwick Park Hospital, Harrow and **Mrs Claire Jeffries,** Solent NHS Trust, Portsmouth

#### The impact of delay in diagnosing ankylosing spondylitis/axial spondyloarthritis

**Dr Jane Martindale,** Wrightington Wigan and Leigh NHS Foundation Trust, Wigan

**Discussion**

### Tropical rheumatology 3: HIV and problems encountered in developing and tropical countries

**Chair:** Prof Robert Moots, University of Liverpool, Liverpool

**Aim:** To improve knowledge of rheumatological complications of HIV and problems encountered in developing and tropical countries

**Outcome:** Delegates will be able to identify key clinical signs and symptoms of common snake bites, HIV infection and rheumatic problems encountered in the subcontinent of India

14.30 | The challenges of snakebite
---|---
**Prof David Lalloo,** Liverpool School of Tropical Medicine, Liverpool

15.00 | The rheumatic manifestations of HIV infection in the anti-retroviral era
---|---
**Dr Karen Walker-Bone,** Southampton General Hospital, Southampton

15.30 | Rheumatology in the Indian subcontinent: lessons relevant to the UK
---|---
**Dr Vinod Ravindran,** MES Medical College, Perinthalmanna, India
### ARMA: musculoskeletal clinical networks one year on

**Chair:** Mr Federico Moscogiuri, Arthritis and Musculoskeletal Alliance (ARMA)

**Aim:** To present the work that ARMA has completed in the first year of the musculoskeletal clinical networks project, in strategic partnership with NHS England’s Musculoskeletal National Clinical Director

**Outcome 1:** Delegates will have been presented with the work completed in the first year of the clinical networks project, and will have heard about the different ways in which musculoskeletal clinical leaders have driven high quality care for people with musculoskeletal conditions locally

**Outcome 2:** Delegates will be able to identify the key elements of ‘what good looks like’ and what makes for a successful musculoskeletal clinical network

**Outcome 3:** Delegates will have discussed ways to develop areas of good practice further

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>14.30</td>
<td><strong>Musculoskeletal clinical networks: one year on</strong>&lt;br&gt;Prof Peter Kay, National Clinical Director for Musculoskeletal Conditions</td>
</tr>
<tr>
<td>14.45</td>
<td><strong>Panel discussion</strong>&lt;br&gt;Ms Debbie Cook, NASS (National Ankylosing Spondylitis Society); Dr Chris Deighton, President of the British Society for Rheumatology and Dr Ian Bernstein, Gordon House Surgery and Ealing Hospital NHS Trust, London</td>
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### Osteoarthritis special interest group

**Chair:** Dr Fraser Birrell, Newcastle University, Newcastle-upon-Tyne

**Aim:** An update on progress in the understanding of and treatment for foot osteoarthritis; the Arthritis Research UK (ARUK) Sports Exercise Centre and osteoarthritis and ARUK Clinical Studies Group

**Outcome 1:** To know the occurrence, impact and developments in treatment of foot osteoarthritis

**Outcome 2:** To understand the link between biomechanics and biology in osteoarthritis

**Outcome 3:** To appreciate the links between sport, exercise and osteoarthritis

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<th>Time</th>
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<tr>
<td>14.30</td>
<td><strong>Introduction and osteoarthritis special interest group update</strong>&lt;br&gt;Dr Fraser Birrell, Newcastle University, Newcastle-upon-Tyne</td>
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<tr>
<td>14.35</td>
<td><strong>Epidemiology of foot osteoarthritis and qualitative Insights</strong>&lt;br&gt;Dr Ed Roddy, Keele University, Keele</td>
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<tr>
<td>14.50</td>
<td><strong>Linking biomechanics to biology</strong>&lt;br&gt;Dr Cathy Holt, Cardiff University, Cardiff</td>
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<tr>
<td>15.05</td>
<td><strong>ROAMing with your feet</strong>&lt;br&gt;Prof David Felson, University of Manchester, Manchester</td>
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<tr>
<td>15.20</td>
<td><strong>Advances in foot orthoses</strong>&lt;br&gt;Dr Jill Halstead-Rastrick, University of Leeds, Leeds</td>
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<tr>
<td>15.35</td>
<td><strong>Sports, exercise and osteoarthritis</strong>&lt;br&gt;Prof Nigel Arden, Oxford University, Oxford</td>
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<tr>
<td>15.50</td>
<td><strong>Clinical Studies Group Update</strong>&lt;br&gt;Prof Philip Conaghan, University of Leeds, Leeds</td>
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BHPR Musculoskeletal special interest group: therapy interventions and exercise for individuals with long term rheumatological conditions

Room 4A

Chair: Jenny Ratcliffe, East Cheshire NHS Trust, Macclesfield

Aim: To inform delegates on factors and approach that can effect change in long term outcomes for the chronic rheumatology patient

Outcome 1: Delegates will be aware of how exercise and perceived exertion may inform practice in the treatment of rheumatological conditions

Outcome 2: Delegates will understand by practical demonstration how to strengthen the atlanto axial segment using manual techniques and biofeedback to manage instability in the rheumatoid arthritis patient and headaches in the hypermobile patient

14.30
Exercise for uncommon rheumatological conditions: polymyositis and dermatomyositis
Dr Mark Clemence, Torbay Hospital, Torquay

15.00
Fibromyalgia, exercise and fatigue: what works?
Dr Joseph McVeigh, University of Ulster, Northern Ireland

15.30
Practical demonstration and discussion on the role and strengthening of the deep neck flexors and occipital muscles for rheumatoid arthritis and hypermobile patients
Jenny Ratcliffe, East Cheshire NHS Trust, Macclesfield

16.00 – 16.30
Exhibition | Tea and coffee

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

16.30 – 17.30
Heberden Oration

Hall 1

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

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

The outcome of rheumatoid arthritis: learning from observation
Prof Deborah Symmons, Arthritis Research UK Centre for Epidemiology, University of Manchester, Manchester
This international conference brings together consultants and next generation rheumatologists to share clinical best practice.

This year’s four topics are:
- psoriatic arthritis
- rheumatoid arthritis
- vasculitis
- crystal arthritis.

The conference focuses on interactive reports submitted by delegates to provoke lively debate and discussion on the management of complex cases. Feedback from last year’s sold-out conference showed that 95% of attendees called the coverage of topics comprehensive, and 93% agreed they would recommend it to a colleague.

Register now at www.autumn-conf.org.uk

For more information, email events@rheumatology.org.uk or call 020 7842 0900.
Industry supported symposium: AbbVie Ltd

Exploring horizons: today’s achievements and tomorrow’s ambitions
Faculty: Prof Paul Emery, Dr Karl Gaffney and Dr Raj Sengupta
Hosted by Prof Lord Winston

Aims and objectives
The meeting aims to look at:
• A decade of innovation in rheumatology and how advances in treatment protocols and the availability of anti-TNFs have led to achievable treatment goals that help optimise patient outcomes

The objectives of this meeting are to:
• Discuss 10 years of innovation in rheumatology and healthcare innovation in the future
• Review revolving treatment goals for rheumatoid arthritis and clinical advances in spondyloarthritis
• Understand the implications of adherence and its role in achieving optimal patient outcomes

17.30 Reception – light refreshments
17.45 Exploring horizons... Back to the future of rheumatology
17.55 Exploring horizons...
• Advancing treatments goals in rheumatoid arthritis
• Clinical advances in spondyloarthritis (SpA)
• Patient support & adherence
18.55 Horizons special... How will healthcare transform in the next decade and beyond?
19.15 Meeting summary & close

Prescribing information will be available at the meeting. This promotional meeting is organised and funded by Abbvie Ltd.
Date of preparation: March 2014; AXHUR140124z(1)
DATE AND TIME: WEDNESDAY 30 APRIL 2014, 17:45–19:15
VENUE: ROOM 11, ARENA AND CONVENTION CENTRE (ACC) LIVERPOOL

WITH PROFESSOR PAUL EMERY,
DR KARL GAFFNEY AND DR RAJ SENGUPTA

HOSTED LIVE IN LIVERPOOL BY PROFESSOR LORD WINSTON

TOPICS FOR DISCUSSION:
• BACK TO THE FUTURE WITH 10 YEARS OF INNOVATION IN RHEUMATOLOGY
• ADVANCING TREATMENT GOALS IN RHEUMATOID ARTHRITIS
• CLINICAL ADVANCES IN SPONDYLOARTHRITIS
• PERSONALISED APPROACHES TO IMPROVING ADHERENCE AND OUTCOMES
• GENETICS AND PERSONALISED HEALTHCARE IN THE NEXT 10 YEARS

LIGHT REFRESHMENTS AVAILABLE FROM 17:30
CPD ACCREDITATION WILL BE SOUGHT FOR THIS SYMPOSIUM

PRESCRIBING INFORMATION WILL BE AVAILABLE AT THE MEETING.
RoActemra® (tocilizumab) in Rheumatoid Arthritis (RA): Please refer to RoActemra® SPC for full prescribing information. Indication: RoActemra, in combination with methotrexate (MTX), is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have either responded inadequately to, or who were intolerant to, previous therapy with one or more disease-modifying anti-rheumatic drugs (DMARDs) or tumour necrosis factor (TNF) antagonists. In these patients, RoActemra can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate. RoActemra has been shown to reduce the rate of progression of joint damage as measured by X-ray and to improve physical function when given in combination with MTX. Dosage and Administration: Patients should be given the Patient Alert Card. 8mg/kg iv infusion given once every 4 weeks. Doses exceeding 800mg per infusion are not recommended. Dose adjustments: Dose reduction to 4mg/kg, or interruptions, are recommended in the event of raised liver enzymes, low absolute neutrophil count (ANC) or low platelet count. RoActemra should not be initiated in patients with ANC count below 2x10^9/L. Haematological abnormalities: Caution in patients with platelet count <100x10^3/μL. Continued treatment not recommended in patients with ANC <0.5 x 10^9/L or platelet count <50 x 10^3/μL. Hypersensitivity reactions: Use with caution in patients with active hepatic disease/impairment. Transaminase elevations: Not recommended in patients with ALT or AST >5xULN; caution in patients with ALT or AST >1.5xULN. Haematological abnormalities: Caution in patients with platelet count <100x10^3/μL. Continued treatment not recommended in patients with ANC <0.5 x 10^9/L or platelet count <50 x 10^3/μL. Lipid parameters: If elevated, follow local guidelines for managing hyperlipidaemia. Vaccinations: Live and live attenuated vaccines should not be given concurrently. Combined with other biologic treatments: Not recommended. Viral reactivation: Has been reported with biologics. Diversitilis: Caution in patients with a history of intestinal ulceration or diverticulitis. Patients with symptoms of complicated diverticulitis should be evaluated promptly. Interactions: Patients taking other medicines which are metabolised by CYP450 3A4, 1A2, or 2C9 should be monitored as doses may need to be adjusted. Pregnancy and Lactation: Women should use contraception during and for 3 months after treatment. A decision on whether to continue/discontinue breastfeeding on RoActemra therapy should take into account relative benefits to mother and child. Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Roche Products Ltd. Please contact Roche Drug Safety Centre by emailing welwyn.uk_dsc@roche.com or calling +44(0)1707 367554.
Roche Products Ltd / Chugai Pharma UK Ltd present a sponsored symposium

THE LOST PATIENTS

What do clinical experience, the evidence-base and immunology tell us?

NOT REACHING REMISSION

INADEQUATE RESPONSE

NON-ADHERENCE

INTOLERANCE

RoActemra® (tocilizumab) in Rheumatoid Arthritis (RA):
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Dosage and Administration: Patients should be given the Patient Alert Card. Braking by infusion given once every 4 weeks. Doses exceeding 80mg per infusion are not recommended.

Dose adjustments: Dose reduction to 40mg/kg or interruptions, are recommended in the event of raised liver enzymes, low absolute neutrophil count (ANC) or low platelet count. RoActemra should not be initiated in patients with ANC count below 2x10^9/L.

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

Precautions: Infections: Cases of serious and sometimes fatal infections have been reported; interrupt therapy until controlled. Caution in patients with recurring/chronic infections, or other conditions which may predispose to infection.

Haematological abnormalities:

- Transaminase >5xULN; caution in patients with ALT or AST >1.5xULN.
- Haematological abnormalities: Caution in patients with platelet count <100x10^3/L.

Hepatic disease/impairment:

- Use with caution in patients with active hepatic disease/impairment.

Viral reactivation:

- Has been reported with other biologic treatments: Not recommended.

GI perforations:

- Combined with other biologic treatments: Not recommended.

Screen for and treat Tuberculosis (TB):

- Not recommended.

Infusion reactions:

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

Hypersensitivity:

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

Pregnancy and Lactation:

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

Undesirable effects: Prescribers should consult SPC for full details of ADRs. Very common ADRs (> 1/10): URTI, hyperkalaemia; Common ADRs (≥ 1/100 to <1/10): cellulitis, pneumonia, oral herpes simplex, herpes zoster, abdominal pain, mouth ulceration, peripheral oedema, hypersensitivity reactions, conjunctivitis, cough, dyspnoea. Medically significant events: Infections. Opportunistic and serious infections have been reported, some serious infections had a fatal outcome. Impaired lung function may increase the risk of developing infections. There have been post-marketing reports of interstitial lung disease, some of which had a fatal outcome. GI perforations: Primarily reported as complications of diverticulitis. Infusion reactions: Clinically significant hypersensitivity reactions requiring treatment discontinuation were reported and were generally observed during the 2nd – 5th infusions. Fatal anaphylaxis has been reported. Other: Decreased neutrophil count, decreased platelet count, hepatic transaminase elevations, lipid parameter increases, very rare cases of pancreatitis.

Legal Category: POM

Presentations: and Basic NHS Costs: 80mg of tocilizumab in 4mL (20mg/mL) 1 vial: £512.00. 400mg of tocilizumab in 20mL (20mg/mL) 1 vial: £256.00. 800mg of tocilizumab in 400mg/mL.

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

Marketing Authorisation Holder: Roche Registration Limited, Old Salis Way, Welwyn Garden City, Herts AL7 1TW.

RoActemra is a registered trade mark.

Date of Preparation: July 2013.

RoCUKME/000002(1)