

Interview with the EULAR President

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During the 2012 EULAR meeting, *MD Conference Express* met with Maxime Dougados, MD, EULAR 2012 President, to discuss how the new research findings presented at EULAR and how those findings can be translated into daily practice.

MD Conference Express: *Prof. Dougados, congratulations on such a successful meeting.*

Prof. Dougados: Thank you. All of us on the committee are very pleased with this year's meeting. As you know, our goals are to provide a forum for the exchange of the highest quality clinical and basic science, encourage an educational and social exchange between professionals involved in rheumatology, as well as to liaise with patient organizations. We are particularly pleased that this year we have expanded the times available for the basic science session, and we have added two new initiatives to our educational program in the form of the "What is New?" (WIN) and "How to Treat" (HOT) sessions.

The EULAR meeting is an excellent opportunity to present new data that will ultimately affect daily practice, not tomorrow morning but perhaps in a few years. I personally think the IL-20 monoclonal antibody is interesting conceptually and is a story to follow. The Janus kinase (JAK) inhibitors are interesting, as well; of particular interest is the specificity of JAK inhibition and its impact on hematopoiesis. As I'm sure you know, some criticism has been directed at the field of rheumatology lately concerning the lack of head-to-head trials of biologics. Several of these are being reported at this year's meeting. The information they bring to clinicians is certainly useful. Personally, however, I think it's much more interesting for daily practice if we can personalize medicine. So I would like to see more data looking at the predisposing factors of treatment response.

MD Conference Express: *Tell us more about the presentation concerning the validation of the 2010 ACR/EULAR classification criteria. What have we learned?*

Prof. Dougados: Sometimes I think the new criteria are being misinterpreted. To fulfill the criteria, the physician must first detect synovitis. The second step is to determine

if another etiology is involved (for example septic arthritis, systemic lupus erythematosus or gout). If there is no other clear explanation for the synovitis, then the third step is to check the x-rays. If erosion is found, at this point, the diagnosis is confirmed; if not, that is when the criteria table comes into use. This potential for misinterpretation—for clinicians to want to go directly to the "magic table"—is why EULAR has formed a task force to precisely define what we call erosion when we are evaluating the 2010 ACR/EULAR classification criteria.

MD Conference Express: *Recent studies have tried to validate the concept of Treat to Target (T2T). Have they succeeded?*

Prof. Dougados: Yes, I think so. In France, we have a cohort of 813 patients with early synovitis (the ESPOIR cohort) from 20 centers. Last month, we published the results of an analysis that examined the association between adherence to the 2007 EULAR recommendations for managing early arthritis and radiographic progression and disability. Our results clearly showed that if you have rheumatoid arthritis, and you are monitored by a doctor who adheres to the T2T approach, you will be three times less likely to be disabled 3 years later.

We have plenty of data suggesting that the T2T concept is working, but the question of what the target should be we have. A number of people are looking at that, including the Targeted Ultrasonography Initiative, which is a group of international experts who support a target of active synovitis on ultrasonography as opposed to using the Disease Activity Score. Laure Gossec, MD, PhD, presented an interesting study this week, also from the ESPOIR cohort, showing the importance of inflammation, but not patient-reported global or fatigue scores, in predicting progression over 3 years.

MD Conference Express: *What are the most promising novel targets for rheumatoid arthritis?*

Prof. Dougados: Right now, everyone is thinking about JAKs, but right behind them (in about 1 or 2 years, at least in the US and Europe) are IL-17, maybe IL-20.

MD Conference Express: *Thank you, for your time Prof. Dougados.*

Prof. Dougados: It has been my pleasure.