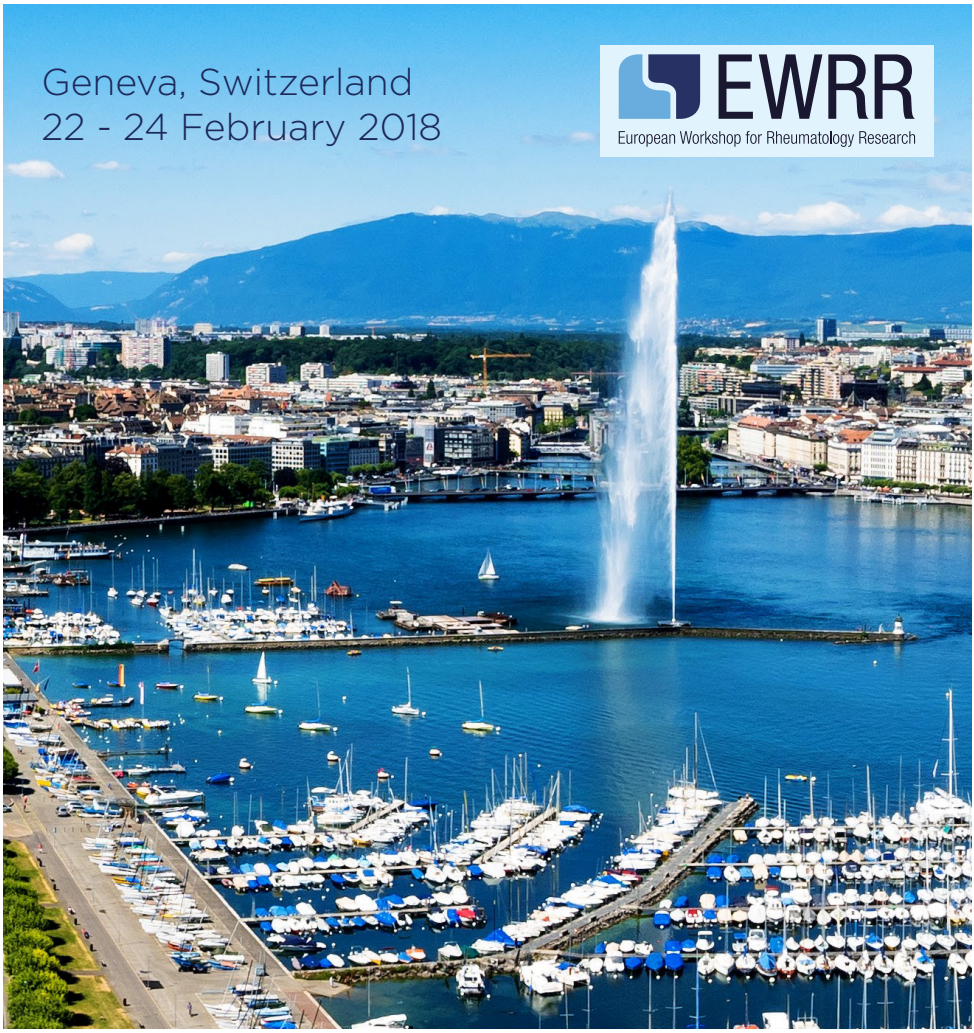

38TH EUROPEAN WORKSHOP FOR RHEUMATOLOGY RESEARCH

FINAL PROGRAMME

www.ewrr.org

PUISSANT DANS LA PR

DÈS LE DÉBUT [1+]

+ Chez les patients adultes ayant présenté une réponse insuffisante aux antirhumatismaux de fond (DMARD).

1 Schiff M, Weinblatt M E et al. Head-to-head comparison of subcutaneous abatacept versus adalimumab for rheumatoid arthritis: two-year efficacy and safety findings from AMPLE trial. Ann Rheum Dis 2014;73:86–94.

Bristol-Myers Squibb

Information professionnelle résumée ORENCIA®
ORENCIA® (abatacept). **I: Polyarthrite rhumatoïde (PR):** indiqué chez l'adulte en association avec le méthotrexate pour le traitement de la polyarthrite rhumatoïde érosive non traitée précédemment par méthotrexate. ORENCIA® est indiqué pour la réduction des signes et symptômes, l'amélioration des capacités fonctionnelles et la réduction de la progression des lésions structurelles chez les patients adultes souffrant d'une polyarthrite rhumatoïde modérée à sévère ayant présenté une réponse insuffisante aux antirhumatismaux de fond (DMARD, disease-modifying anti-rheumatic drugs) tels que le méthotrexate ou les inhibiteurs du TNF (facteur de nécrose tumorale). ORENCIA® est utilisé en association avec un traitement aux DMARD, en première ligne au méthotrexate. **Arthrite juvénile idiopathique polyarticulaire (AJIp):** indiqué en association avec le méthotrexate dans le traitement de l'arthrite juvénile idiopathique polyarticulaire active modérée à sévère chez les patients pédiatriques à partir de 6 ans ne répondant pas suffisamment à d'autres DMARD (dont le méthotrexate). ORENCIA® n'a pas été étudié chez l'enfant de moins de 6 ans. **P/ME:** ORENCIA® peut être administré en perfusion intraveineuse (iv) ou en injection par voie sous-cutanée (sc). **Posologie intraveineuse:** posologie spécifique en cas de PR de ~10 mg/kg de poids corporel (PC) en iv, aux semaines 0, 2 et 4 puis toutes les 4 semaines: <60 kg PC: 2 amp.; ≥60 – ≤100 kg PC: 3 amp.; >100 kg PC: 4 amp. Posologie chez les patients atteints d'AJIp âgés de 6 à 17 ans: <75 kg PC: 10 mg/kg PC; ≥75 kg PC: appliquer la posologie recommandée chez l'adulte en cas de PR. Dose maximale de 1 g. Perfusion de 30 minutes. **Posologie pour injection sous-cutanée:** 125 mg par semaine, indépendamment du PC; >100 kg PC: administration d'une dose de saturation par voie iv selon la posologie recommandée chez l'adulte encas de PR. L'utilisation d'ORENCIA® par voie sous-cutanée n'est pas adaptée chez l'enfant et l'adolescent. **CI:** hypersensibilité au principe actif ou à l'un des excipients de la composition. Infections graves telles que septicémie et infections opportunistes. **Mises en garde et précautions:** réactions allergiques, anaphylaxies, réactions anaphylactoïdes, administration concomitante avec des agents biologiques immunosuppresseurs ou des agents immunomodulateurs, infections actives, résultats positifs aux tests de dépistage de la tuberculose, virus de l'hépatite, vaccins vivants, tumeurs malignes, bronchopneumopathie chronique obstructive (BPCO), patients âgés, mesure de la glycémie (iv), processus auto-immuns, régime pauvre en sel (iv). **IA:** l'utilisation en association avec des inhibiteurs du TNF n'est pas recommandée. **Grossesse/allaitement:** l'utilisation chez la femme enceinte/qui allaite n'est pas recommandée. Les femmes en âge de procréer doivent utiliser une méthode de contraception efficace pendant le traitement. **EI** (fréquents/très fréquents): céphalées, nausées, douleurs abdominales, diarrhées, dyspepsie, flush, hypertension artérielle, sensation de vertiges, rash, toux, infections, herpès, rhinite, fatigue, asthénie, anomalie des tests hépatiques, pyrexie (chez les patients pédiatriques), réactions liées à la perfusion: sensation de vertiges, céphalées et hypertension. **P:** flacon-ampoule de 250 mg d'abatacept pour préparation d'une solution à perfuser. Seringue pré-remplie de 125 mg/ml d'abatacept pour préparation sous-cutanée. Catégorie de remise A (flacon-ampoule) ou B (seringue pré-remplie). Pour une information détaillée, veuillez consulter www.swissmedicinfo.ch. Documentation sur demande. Bristol-Myers Squibb SA, Hinterbergstrasse 16, 6330 Cham, www.bms.ch. 10-2013 Bristol-Myers Squibb. ORENCIA® est une marque de Bristol-Myers Squibb.

17-07 427CH17PR05806

CONTENT

PRESENTING EWRR 2018

WELCOME ADDRESS FROM MEETING ORGANISER

Dear Friends,

I am delighted to welcome you to Geneva for the 38th European Workshop for Rheumatology Research (EWRR). Since 1981, EWRR offers a unique platform to facilitate close interactions between scientists. This year, the meeting will cover a wide spectrum of topics, including inflammation, autoimmunity, tissue remodelling, genetic and epigenetic, and novel therapies with cutting-edge scientific presentations given by prestigious speakers.

Young scientists will also have the opportunity to present their work either during the poster tours or oral presentations, and receive the feedback from senior researchers. The meeting will provide the possibility of networking in a lively and friendly atmosphere.

Draped around the deep blue waters of Lac Léman, Geneva has grown wealthy and influential as the cultural and economic to become the focus of French-speaking Switzerland. It is also an international city and home to many global institutions related to health care from the International Red Cross to the WHO!

Geneva is located close to the Alps and offers great possibilities to enjoy skiing or other winter sport activities for those who wish to extend their stay after the meeting.

Cem Gabay
Meeting Chair

COMMITTEES

ORGANISER
Cem Gabay (CH)

SCIENTIFIC COMMITEE
Gaby Palmer (CH)
Carlo Chizzolini (CH)
Oliver Distler (CH)
Diego Kyburz (CH)
Caroline Ospelt (CH)
Natacha Bessis (FR)
Gilles Chiocchia (FR)
Frederique Ponchel (UK)
Dirk Elewaut (BE)
Patrick Matthys (BE)
Georg Schett (DE)
Pierre Miossec (FR)
Jean Roudier (FR)
Guy Serre (FR)
Florence Apparailly (FR)
Anne Barton (UK)
Costantino Pitzalis (UK)
Jerôme Guicheux (FR)

LOCAL WORKSHOP ORGANISER
EWRR 2018 c/o MCI Suisse SA
Rue du Pré-Bouvier 9 - 1242 Satigny - Switzerland

MEETING VENUE AND LOCATION

The 38th European Workshop of Rheumatology Reseach - EWRR 2018 is taking place from 22 - 24 February 2018 at the Hotel Crowne Plaza Geneva, located near the airport, and only 15 minutes from the city centre on a convenient bus route.

Av. Louis-Casaï 75-77
1216 Geneva
Switzerland

HOW TO GET THERE FROM THE AIRPORT

Free shuttle bus | 06:00 - 24:00

The shuttle bus of the Crowne Plaza Geneva runs every 20 minutes between the airport and the hotel. It stops in the airport parking, at the arrival terminal.

Public transportation

Bus number 10 takes you to the Crowne Plaza Geneva in a few minutes. Get off at the De-Joinville stop, right in front of the hotel.

Take advantage of a free public transportation pass, courtesy of the Geneva tourist board, to travel on the Geneva public transportation network. The transportation pass will be given to the hotel guest upon check in at the hotel.

GENEVA

Geneva enjoys a worldwide reputation as a conference city; it embodies the creativity of science and technology, a vigorous business sector, and has a special cultural appeal with unmistakable flair and charm. Geneva is a global city, a financial center, and a worldwide center for diplomacy due to the presence of numerous international organisations, including the headquarters of many of the agencies of the United Nations and the Red Cross. It is an ideal destination with its central location in Europe, served by an excellent transport and communication infrastructure.

GETTING AROUND IN GENEVA

Geneva's centre is small enough to walk around. For the suburbs you will need to take a tram or bus. Public transportation passes are provided free of charge to Geneva hotel guests, courtesy of the Geneva Tourist Board.

GENERAL INFORMATION

ABSTRACTS

Accepted abstracts have been published in a supplement to the Annals of Rheumatic Diseases and can be accessed on the EWRR website:
www.ewrr.org

CASH MACHINE

Cash machines are available at the airport or at the shopping center Balexert.

CERTIFICATE OF ATTENDANCE

A certificate of attendance will be sent by email (to the email address provided during the registration process) to all duly registered participants, after the meeting.

FOOD AND BEVERAGE

Complimentary coffee and tea is served in the foyer / poster areas during official coffee breaks. Lunch is provided in the foyer, poster areas and in the rooms on level -1 on Friday and Saturday. A bar and two restaurants are available at the hotel.

INTERNET

Wireless internet access is available to all participants at the meeting venue.
Username: ***EWRR***
Password: ***2018***

LANGUAGE

The official conference language is English. No simultaneous interpretation will be provided

MEETING DOCUMENTS AND BADGES

Meeting documents should be collected onsite at the registration desk at the Crowne plaza, conference level -2. Name badges must be worn visibly at all times during the meeting.

MOBILE DEVICES

As a courtesy to all conference attendees and speakers, cellular phones, pagers and other electronic devices must be operated in silent or vibration mode during sessions. No cellular phone conversations are permitted during sessions.

NETWORKING EVENTS

Thursday 22 February 2018 | From 19:30 — **Crowne Plaza Geneva**
Welcome & Networking

Friday 23 February 2018 | 17:00 - 18:30 — **Crowne Plaza Geneva**
Poster session I & Networking

Saturday 24 February 2018 | From 19:30 — **Parc des Eaux-Vives**
Official meeting dinner

POSTERS & GUIDED POSTER TOURS

All posters will be on display from Friday to Saturday.

Mantling Date:	**Friday 23 February 2018 | from 08:00**
Dismantling Date:	**Saturday 24 February 2018 | from 15:20**
Dismantling Deadline:	**Saturday 24 February 2018 | 16:00**

Posters are located in the poster areas in the Europe rooms and room New York on level -2. Authors of accepted posters are requested to be at their poster during the assigned poster session in order to enable discussion.

Poster session I - Friday 23 February 2018	**17:00 - 18:30**
Poster session II - Saturday 24 February 2018	**12:00 - 13:30**

Adhesive stickers and hanging materials are available at the registration desk. Guided poster tours are taking place during the poster sessions.

REGISTRATION DESK OPENING-HOURS

Thursday 22 February 2018	**12:00 - 20:00**
Friday 23 February 2018	**08:00 - 18:00**
Saturday 24 February 2018	**08:00 - 14:00**

SMOKING POLICY

The meeting venue is entirely non-smoking.

SPEAKERS PREVIEW ROOM

The Speakers Preview Room is located in Room E on the conference level -2 and is open at the following hours:

Thursday 22 February 2018	**14:00 - 20:00**
Friday 23 February 2018	**07:45 - 18:00**
Saturday 24 February 2018	**08:00 - 18:00**

All speakers are requested to upload their presentation at least 2 hours before their session, or the day before for the early morning sessions.

SURVEY / MEETING EVALUATION

We would be grateful if you could take a few minutes to answer an online survey that will be sent to you shortly after the meeting. Your valuable feedback will help to improve the organisation and quality of future EWRR meetings.

TRAVEL INSURANCE

It is recommended that participants obtain adequate cover for travel, health and accident insurance before they depart from their countries. EWRR and MCI as organisers cannot accept responsibility for personal injuries, or loss of, or damage to, private property belonging to the delegates.

WORKSHOP ORGANISER

MCI Suisse SA has been selected by EWRR as the official workshop organiser to process registrations, hotel reservations, abstract management and sponsorship. All correspondence should be sent to:

EWRR 2018 c/o MCI Suisse SA
Rue du Pré-Bouvier 9 - 1242 Satigny - Switzerland
Tel: +41 22 33 99 577 - Email: ewrr@mci-group.com

PROGRAMME OVERVIEW

THURSDAY 22 FEBRUARY 2018

TIME	PROGRAMME
13:00 - 15:30	Study group meetings
16:00 - 16:40	Welcome & Opening remarks
16:40 - 18:20	Autoimmunity *Marta Alarcón Riquelme (ES) & Antonio Lanzavecchia (CH)*
18:20 - 19:30	Invited keynote lecture *Laurent Keller (CH)*
19:30	Welcome & Networking event at the Hotel

FRIDAY 23 FEBRUARY 2018

TIME	PROGRAMME
08:30 - 10:00	Receptors and cell signalling *Savvas Savvides (BE) & Stefan Rose-John (DE)*
10:00 - 10:30	Coffee break
10:30 - 12:00	Tissue remodelling *Georg Schett (DE) & Tonia Vincent (UK)*
12:00 - 13:30	Lunch break
13:30 - 15:00	Epigenetic regulation *Caroline Ospelt (CH) & Esteban Ballestar (ES)*
15:00 - 15:30	Coffee break
15:30 - 17:00	Novel therapies *Francesca Barone (UK) & Paul-Peter Tak (UK)*
17:00 - 18:30	Poster session I & Networking

PROGRAMME OVERVIEW

SATURDAY 24 FEBRUARY 2018

TIME	PROGRAMME
08:30 - 10:00	Regulation of Inflammatory responses *Seamus Martin (IE) & Christophe Combadière (FR)*
10:00 - 10:30	Coffee break
10:30 - 12:00	Fibrosis *Olivier Distler (CH) & Derek Mann (UK)*
12:00 - 13:30	Lunch break & Poster session II
13:30 - 15:00	Genes & environment *Anne Barton (UK) & Maxime Breban (FR)*
15:00 - 15:30	Coffee break
15:30 - 17:00	Autoinflammatory diseases *Petr Broz (CH) & Patrick Matthys (BE)*
17:00 - 18:00	Invited closing lecture *Andrew McPherson (CH)*
18:00 - 18:30	Awards & Closing remarks *Lyon 2019*
19:30	Official Meeting dinner

PROGRAMME - THURSDAY 22 FEBRUARY 2018

13:00 - 15:30	STUDY GROUP MEETINGS*	
16:00 - 16:40	WELCOME & OPENING REMARKS	Zurich & Londres
16:40 - 18:20	AUTOIMMUNITY	Zurich & Londres
	Chairs: Carlo Chizzolini (CH) & Maya Buch (UK)	
16:40	Stratification of systemic autoimmune diseases Marta Alarcón Riquelme (ES)	
17:15	On the origin of antibodies Antonio Lanzavecchia (CH)	
17:50	O001 Lymphoid tissue macrophages express peptidylarginine deiminase 2 and 4: new implications in citrullination and anti-citrulline antibodies production in autoimmune arthritis Mohey Eldin Moustafa El Shikh (UK)	
18:00	O002 Targeting IL-10 producing B cells in rheumatoid arthritis and primary Sjögren's syndrome is promising to increase regulatory T cells but not to decrease pro-inflammatory T cells Julie Mielle (FR)	
18:10	O003 Characterizing the role of net-derived IL-33 in SLE pathogenesis Spiridon Georgakis (GR)	
18:20 - 19:30	INVITED KEYNOTE LECTURE	Zurich & Londres
	Ants and humans: general principles to ecological success Laurent Keller (CH)	
19:30	WELCOME & NETWORKING EVENT	Foyer

*For details see page 41

PROGRAMME - FRIDAY 23 FEBRUARY 2018

08:30 - 10:00	RECEPTORS AND CELL SIGNALLING	Zurich & Londres
	Chairs: Natacha Bessis (FR) & Costantino Pitzalis (UK)	
08:30	Mechanism of activation of pro-inflammatory human IL-23 by its cognate receptor IL-23R Savvas Savvides (BE)	
09:00	The complex biology of Interleukin-6 and mechanisms of targeting Stefan Rose-John (DE)	
09:30	O004 NIK-IKK complex controls NF-KB-dependent inflammatory activation of the endothelium in response to LTBR ligation Kim C. M. Jeucken (NL)	
09:40	O005 SMOC2 has differential effects on cartilage and bone formation Tine Peeters (BE)	
09:50	O006 LUMICAN: a novel gycoprotein mediating inflammation in osteoarthritis Goncalo Barreto (CH)	
10:00 - 10:30	COFFEE BREAK	Foyer
10:30 - 12:00	TISSUE REMODELLING	Zurich & Londres
	Chairs: Caroline Ospelt (CH) & Jérôme Guicheux (FR)	
10:30	Cytokines controlling resolution of arthritis Georg Schett (DE)	
11:00	Pathogenesis of pain in OA Tonia Vincent (UK)	
11:30	O007 ACPA-induced mobility of primed synovial fibroblasts: the missing link between ACPA-induced bone loss and synovial changes Meng Sun (SE)	

PROGRAMME - FRIDAY 23 FEBRUARY 2018

11:40 O008 Altered lymph node stromal cells during the earliest phases of rheumatoid arthritis
Lisa Van Baarsen (NL)

11:50 O009 MIR-146A an important key player in bone metabolism
Victoria Saferding (AT)

12:00 - 13:30 LUNCH BREAK Foyer & Geneva rooms on level -1

13:30 - 15:00 EPIGENETIC REGULATION Zurich & Londres

Chairs: Florence Apparailly (FR) & Jean-Michel Dayer (CH)

13:30 The epigenetic landscape of synovial fibroblasts in health and disease
Caroline Ospelt (CH)

14:00 Changes in the DNA methylome in autoimmune rheumatic disease
Esteban Ballestar (ES)

14:30 O010 Increased GPR22 activation triggers osteoarthritis
Laura-An Guns (Belgium)

14:40 O011 Why joint location matters in the pathogenesis of rheumatoid arthritis
Mojca Frank Bertoncelj (CH)

14:50 O012 Joint-specific synovial TGF-β1-induced AXL expression determines the outcome of inflammatory arthritis between ankle and knee joints
Clarie E. J. Waterborg (NL)

15:00 - 15:30 COFFEE BREAK Foyer

15:30 - 17:00 NOVEL THERAPIES Zurich & Londres

Chairs: Frederique Ponchel (UK) & Hendrik Schulze-Koops (DE)

15:30 Sjögren's syndrome: from pathogenesis to novel therapeutic approaches
Francesca Barone (UK)

PROGRAMME - FRIDAY 23 FEBRUARY 2018

16:00 Molecular mechanism of bioelectronic treatment of rheumatoid arthritis
Paul-Peter Tak (UK)

16:30 O013 New therapeutic avenues in rheumatoid arthritis: exploring the role of the adiponectin-pepitem axis
Helen M. McGettrick (UK)

16:40 O014 Podoplanin (GP38), a marker of synovial inflammation, is an excellent therapeutic target in mouse collagen-induced arthritis
Guillaume E. Desanti (UK)

16:50 O015 IL-17 blockade with secukinumab in peripheral spondyloarthritis impacts synovial immunopathology without compromising systemic immune responses
Marleen van de Sande (NL)

17:00 - 18:30 POSTER SESSION I & NETWORKING Poster areas

PROGRAMME - SATURDAY 24 FEBRUARY 2018

08:30 - 10:00	REGULATION OF INFLAMMATORY RESPONSES	Zurich & Londres
	Chairs: Elena Neumann (DE) & Pierre Miossec (FR)	
08:30	Neutrophil-derived proteases as global regulators of IL-1 family cytokine processing and activation Seamus Martin (IE)	
09:00	Controlling monocyte deployment by targeting CCR2 and CX3CR1 axes Christophe Combadière (FR)	
09:30	O016 Synovial IL-17+ CD8+ T cells are a pro- inflammatory tissue resident population enriched in spondyloarthritis Kathryn JA Steel (UK)	
09:40	O017 IL-7 in primary Sjögren's syndrome (PSS) is secreted by salivary gland epithelial cells after IFN stimulation and is associated with B cell activation Gaetane Nocturne (FR)	
09:50	O018 CCR6+ T helper cells drive antigen-induced arthritis via the IL-23R pathway Wida Razawy (NL)	
10:00 - 10:30	COFFEE BREAK	Foyer
10:30 - 12:00	FIBROSIS	Zurich & Londres
	Chairs: Guenter Steiner (AT) & Zoltan Szekanecz (HU)	
10:30	Development of targets therapies in systemic sclerosis - an update Oliver Distler (CH)	
11:00	Fibrogenic-inflammatory cross-talk in post-total knee arthroplasty - a human model of induced chronic fibrosis Derek Mann (UK)	
11:30	O019 IL-17A at crossroad between keratinocytes and fibroblasts in human skin within systemic sclerosis Aleksandra M. Dufour (CH)	

PROGRAMME - SATURDAY 24 FEBRUARY 2018

11:40	O020 Long noncoding RNA H19X is a master regulator of extracellular matrix production in systemic sclerosis Elena Pachera (CH)	
11:50	O021 Mesenchymal stem cell-derived extracellular vesicles: a novel therapeutic option in systemic sclerosis Daniele Noel (FR)	
12:00 - 13:30	LUNCH BREAK & POSTER SESSION II	Foyer & Poster areas
12:00 - 13:30	INTERNATIONAL ADVISORY BOARD MEETING*	Servette
13:30 - 15:00	GENES & ENVIRONMENT	Zurich & Londres
	Chairs: Lars Klareskog (SE) & Jean Roudier (FR)	
13:30	Progress in identifying the genes predisposing to rheumatoid arthritis Anne Barton (UK)	
14:00	Gene-environment interactions in spondyloarthritis Maxime Breban (FR)	
14:30	O022 For each HLA-DRB1 genotype, the likelihood to develop RA correlates with the probability of binding at least a peptide from PAD4 Jean Roudier (FR)	
14:40	O023 Rare seronegative destructive RA: identification of somatic mutations in the expanded CD8+ lymphocytes Tiina Kelkka (FI)	
14:50	O024 Human memory TH17 cell populations change into anti-inflammatory cells with regulatory capacity upon exposure to active vitamin D Erik Lubberts (NL)	
15:00 - 15:30	COFFEE BREAK	Foyer

**Upon invitation only*

PROGRAMME - SATURDAY 24 FEBRUARY 2018

15:30 - 17:00	AUTOINFLAMMATORY DISEASES	Zurich & Londres
	Chairs: Rik Lories (BE) & Gaby Palmer (CH)	
15:30	The function of Gasdermin-D in inflammasome- dependent cell death and cytokine release Petr Broz (CH)	
16:00	Specific defects in immune regulatory circuits underlie development of systemic juvenile idiopathic arthritis Patrick Matthys (BE)	
16:30	O025 Unopposed interleukin 18 signaling leads to severe toll like receptor 9-induced macrophage activation syndrome in mice Charlotte Girard-Guyonvarch (CH)	
16:40	O026 Which place for the NLRP3 inflammasome in the MSU crystal-induced inflammatory response in vivo? Alexandre Mariotte (FR)	
16:50	O027 Mechanical strain determines the site-specific direction of inflammation and tissue damage in arthritis Isabelle Cambré (BE)	
17:00 - 18:00	INVITED CLOSING LECTURE	Zurich & Londres
	Pervasive molecular exchange between the microbiota and host drives immune and inflammatory processes Andrew McPherson (CH)	
18:00 - 18:30	AWARDS & CLOSING REMARKS	Zurich & Londres
	Awards & Lyon 2019	
19:30	OFFICIAL MEETING DINNER	

NOUVEAU

olumiant®
(Baricitinib) Comprimés

Pour la polyarthrite rhumatoïde active modérée à sévère[1]

AU-DELÀ DE LA NORME [3,*]

Inhibiteur sélectif et réversible des JAK 1 & JAK 2[1]

Action rapide et efficacité soutenue à 52 semaines[2,3]

*Supériorité de Olumiant® + MTX vs Adalimumab + MTX pour les paramètres ACR 20 & DAS-28 CRP à 12 semaines[2,3]

Profil bénéfices/risques favorable[1,4]

Olumiant® (baricitinib). Comprimés pelliculés

I: En association avec des DMARDs conventionnels y compris le méthotrexate (MTX) chez des patients adultes atteints de polyarthrite rhumatoïde (PR) active modérée à sévère, n'ayant pas suffisamment répondu à un traitement par un ou plusieurs DMARDs ou ne l'ayant pas toléré. Monothérapie en cas d'intolérance au MTX ou lorsque le traitement avec MTX est inapproprié. L'efficacité d'Olumiant seul ou avec MTX a été démontrée chez des patients préalablement non traités. **Po:** 4 mg une fois par jour. Chez les patients âgés de 75 ans et plus et chez les patients présentant une infection chronique ou récurrente, une dose initiale de 2 mg peut éventuellement être appropriée. Chez les patients qui ont atteint un contrôle durable de l'activité de la maladie avec 4 mg une fois par jour, une dose d'entretien de 2 mg peut être suffisante. Instructions spéciales: La dose recommandée est de 2 mg une fois par jour chez les patients traités par le probénécide et chez les patients ayant un taux de filtration glomérulaire estimé entre 30 et 60 ml/min/1,73 m². **CI:** Hypersensibilité au principe actif ou à l'un des excipients. **Pr/MG:** Ne pas utiliser et/ou interrompre le traitement en cas de: infection active, infections chroniques ou récidivantes, ou antécédents d'infection grave ou opportuniste, réactivation virale (p.ex. herpes zoster, hépatite B/C), tuberculose active, nombre absolu de lymphocytes <0.5 x 109 cellules/l, nombre absolu de neutrophiles <1 x 109 cellules/l, ou taux d'hémoglobine <8 g/dl, insuffisance rénale ou hépatique sévère. Surveiller les paramètres lipidiques. Mettre à jour le statut vaccinal. **IA:** Inhibiteurs de l'OAT3 (probénécide). **Gr/AI:** Ne pas utiliser pendant la grossesse, à moins que cela soit clairement nécessaire. Ne pas allaiter pendant le traitement. **EI:** Très fréquent: Infections des voies respiratoires supérieures, élévation du LDL-cholestérol ≥3.36 mmol/l. Fréquent: Herpes zoster, herpes simplex, thrombocytose >600 x 109 cellules/l, nausées, élévation des ALAT ≥3 x LSN. Occasionnel: neutropénie <1 x 109 cellules/l, élévation de la créatine phosphokinase >5 x LSN. **P:** Olumiant 2 mg et 4 mg, 28 comprimés pelliculés. Catégorie de remise B. Pour de plus amples informations, consulter www.swissmedicinfo.ch. Eli Lilly (Suisse) SA, ch. des Coquelicots 16, CP 580, 1214 Vernier (GE). V05.2017

PP-BA-CH-0025/I.2017

1. Résumé des caractéristiques du produit: www.swissmedicinfo.ch
2. Taylor PC et al. NEJM 2017;376:652-62. Baricitinib versus Placebo or Adalimumab in Rheumatoid Arthritis
3. Smolen JS1 et al. EULAR Recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. Ann Rheum Dis. 2017 Jun;76(6):960-977. doi: 10.1136/annrheumdis-2016-210715. Epub 2017 Mar 6
4. Smolen JS et al. Presented at Eular 2016. Abstract THU0166. Safety Profi le of Baricitinib in Patients with Active Rheumatoid Arthritis: An Integrated Analysislysis

Lilly

POSTERS

FRIDAY 23 FEBRUARY 2018

17:00 - 18:30 POSTER SESSION I Poster area

AUTOIMMUNITY

Chair: Guy Serre (FR)

P001 MECHANISMS OF BONE EROSION AND PAIN TRIGGERED BY ANTIBODIES TARGETING POST-TRANSLATIONAL PROTEIN MODIFICATIONS IN RHEUMATOID ARTHRITIS

A. Krishnamurthy* - K. Sandor - A. Jurczak - M. J. Andrade - J. Steen - C. Grönwall - G. Wigerblad - P. Titcombe - H. Wähämaa - B. Rethi - C. Svennson - A. Catrina

P002 HOW DO GLYCANS AFFECT IMMUNE CELLS IN RHEUMATOID ARTHRITIS?

A. Molhoek* - L. Hafkenscheid - R. Toes - S. van Vliet - Y. van Kooyk

P003 IGF1R SIGNALING IS ESSENTIAL FOR NEUROLOGICAL SYMPTOMS IN RA

K. M. Andersson - L. Juzokaite - C. Wasen* - A. Stokowska - L. Leifsdottir - M. C. Erlandsson - M. Pekna - M. Pekny - K. Olmarker - M. Kalm - M. I. Bokarewa

P005 INFLUENCE OF MACROPHAGE POLARISATION ON EXPRESSION OF PEPTIDYLARGININE DEIMINASES 2 AND 4 THAT CATALYSE CITRULLINATION OF THE PROTEINS TARGETED BY ANTI-CITRULLINATED PROTEIN/PEPTIDE AUTOANTIBODIES (ACPA)

M.-C. Méchin - G. Serre - C. Clavel*

P006 ANTI-RA33 (HNRNP-A2/B1) AUTOANTIBODIES ARE ASSOCIATED WITH THE THERAPEUTIC RESPONSE TO METHOTREXATE IN PATIENTS WITH RHEUMATOID ARTHRITIS

D. Sieghart* - P. Studenic - M. Grundhuber - S. Swiniarski - A. Platzer - J. S. Smolen - G. Steiner

P007 IN RA, BECOMING SERONEGATIVE OVER THE 1ST YEAR OF DMARD TREATMENT DOES NOT TRANSLATE TO BETTER CHANCES OF DRUGFREE REMISSION IN THE LONG-TERM

V. F. Derksen - L. A. Trouw - H. Bang - Y. P. Goekoop-Ruiterman - G. M. Steup-Beekman - T. W. Huizinga - C. F. Allaart - R. E. Toes - D. van der Woude

P008 METHOTREXATE AND BAFF INTERACTION PREVENTS IMMUNIZATION AGAINST TNF-A INHIBITORS BY INCREASING ADENOSINE AND REGULATORY B CELLS

S. Bitoun - G. Nocturne* - B. Ly - R. Krzysiek - A. Pruvost - A. Paoletti - J. Pascaud - P. Dönnes - K. Florence - A. Gleizes - A. Hincelin-Mery - M. Allez - S. Hacein Bey - M. Pallardy - X. Mariette

POSTERS

FRIDAY 23 FEBRUARY 2018

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P009 TRANSCRIPTOMIC ANALYSIS OF PLASMACYTOID DENDRITIC CELLS FROM RHEUMATOID ARTHRITIS PATIENTS REVEALS NOVEL TARGETS FOR THERAPY

G. Papadaki* - P. Goutakoli - J. R. Grün - A. Grützkau - A. Fanouriakis - G. A. Pavlopoulos - I. Iliopoulos - G. Bertsias - D. Boumpas - P. Sidiropoulos - P. Verginis

P011 EXPANDED T CELL CLONES ARE PRESENT IN THE SYNOVIUM BEFORE THE ONSET OF CLINICAL RHEUMATOID ARTHRITIS

G. Balzaretti* - P. Klarenbeek - M. Doorenspleet - M. de Hair - B. van Schaik - R. Esveldt - M. van de Sande - D. Gerlag - A. van Kampen - F. Baas - P. P. Tak - N. de Vries

P012 PEPTIDYL ARGININE DEIMINASE IMMUNIZATION INDUCES ANTICITRULLINATED PROTEIN ANTIBODIES IN HLA- DRB1*04:01 TRANSGENIC MICE

I. Auger* - F. Arnoux - C. Mariot - E. Peen - N. C. Lambert - N. Balandraud - J. Roudier

P013 PORPHYROMONAS GINGIVALIS INFECTION LINKED TO RA ONSET AND ANTI-TNF ALPHA TREATMENT NON-RESPONSE

M. Jenning - B. Marklein - Y. Ytterberg - A. Catarina - D. Schaardenburg - G. Burmester - K. Skriner*

P014 FAM167A/BLK IS A SUSCEPTIBILITY LOCUS IN AUTOIMMUNE DISEASES: CHARACTERIZATION OF THE FAM167 GENE FAMILY

L. Mentlein* - G. E. Thorlacius - L. Meneghel - J. I. Ramirez Sepulveda - S. Brauner - A. Espinosa - M. Wahren-Herlenius

P015 AUTOPHAGY CONTROLS TREGS TO TH17 CONVERSION AND SHAPES THE SEVERITY OF ARTHRITIS

J. Niven - N. Madelon - A. Caruso - S. Hugues - M. Gannage*

P016 BASELINE LEVELS OF IL-17-PRODUCING CD4+ T CELLS PREDICT CLINICAL RESPONSE TO ABATACEPT IN RHEUMATOID ARTHRITIS PATIENTS

P. Goutakoli* - G. Papadaki - G. Bertsias - A. Repa - H. Kampouraki - N. Avgoustidis - N. Kougas - P. Verginis - P. Sidiropoulos

P017 RANK/RANK-LIGAND INTERACTION REGULATES PATHOGENIC T CELL RECRUITMENT IN SJÖGREN'S SYNDROME

S. Nayar* - B. A. Fisher - D. H. Gardner - J. Campos - A. Dumusc - C. Smith - V. Iannizzotto - C. D. Buckley - S. J. Bowman - C. G. Mueller - F. Barone

POSTERS

FRIDAY 23 FEBRUARY 2018

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P018 PROTEASE ACTIVATED RECEPTOR 2 (PAR2) EXPRESSION IN THE MYELOID COMPARTMENT IMPACTS OSTEOCLASTOGENESIS

S. McGrath* - L. Hultin - J. C. Lockhart - C. S. Goodyear

P019 ULTRASOUND DETECTED TENOSYNOVITIS AS A MARKER OF SUBCLINICAL INFLAMMATION PRIOR TO ARTHRITIS ONSET

Y.Kisten* - H. Rezaei - E. af Klint - G. Fei - A. H. Hensvold - A. I. Catrina

CELL SIGNALLING

Chair: Gyorgy Nagy (HU)

P039 ROTATOR CUFF CALCIFIC TENDINOPATHY: CHONDROCYTE-LIKE CELLS SURROUNDING CALCIFIC DEPOSITS EXPRESS TNAP AND ENPP1, TWO KEY ENZYMES OF THE MINERALIZATION PROCESS

C. Darrieutort-Laffite* - A. Najm - T. Garraud - P. Layrolle - F. Blanchard - B. Le Goff

P040 INVOLVEMENT OF THE ANTI-AGING PROTEIN KLOTHO IN CHONDROCYTE AUTOPHAGY AND APOPTOSIS DURING OSTEOARTHRITIS

E. Le Tilly - T. Ong - J. Abadie - J. Guicheux - L. Beck - C. Vinatier* on behalf of INSERM UMR 1229 - RMeS, Regenerative Medicine and Skeleton, STEP Team

P041 TISSUE GENE PROFILING UNCOVERS CADHERIN 11 RELATED SIGNATURES IN RHEUMATOID ARTHRITIS PATIENTS

K. Hatje - T. Kam-Thong - D. Hartl - G. Duchateau- Nguyen*

P042 TARGETING NF-KB SIGNALLING IN B CELLS: A POTENTIAL NEW TREATMENT MODALITY FOR ANTIBODY MEDIATED AUTOIMMUNE DISEASES

J. P. Van Hamburg - P. Tuijnenburg - B. Helder - L. van Keep - K. Wesenhagen - P. Kucharzewka - M. H. Jansen - A. Al-Soudi - P. L. Klarenbeek - H. Olsson - N. de Vries - T. Kuijpers - S. W. Tas*

P043 INVESTIGATING IL-6 INTRACELLULAR SIGNALLING IN PERIPHERAL BLOOD CELL SUBSETS IN PATIENTS AT EARLY AND LATER STAGES OF RHEUMATOID ARTHRITIS (RA)

L. Ouboussad* - L. Hunt - C. Wong - P. Emery - M. McDermott - A. Aslam - M. Buch

P044 TRANSGLUTAMINASE-2 IN OSTEOARTHRITIS: MMP-13 PRODUCTION THROUGH ENHANCED FOXO3A NUCLEAR TRANSLOCATION

S. Han* - M.-S. Han - S.-R. Kwon

POSTERS

FRIDAY 23 FEBRUARY 2018

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CYTOKINES AND INFLAMMATION

Chair: Amanda Proudfoot (FR)

P055 INTERLEUKIN-7 IN AORTIC ADVENTITIA OF PATIENTS WITH RHEUMATOID ARTHRITIS AND CORONARY ARTERY DISEASE

A. N. Burska* - K. Sime - A. Williams - K. Mikkelsen - K. Saatvedt - S. M. Almdahl - I. Risnes - S. E. Rynning - C. Goodyear - I. Hollan - F. Ponchel

P056 IMPORTANT ROLE OF CD11C+ DENDRITIC CELLS IN INFLAMMATORY ARTHRITIS

A. Puchner - V. Saferding - R. Pfeifle - G. Krönke - K. Redlich - J. Smolen - S. Blüml*

P057 EFFECTS OF ANTI-TNF THERAPY ON VASCULAR BIOMARKER LEVELS IN RHEUMATOID ARTHRITIS

A. Hamar* - E. Végh - Á. Horváth - S. Szántó - G. Szücs - A. Pusztai - A. Domján - K. Hodosi - G. Kerekes - R. Gesztelyi - J. Zsuga - Z. Prohászka - Z. Szekanecz

P058 S100 PROTEINS EFFECTIVELY DISCRIMINATE SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS FROM HEALTHY CONTROLS, BUT ARE NOT ASSOCIATED WITH MEASURES OF DISEASE ACTIVITY

B. Šumová* - J. Závada - L. A. Cerezo - M. Uher - H. Hulejová - M. Grigorian - K. Pavelka - J. Vencovský - L. Šenolt

P059 EX VIVO COMPARISON OF BARICITINIB, UPADACITINIB, FILGOTINIB & TOFACITINIB FOR CYTOKINE SIGNALING IN HUMAN LEUKOCYTE SUBPOPULATIONS

I. B. McInnes - R. Higgs - J. Lee - W. L. Macias - S. Na - R. A. Ortmann - G. Rocha - T. Wehrman - X. Zhang - S. H. Zuckerman - P. C. Taylor - C. Perrier*

P060 IL-38 IN ARTHRITIS. MATURATION AND DEGRADATION OF THIS NEW IL-1 FAMILY ANTI-INFLAMMATORY CYTOKINE

M. Harel - T. Garraud - B. Le Goff - F. Blanchard*

P061 TARGETING B CELL ACTIVATING FACTOR (BAFF) IMPAIRS ECTOPIC LYMPHONEOGENESIS IN MURINE MODELS OF SJÖGREN'S SYNDROME

J. Campos* - T. Slocombe - S. Nayar - V. Iannizzotto - D. H. Gardner - C. D. Buckley - A. Haynes - R. B. Henderson - F. Barone

P062 SIGNIFICANT DECREASE OF T CELLS BUT NOT MACROPHAGES IN THE SYNOVIUM OF PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS AFTER TREATMENT WITH TOCILIZUMAB

K. Chatzidionysiou* - M. Engström - E. af Klint - A. Hensvold - A. I. Catrina

POSTERS

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P063 EFFECT OF ADIPOKINES AND IL-17 ON SYNOVIAL FIBROBLAST FROM DIFFERENT RHEUMATIC DISEASE BACKGROUNDS

K. W. Frommer* - S. Rehart - M. Sauerbier - U. Müller-Ladner - E. Neumann

P064 ADIPOSE TISSUES OBTAINED FROM RA AND OA PATIENTS DIFFER IN CYTOKINE AND CHEMOKINE SECRETION

M. Plebanczyk* - A. Radzikowska - T. Burakowski - W. Maslinski - E. Kontny

P065 INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR REGULATES THE PHENOTYPE AND FUNCTION OF CD21+ B CELLS

M. Erlandsson* - C. Wasen - G. Gravina - M. I. Bokarewa

P067 IL-17 RESULTING FROM CELL INTERACTIONS DURING CHRONIC INFLAMMATION: COMPARISON BETWEEN JOINT-DERIVED- AND SKINDERIVED- MESENCHYMAL CELLS

M. Noack* - P. Miossec

P068 INCREASE OF AEROBIC GLYCOLYSIS MEDIATED BY ACTIVATED T HELPER CELLS DRIVES SYNOVIAL FIBROBLASTS TOWARDS AN INFLAMMATORY PHENOTYPE

M. Souto-Carneiro - R. de Albuquerque Carvalho - J.-H. Schnotz - S. Krienke - K. D. Klika - T. Tretter - H.-M. Lorenz - L.-O. Tykocinski

P069 S100A9 MEDIATES ACUTE NOCICEPTIVE PAIN IN EXPERIMENTAL SYNOVITIS

A. Blom - M. van den Bosch - E. Geven - E. Blaney Davidson - P. van der Kraan - P. van Lent*

P071 AUTOANTIBODIES AGAINST SERUM AMYLOID A REDUCE IL-6 RELEASE FROM PERIPHERAL BLOOD MONONUCLEAR CELLS

T. Kuret* - K. Lakota - P. Mali - S. Čučnik - S. Praprotnik - M. Tomšič - S. Sodin-Šemrl

P072 IRF1 IS CRITICAL FOR THE INFLAMMATORY GENE EXPRESSION IN FIBROBLAST-LIKE SYNOVIOCYTES

M. Bonelli* - S. Hayer - K. Dalwigk - B. Niederreiter - T. Pap - J. Smolen - H. Kiener - T. Karonitsch

P073 REGULATION OF JOINT DESTRUCTION BY ACTIVIN A IN RHEUMATOID ARTHRITIS

V. Kracke* - J. Intemann - M. Fennen - T. Pap - B. Dankbar

P074 IL-10 REGULATES SKIN THICKNESS AND SCALING IN IMIQUIMODINDUCED PSORIASIS-LIKE SKIN INFLAMMATION IN MICE

X. Xu* - E. Prens - E. Florencia - L. Boon - P. Asmawidjaja - A.-M. Otten-Mus - E. Lubberts

POSTERS

FRIDAY 23 FEBRUARY 2018

17:00 - 18:30 POSTER SESSION I Poster area

CONNECTIVE TISSUE REMODELLING & FIBROSIS

Chair: Georg Schett (DE)

P095 PLASMA LEVELS OF HSP90 ARE INCREASED IN PATIENTS WITH SYSTEMIC SCLEROSIS WITH MORE SEVERE ORGAN INVOLVEMENT

H. Storkanova* - S. Oreska - M. Spiritovic - K. Pavelka - J. Vencovský - J. Distler - L. Senolt - R. Becvar - M. Tomcik

P096 SYNOVIAL TISSUE REMODELING AS A MEANS OF TISSUE MEMORY

I. Olmos Calvo* - R. A. Byrne - M. Bonelli - B. Niederreiter - F. Alasti - T. Karonitsch - J. Holinka - G. Steiner - J. S. Smolen - P. Ertl - H. P. Kiener

P097 ANTI-TNF TREATMENT IMPROVES VASCULAR FUNCTION VIA SUPPRESSION OF GALECTIN-3 EXPRESSION DURING INFLAMMATORY ARTHRITIS

K. Sime* - E. Hughes - E. H. Choy - A. S. Williams

P098 VISFATIN IN BONE METABOLISM OF OSTEOPOROSIS AND OSTEOARTHRITIS PATIENTS

L. Tsiklauri* - J. Werner - K. Frommer - R. Engel - S. Rehart - S. Wenisch - U. Lange - U. Müller-Ladner - E. Neumann

P099 INTENSIVE 24-WEEK PHYSIOTHERAPY PROGRAMME IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES - PRELIMINARY DATA FROM A SINGLE-CENTER CONTROLLED STUDY

M. Spiritovic* - S. Oreska - H. Storkanova - P. Cesak - A. Rathouska - K. Kubinova - M. Klein - L. Vernerova - O. Ruzickova - H. Mann - K. Pavelka - L. Senolt - J. Vencovský - M. Tomcik

P100 THE LINK BETWEEN ANGIOGENESIS AND OSTEOGENESIS IN SPONDYLOARTHRITIS

M. H. Kaaij* - J. P. van Hamburg - G. Kollias - D. Baeten - L. van Duivenvoorde

P101 DOT1L INHIBITION INCREASES DERMAL FIBROBLAST PROLIFERATION BUT HAS NO EFFECTS ON IN VITRO OR IN VIVO COLLAGEN DEPOSITION IN MODELS OF FIBROSIS

N. Berghen* - E. De Langhe - R. Lories

P102 S100A9 HAMPERS OSTEOCLAST DIFFERENTIATION FROM CIRCULATING PRECURSORS BY REDUCING THE EXPRESSION OF RANK

M. van den Bosch - I. Di Ceglie - T. Vogl - J. Roth - C. Goodyear - P. van der Kraan - A. Blom - P. van Lent*

P103 PRO-FIBROTIC RESPONSES INDUCED BY THYMIC STROMAL LYMPHOPOETIN

L. Wang - S. Wang - V. Taneja - R. Vassallo*

POSTERS

FRIDAY 23 FEBRUARY 2018

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P104 SYNOVIAL FIBROBLAST RELATIONSHIP STATUS: IT'S COMPLICATED

R. A. Byrne* - I. Olmos Calvo - F. Kartnig - A. Platzer - V. Zheden - L. Lovicar - J. Holinka - G. Steiner - P. Ertl - J. S. Smolen - H.-P. Kiener

P105 ENDOPLASMIC RETICULUM STRESS MEDIATES DERMAL FIBROSIS

S. O'Reilly*

GENE REGULATION

Chair: Esteban Ballestar (ES)

P123 THE IFN TYPE I GENE EXPRESSION IN A CARDIOVASCULAR DISEASE CONTINUUM OF RHEUMATOID ARTHRITIS

A. N. Burska* - G. Harrison - E. M. Hensor - L.-A. Bissell - G. Fent - I. Sadreev - Y. M. El Sherbiny - H. Donica - E. M. Vital - S. Plein - M. H. Buch*

P124 ALTERED CD4+ T CELL DNA METHYLATION IN EARLY RHEUMATOID ARTHRITIS

A. D. Clark* - N. Naamane - N. Nair - A. E. Anderson - A. J. Skelton - J. Diboll - J. Massey - S. Eyre - A. Barton - J. D. Isaacs - L. N. Reynard - A. G. Pratt

P125 CHONDROCYTES DERIVED FROM MESENCHYMAL STEM CELLS DIFFERENTIATED IN THE PRESENCE OF PLASMA-DERIVED EXTRACELLULAR VESICLES FROM OSTEOARTHRITIC PATIENTS EXPRESS DISEASE-RELATED GENES

B. C. H. Pieters - C. E. J. Waterborg* - O. J. Arntz - A. B. Blom - P. M. van der Kraan - F. A. J. van de Loo

P126 EPIGENETIC CONTROL OF DISTALLY EXPRESSED HOXD GENES IN SYNOVIAL FIBROBLASTS

K. Klein* - M. Frank-Bertoncelj - G. Lee - C. Kolling - O. Distler - C. Ospelt

P127 CLINICAL PRESENTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS IN PATIENTS WITH DIFFERENT GENOTYPES OF FOLATE CYCLE GENES

N. Panko* - N. Shevchenko

P128 ANALYSIS OF DNA METHYLATION PATTERNS IN RHEUMATOID ARTHRITIS PATIENT: A SYSTEM FOR PRIORITISING MEANINGFUL DIFFERENCE

R. Pitaksalee* - A. N. Burska - J. Rogers - X. Xie - P. Emery - R. Hodgett - F. Ponchel

POSTERS

SATURDAY 24 FEBRUARY 2018

12:00 - 13:30 POSTER SESSION II Poster area

AUTOIMMUNITY

Chair: Diego Kyburz (CH)

P020 TOLL-LIKE RECEPTOR 9 INFLUENCES INFLAMMATORY ARTHRITIS AND OSTEOCLASTOGENESIS

A. Fischer* - S. Abdollahi-Rodsaz - A. C. Y. Yau - E. Lonnblom - R. Holmdahl - G. Steiner

P021 MEMBRANE TNF EXPRESSION ON MONOCYTES AND DIFFERENTIATION OF MONOCYTES INTO M2-M1 MACROPHAGES: 2 NEW BIOMARKERS OF RHEUMATOID ARTHRITIS

A. Paoletti* - G. Nocturne - S. Bitoun - E. Riviere - J. Pascaud - B. Ly - X. Mariette

P022 CHECKPOINT INHIBITORS ACTIVATE STORE-OPERATED CA2+ ENTRY AND ERK1/2 SIGNALING AND PROMOTE TH17 DIFFERENTIATION

B. Zapp* - P. Lehmkuhl - H. Schulze-Koops - A. Skapenko

P023 SMOKING IS ASSOCIATED WITH LOW SERUM LEVELS OF SOLUBLE PD-L1 IN RHEUMATOID ARTHRITIS

C. Wasén* - M. Erlandsson - A. Bossios - L. Ekerljung - C. Malmhäll - S. Töyrä Silfverswärd - R. Pullerits - B. Lundbäck - M. I. Bokarewa

P024 COMPARISON OF CCP2 AND CCP3 ASSAYS IN A LARGE COHORT OF ESTABLISHED RHEUMATOID ARTHRITIS AND CONTROLS

M. Malher - C. Bentow - R. Albesa - L. Cesana - L. Martinez-Prat - P. Roux-Lombard - M. J. Nissen - C. Lamacchia* - C. Gabay

P025 THE DIAGNOSTIC AND PROGNOSTIC VALUE OF AUTOANTIBODIES IN RHEUMATOID ARTHRITIS

D. Sieghart* - A. Platzer - F. Alasti - P. Studenic - M. Grundhuber - S. Swiniarski - S. Blüml - T. Perkmann - J. Smolen - G. Steiner

P026 BASELINE AUTOANTIBODY PROFILE IN RHEUMATOID ARTHRITIS ASSOCIATES WITH EARLY TREATMENT RESPONSE BUT NOT LONG-TERM OUTCOMES

E. C. de Moel* - V. F. Derksen - L. A. Trouw - H. Bang - R. J. Goekoop - I. Speyer - T. W. Huizinga - C. F. Allaart - R. E. Toes - D. van der Woude

P028 TREATMENT OF BAFF TRANSGENIC MICE WITH ANTI-TNF: MONOCLONAL ANTI-TNF ARE ASSOCIATED WITH A HIGHER RISK OF LYMPHOMA THAN ETANERCEPT

G. Nocturne* - B. Ly - S. Boudaoud - S. Bitoun - A. Paoletti - R. Seror - C. Nicco - F. Mackay - F. Vincent - S. Ferlicot - L. Stimmer - S. Roulland - R. Krzysiek - S. Hacein Bey - F. Batteux - X. Mariette

POSTERS

SATURDAY 24 FEBRUARY 2018

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P030 SERUM LEVELS OF IMMUNOGLOBULIN D AND FACTORS INFLUENCING THE LEVELS IN RHEUMATOID ARTHRITIS

G. Gravina* - M. C. Erlandsson - A. Bossios - L. Ekerljung - C. Malmhäll - B. Lundbäck - B. Mikael - M. I. Bokarewa

P031 IN BOTH RHEUMATOID AND PSORIATIC ARTHRITIS NAIVE CD4+ T LYMPHOCYTES ARE PREDISPOSED TO DIFFERENTIATE TOWARDS TH17 CELLS AND HAVE CHARACTERISTIC CYTOKINE PROFILES

E. Baricza - N. Marton - P. Királyhidi - O. T. Kovács - I. K. Székely - E. Lajkó - L. Kőhidai - B. Rojkovich - E. Barbara - E. I. Buzás - G. Nagy*

P032 CAPTURE OF IGA IMMUNE COMPLEXES AND ENRICHMENT IN IGA IG GENE EXPRESSION SUGGEST A ROLE FOR SYNOVIAL FCRL4+ B CELLS IN THE LINK BETWEEN MUCOSAL AND JOINT INFLAMMATION

J. Cameron* - E. Clay - K. Amara - G. Vidal Pedrola - N. Sippl - A. Filer - K. Raza - V. Malmstrom - D. Scheel-Toellner

P034 CELL SURFACE SIALYLATION OF B CELL SUBSETS FROM PATIENTS WITH RHEUMATOID ARTHRITIS

L. Johnston* - L. Ouboussad - A. Aslam - M. H. Buch

P035 THE TRANSCRIPTIONAL CO-ACTIVATOR BOB.1 PREVENTS TERMINAL DIFFERENTIATION AND INDUCES COSTIMULATORY CAPACITY OF B CELLS IN GC-LIKE ENVIRONMENT

M. J. Levels - C. M. Fehres - N. O. P. Van Uden - A. Q. Bakker - H. Spits - D. L. Baeten - N. G. Yeremenko*

P036 NEUTROPHIL EXTRACELLULAR TRAPS IN SYSTEMIC LUPUS: A PROTEOMIC ANALYSIS

F. Pratesi - M. Bruschi - A. Bonanni - A. Petretto - I. Puxeddu - G. Candiano - G. Ghiggeri - P. Migliorini*

P037 MULTIPLE ROLES OF PHOSPHOLIPASE C-ETA2, AS A NOVEL C2 DOMAIN CONTAINING PROTEIN, IN THE PATHOGENESIS OF RHEUMATOID ARTHRITIS

S. I. Lee* - J. H. Park - H. S. Noh - W.-U. Kim

P038 RECENT THYMIC EMIGRANT T CELLS INCREASE IN RHEUMATOID PATIENTS TREATED WITH ABATACEPT

S. Piantoni* - F. Regola - A. Tincani - P. Airò

POSTERS

SATURDAY 24 FEBRUARY 2018

12:00 - 13:30 POSTER SESSION II Poster area

AUTOINFLAMMATORY DISEASES

Chair: Patrick Matthys (BE)

P047 ANTI-COLLAGEN TYPE II ANTIBODIES ARE ASSOCIATED WITH EARLY INFLAMMATION IN MALAYSIAN RHEUMATOID ARTHRITIS PATIENTS WITH THREE DIFFERENT ETHINICITIES

C. L. Too - V. A. Manivel - E. Persinidou - J. Rönnelid* - S. Murad

P049 CHARACTERISATION OF THE ANTIBODY RESPONSE TO A CITRULLINATED PEPTIDE DERIVED FROM PORPHYROMONAS GINGIVALIS PAD IN RA

N. Kharlamova* - B. Brynedal - N. Sherina - K. Eriksson - T. Lindberg - M. Hansson - L. Israelsson - J. Steen - V. Malmström - L. Alfredsson - K. Amara - K. Lundberg

P050 HIGH CHOLESTEROL LEVELS BY APOE DEFICIENCY REDUCE BONE DESTRUCTION IN ANTIGEN-INDUCED ARTHRITIS VIA REDUCTION OF THE NUMBER OF OSTEOCLASTS

G. Ascone - I. Di Ceglie - M. van den Bosch - A. Sloetjes - P. van der Kraan - E. Lindhout - A. Blom - P. van Lent*

P051 LOSS OF BONE MASS IN PATIENTS WITH HEAD AND NECK TUMORS IN THE FIRST YEAR AFTER THE DIAGNOSIS OF THE DISEASE

R. Hernández* - J. F. Pradera - J. Uceda - J. L. Marenco de la Fuente

P052 EFFECTS OF HYPOXIA AND ACTIVATED HUMAN B CELLS ON IMMUNOSUPPRESSIVE AND DIFFERENTIATION CAPACITY OF MULTIPOTENT MESENCHYMAL STROMAL CELLS

R. Scarpone* - P. Gitsioudis - R. Saffrich - L. Tykocinski - H.-M. Lorenz - T. Tretter

P053 SERUM AMYLOID A CAN MODULATE NEUTROPHIL SURFACE EXPRESSION OF L-SELECTIN AND INTEGRIN ALPHA M

T. Kuret* - K. Lakota - P. Žigon - M. Ogrič - S. Sodin-Šemrl - R. Ješe - S. Čučnik - M. Tomšič - A. Hočevar

P054 MONOCYTE-RELATED BIOMARKERS OF RHEUMATOID ARTHRITIS DEVELOPMENT IN UNDIFFERENTIATED ARTHRITIS PATIENTS – A PILOT STUDY

W. Kurowska* - E. Kuca-Warnawin - A. Radzikowska - M. Maslinska - B. Kwiatkowska - W. Maslinski

POSTERS

SATURDAY 24 FEBRUARY 2018

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CYTOKINES AND INFLAMMATION

Chair: Francesca Barone (UK)

P075 CHANGES OF METABOLIC BIOMARKER LEVELS UPON ANTI-TNF THERAPY IN RHEUMATOID ARTHRITIS

A. Pusztai* - E. Végh - Á. Horváth - S. Szántó - G. Szűcs - A. Hamar - A. Domján - K. Hodosi - I. Seres - G. Kerekes - Z. Szekanecz

P076 A BIOASSAY TO MEASURE TGFB ACTIVITY REVEALS DECREASED TGFB ACTIVITY IN SYSTEMIC SCLEROSIS SERUM

A. Van Caam* - E. Vitters - F. van den Hoogen - M. Vonk - P. van der Kraan

P077 EFFECTS OF IL-17 AND THE HEPATOCYTE–MONONUCLEAR CELL INTERACTIONS IN THE HEPATIC INFLAMMATORY RESPONSE

A. Beringer* - N. D. Thiam - J. Molle - B. Bartosch - P. Miossec

P078 A GENETIC VARIANT OF IL-32 IS ASSOCIATED WITH THE EX VIVO CYTOKINE PRODUCTION OF ANTI-TNF TREATED PBMCS ISOLATED FROM RHEUMATOID ARTHRITIS PATIENTS

C. Popa* - M. Damen - K. Schraa - L. Tweehuysen - A. den Broeder - M. Netea - L. Joosten

P079 INTERLEUKIN-27 REGULATES THE MAGNITUDE OF THE ECTOPIC GERMINAL CENTRE RESPONSE IN A VIRAL-INDUCIBLE MODEL OF SIALADENITIS

D. Lucchesi* - E. Pontarini - R. Coleby - G. W. Jones - D. G. Hill - C. Pitzalis - M. Bombardieri

P080 C-REACTIVE PROTEIN: NOT ONLY A MARKER, BUT ALSO A CAUSE OF INFLAMMATION THROUGH METABOLIC REPROGRAMMING OF HUMAN MACROPHAGES

M. Newling - L. Sritharan - D. Baeten - J. Den Dunnen*

P081 SCLEROSTIN AFFECTS RANKL-MEDIATED OSTEOCLAST DIFFERENTIATION

J. Intemann* - C. Wehmeyer - V. Kracke - E. Werbenko - P. Paruzel - I. Kramer - M. Kneissel - T. Pap - B. Dankbar

P082 CIRCULATING MIR-145 AS A MARKER OF THERAPEUTIC RESPONSE IN PATIENTS WITH ANKYLOSING SPONDYLITIS RECEIVING ANTI-TNF THERAPY

K. Prajzlerová* - V. Hrušková - M. Komarc - Š. Forejtová - K. Pavelka - J. Vencovský - L. Šenolt - M. Filková

POSTERS

SATURDAY 24 FEBRUARY 2018

12:00 - 13:30 POSTER SESSION II Poster area

P083 COMORBID TNF-MEDIATED HEART VALVE DISEASE AND CHRONIC POLYARTHRITIS SHARE COMMON MESENCHYMAL AETIOPATHOGENESIS

L. Ntari* - M. Sakkou - P. Chouvardas - I. Mourouzis - A. Prados - M. C. Denis - N. Karagianni - C. Pantos - G. Kollias

P084 PROINFLAMMATORY ENVIRONMENT IN RA AND OA STRONGLY INFLUENCES ADIPOSE TISSUE ACTIVITY

M. Plebanczyk* - A. Radzikowska - U. Musialowicz - I. Janicka - A. Kornatka - W. Maslinski - E. Kontny

P086 ADIPOCYTOKINES LINKING OBESITY AND OSTEOARTHRITIS

M.-L. Hülser* - C. Schreiyaeck - Y. Luo - A. Bozec - G. Schett - E. Neumann - U. Müller-Ladner

P087 RECIPROCAL CONTROL OF REGULATORY T LYMPHOCYTES AND NEUTROPHILS IN BOTH PHYSIOLOGICAL AND PATHOLOGICAL ENVIRONMENTS

M. Batignes - F. Santinon - M.-C. Boissier - N. Bessis - P. Decker*

P088 TGFB BOUND TO GARP PROMOTES ACETYLATION-MEDIATED FOXP3 PROTEIN STABILIZATION

P. Lehmkuhl* - B. Zapp - H. Schulze-Koops - A. Skapenko

P089 CHARACTERIZATION OF CHEMOKINE RECEPTORS AND MIGRATION OF REGULATORY B CELLS IN PATIENTS WITH RHEUMATOID ARTHRITIS AND IN HEALTHY DONORS

R. Audo* - K. Schreiber - B. Combe - J. Morel - C. Daien

P090 DIFFERENCE BETWEEN PALINDROMIC RHEUMATISM AND RHEUMATOID ARTHRITIS AT THE LEVEL OF GENE EXPRESSION

S. Ajaib* - A. Droop - K. Mankia - P. Emery - F. Ponchel on behalf of RA-Map Consortium

P091 CLUSTERIN IS INCREASED IN EARLY RHEUMATOID ARTHRITIS AND PREDICTS DISEASE ACTIVITY AND TREATMENT RESPONSE

T. Lennerová* - H. Mann - O. Růžičková - O. Šléglová - L. Vernerová - B. Šumová - K. Pavelka - J. Vencovský - L. Šenolt

P092 MICROARRAY PATHWAY ANALYSIS COMPARING BARICITINIB & ADALIMUMAB IN MODERATE TO SEVERE RHEUMATOID ARTHRITIS FROM A PHASE 3 STUDY

P. Emery - P. C. Taylor - M. E. Weinblatt - Y. Tanaka - E. C. Keystone - E. R. Dow - R. Higgs - W. L. Macias - G. Rocha - T. P. Rooney - D. E. Schlichting - S. H. Zuckerman - I. B. McInnes - T. Holzkaemper*

POSTERS

SATURDAY 24 FEBRUARY 2018

12:00 - 13:30 POSTER SESSION II Poster area

P093 DISTINCT AND OVERLAPPING ACTIVITIES OF IL-17A AND TNF ON THE EXPRESSION OF PROINFLAMMATORY CYTOKINES AND MMPS IN PSORIATIC ARTHRITIS: RATIONALE FOR ANTI-IL-17A/ANTI-TNFALPHA COMBINATION THERAPY?

X. Xu* - N. Davelaar - A.-M. Otten-Mus - P. Asmawidjaja - J. Hazes - D. Baeten - M. Vis - R. Bisoendial - E. Lubberts

P094 ASSESSMENT OF INTRACRANIAL VESSELS AND VASCULAR LESIONS IN RHEUMATOID ARTHRITIS. A DETAILED TRANSCRANIAL DOPPLER, CAROTID ULTRASOUND AND BRAIN MRI STUDY

Z. Kardos - C. Oláh - M. Sepsi - A. Sas - L. Kostyál - H. Bhattoa - K. Hodosi - A. Domján - G. Kerekes - L. Tamási - A. Valikovics - D. Bereczki - Z. Szekanecz*

NOVEL THERAPIES

Chair: Paul-Peter Tak (UK)

P107 TARGETING ACTIVATED SYNOVIAL FIBROBLASTS USING PHOTODYNAMIC THERAPY IN EXPERIMENTAL ARTHRITIS

D. N. Dorst* - M. Rijpkema - M. Buitinga - M. Brom - D. L. Bos - A. Freimoser - C. Klein - B. Walgreen - P. M. van der Kraan - M. Gotthardt - M. I. Koenders

P108 EXPLORING THE MOLECULAR BASIS OF GENDER BIAS IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

D. Kosmara* - N. Panousis - A. Banos - P. Verginis - P. Sidiropoulos - E. Dermitzakis - D. Boumpas - G. Bertsias

P109 CLINICAL DEVELOPMENT OF A NOVEL STRATEGY TO MITIGATE BIOLOGIC IMMUNOGENICITY: MONTHLY DOSING OF A PEGYLATED URICASE WITH SVP-R ENABLES SUSTAINED REDUCTION OF SERUM URIC ACID (SUA) LEVELS BY MITIGATING FORMATION OF ANTI-DRUG ANTIBODIES (ADAS)

E. Sands* - A. Kivitz - W. DeHaan - L. Johnston - T. K. Kishimoto

P110 TOFACITINIB IS ASSOCIATED WITH AN IMPAIRED FUNCTION OF NK CELLS AND A DEFECTIVE IMMUNOSURVEILLANCE AGAINST B CELL LYMPHOMAS

G. Nocturne* - J. Pascaud - B. Ly - F. Tahmasebi - S. Boudaoud - R. Seror - L. Stimmer - X. Mariette

P111 MESENCHYMAL STEM CELL ENCAPSULATION IN ALGINATE MICRO-PARTICLES FOR INTRA-ARTICULAR INJECTION IN OSTEOARTHRITIS

A. Smith - A. Des Rieux - M. Marquis - D. Renard - C. Vinatier - J. Guicheux* - C. Le Visage on behalf of INSERM UMR 1229 - RMeS, Regenerative Medicine and Skeleton, STEP Team

POSTERS

SATURDAY 24 FEBRUARY 2018

12:00 - 13:30 POSTER SESSION II Poster area

P112 TARGETING T CELL TRAFFICKING IN A MURINE MODEL OF SJÖGREN'S SYNDROME

J. Campos* - S. Nayar - M. Chimen - V. Iannizzotto - H. M. McGettrick - B. A. Fisher - S. J. Bowman - C. D. Buckley - G. E. Rainger - F. Barone

P113 ARGINASE I AND THE METABOLIC CONTROL OF OSTEOCLASTOGENESIS

J. S. Brunner* - M. Hofmann - V. Saferding - A. Vogel - A. Lercher - P. Cheng - G. Schabbauer - S. Blüml

P114 IONIZING RADIATION INHIBITS INFLAMMATION IN PATIENTS WITH MUSCULOSKELETAL DISEASES: RADON TREATMENT VS LOW-DOSE RADIATION THERAPY

K. Shreder* - A. Cucu - D. Kraft - S. Lehrian - J. Kondol - G. Klein - B. Frey - U. Gaipl - C. Fournier

P115 LOW DOSE RADIATION HAS A POSITIVE IMPACT ON BONE METABOLISM IN AN EXPERIMENTAL MODEL OF INFLAMMATORY ARTHRITIS

L. Deloch* - M. Rückert - A. J. Hueber - M. Herrmann - R. Fietkau - B. Frey - U. S. Gaipl

P116 HISTONE DEACETYLASE 1: A NOVEL THERAPEUTIC TARGET FOR PATIENTS WITH RHEUMATOID ARTHRITIS

L. Göschl - L. Müller - V. Saferding - J. Bäcklund - S. Knapp - P. Mathias - C. Scheinecker - W. Ellmeier - G. Steiner - M. Bonelli*

P117 EFFECT OF DIFFERENT JANUS KINASE INHIBITORS ON FIBROBLAST-LIKE SYNOVIOCYTES IN RHEUMATOID ARTHRITIS

M. Diller* - M.-L. Hülser - S. Rehart - M. Fleck - E. Neumann - U. Müller-Ladner

P118 TRANSFORMING GROWTH FACTOR BETA INDUCED (TGFBI,) A NEW PLAYER IN THE THERAPEUTIC EFFECT OF MESENCHYMAL STEM CELLS

M. Ruiz - K. Toupet - G. Fonteneau - M. Maumus - C. Jorgensen - D. Noel*

P119 LOCAL ADMINISTERED ADIPOSE-DERIVED MESENCHYMAL STROMAL CELLS REDUCE EXPERIMENTAL OA-PATHOLOGY VIA INTERLEUKIN-1B-MEDIATED IMMUNOMODULATION OF PRO-INFLAMMATORY PMNS

S. van Dalen - M. van den Bosch - A. Sloetjes - L. Casteilla - A. Blom - P. Van Lent*

P120 EFFECT OF CENERIMOD, A SPHINGOSINE-1-PHOSPHATE RECEPTOR 1 (S1P1) MODULATOR, ON THE FORMATION OF TERTIARY LYMPHOID STRUCTURES IN A MOUSE MODEL OF SJÖGREN'S SYNDROME

S. Nayar* - J. Campos - C. Smith - C. D. Buckley - S. Froidevaux - K. Wartha - C. Seemayer - F. Barone

SATURDAY 24 FEBRUARY 2018

12:00 - 13:30 POSTER SESSION II Poster area

P121 RHEUMATOID SYNOVIAL FLUIDS DIFFERENTIALLY AFFECT ADSC PROLIFERATION AND IMMUNOMODULATORY POTENTIAL

S. T. Sayegh* - O. El Atat - M. Moussa - E. Cavaignac - A. Constantin - A. Cantagrel - N. Alaaeddine* - J.-L. Davignon*

P122 TREATMENT WITH RITUXIMAB TO DEMAND IN RHEUMATOID ARTHRITIS. EFFECTIVENESS ANALYSIS

U. Julia* - M. J. Fobelo - M. Guzman

GENES & ENVIRONMENT

Chair: Nathalie Balandraud (FR)

P130 INCREASE IN GLOBAL DNA METHYLATION AT 3 MONTHS OF METHOTREXATE USE IS NOT ASSOCIATED TO RESPONSE IN EARLY RA PATIENTS

H. R. Gosselt* - M. C. de Rotte - J. M. Hazes - R. de Jonge - S. G. Heil

P131 STUDY OF URATE TRANSPORTERS IN PRIMARY GOUT AND HYPERURICEMIA

K. Pavelcova* - L. Petru - J. Zavada - K. Pavelka - B. Stiburkova

P133 HLA-ANTIGENS AND DISEASE MANIFESTATION IN A COHORT OF 600 SOUTHERN FRENCH PATIENTS WITH PSORIATIC ARTHRITIS

E. Massy - C. Picard - C. Frassati - P. Pedini - M. Martin - I. Auger - J. Roudier - N. Balandraud

P134 THE LYMPHATIC SYSTEM PLAYS AN IMPORTANT ROLE IN THE MIGRATION OF PATHOGENIC T CELLS TOWARDS SYNOVIAL JOINTS AND ENTHESES IN PSORIASIS

D. Verhaegh - E. Prens - A. Mus - P. Asmawidjaja - N. Davelaar - A. Hofman - J.-B. Jaquet - M. Kok - S. Tas - H. Yagita - J. Hazes - E. Lubberts - R. Bisoendial*

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Références
1. Keystone EC et al. Longterm Effect of Delaying Combination Therapy with Tumor Necrosis Factor Inhibitor in Patients with Aggressive Early Rheumatoid Arthritis: 10-year Efficacy and Safety of Adalimumab from the Randomized Controlled PREMIER Trial with Open-label Extension. J Rheumatol 2014;41(1):5–14. **2.** Keystone EC et al. Clinical, Functional, and Radiographic Benefits of Longterm Adalimumab Plus Methotrexate: Final 10-year Data in Longstanding Rheumatoid Arthritis. J Rheumatol 2013;40(9):1487–1497. **3.** Mease PJ et al. Adalimumab for long-term treatment of psoriatic arthritis: 2 year data from the Adalimumab Effectiveness in Psoriatic Arthritis Trial (ADEPT). Ann Rheum Dis 2009;68(5):702–709. **4.** Sieper J et al. Early response to adalimumab predicts long-term remission through 5 years of treatment in patients with ankylosing spondylitis. Ann Rheum Dis 2012;71(5):700–706. **5.** Van der Heijde D et al. Maintenance of improvement in spinal mobility, physical function and quality of life in patients with ankylosing spondylitis after 5 years in a clinical trial of adalimumab. Rheumatology 2015;54(7):1210–1219. **6.** Rudwaleit M et al. Adalimumab effectively reduces the rate of anterior uveitis flares in patients with active ankylosing spondylitis: results of a prospective open-label study. Ann Rheum Dis 2009;68(5):696–701. **7.** Menter A et al. Adalimumab therapy for moderate to severe psoriasis: a randomized controlled phase III trial. J Am Acad Dermatol 2008;58(1):106–115. **8.** Van der Heijde D et al. Efficacy and Safety of Adalimumab in Patients With Ankylosing Spondylitis. Arthritis Rheum 2006;54(7):2136–2146. **9.** Panaccione R et al. Adalimumab maintains remission of Crohn's disease after up to 4 years of treatment: data from CHARM and ADHERE. Aliment Pharmacol Ther 2013;38(10):1236–1247. **10.** Colombel JF et al. Four-year maintenance treatment with adalimumab in patients with moderately to severely active ulcerative colitis: Data from ULTRA 1, 2, and 3. Am J Gastroenterol 2014;109(11):1771–1780. **11.** HUMIRA® Information professionnelle Mars 2017. **12.** AbbVie's HUMIRA® (Adalimumab) Receives CHMP Positive Opinion to Treat Adolescents with Hidradenitis Suppurativa, a Chronic Inflammatory Skin Disease. Novembre 2016. Disponible sur le site: https://news.abbvie.com/news/abbvies-humira-adalimumab-receives-chmp-positive-opinion-to-treat-adolescents-with-hidradenitis-suppurativa-chronic-inflammatory-skin-disease.htm, dernier acces: Mai 2017. **13.** Van der Heijde et al. Physical function, disease activity, and health related quality-of-life outcomes after 3 years of Adalimumab treatment in patients with Ankylosing spondylitis. Arthritis Research & Therapy 2009, 11(4):R124. **14.** Paul C et al. Influence of psoriatic arthritis on the efficacy of adalimumab and on the treatment response of other markers of psoriasis burden: subanalysis of the BELIEVE study. Eur J Dermatol. 2012;22(6):762-7699.

Uvéite non infectieuse intermédiaire, postérieure ou panuvéite (NIPP).

Humira® (Adalimumab): C: Principe actif: adalimumab. **I:** *Adultes:* polyarthrite rhumatoïde (PR) active modérée à sévère en cas de réponse insuffisante au traitement par agents antirhumatismaux de fond (DMARD), en monothérapie ou en association avec le méthotrexate (MTX) ou d'autres DMARD; patients MTX-naïfs atteints de PR modérée à sévère diagnostiquée depuis peu (<3 ans) traitement en association avec le MTX. Arthrite psoriasique (APs) en cas de réponse insuffisante au traitement par DMARD, traitement en monothérapie ou en association aux DMARD. Spondylarthrite ankylosante (SA) active en cas de réponse insuffisante aux traitements conventionnels. Maladie de Crohn (MC) dont l'activité est moyenne à forte en cas de réponse insuffisante aux traitements conventionnels ainsi que de réponse insuffisante/d'intolérance à l'infliximab. Colite ulcéreuse (UC) active modérée à sévère en cas de réponse insuffisante, d'intolérance ou de contre-indication aux traitements conventionnels. Psoriasis en plaque (PsO) chronique modéré à sévère chez les patients candidats à un traitement systémique ou une PUVA-thérapie, en monothérapie. Hidradénite suppurée (HS) active modérée à sévère en cas de réponse insuffisante à une antibiothérapie systémique. Uvéite (U) non infectieuse intermédiaire, postérieure ou panuvéite en cas de dépendance aux corticostéroïdes ou de réponse insuffisante aux corticostéroïdes ou aux immunomodulateurs; selon la progression anatomique et fonctionnelle en association avec des corticostéroïdes ou des immunomodulateurs. *Enfants et adolescents:* De 4 à 17 ans, arthrite juvénile idiopathique polyarticulaire active (AJIp) en cas de réponse insuffisante d'intolérance aux DMARD, en association avec le MTX ou en monothérapie (intolérance au MTX). À partir de 6 ans en présence d'une forme active sévère de la MC et d'une réponse insuffisante, une intolérance ou une contre-indication aux traitements conventionnels (traitement nutritionnel, glucocorticoïde et immunosuppresseur). **P:** Injection sous-cutanée. *Adultes:* PR, SA, APs: 40 mg toutes les deux semaines. MC, UC: 160 mg à la semaine 0, 80 mg à la semaine 2, puis 40 mg toutes les deux semaines. PsO, U: 80 mg à la semaine 0, 40 mg à la semaine 1 puis 40 mg toutes les deux semaines. En cas de diminution de l'effet du médicament dans l'UC, la PR et la PsO, possibilité d'augmenter la fréquence d'administration à 40 mg une fois par semaine. HS: 160 mg à la semaine 0, 80 mg à la semaine 2 puis 40 mg une fois par semaine à partir de la semaine 4. *Enfants et adolescents:* AJIp: 24 mg/m² de surface corporelle sans toutefois dépasser 40 mg (dose individuelle) toutes les deux semaines. MC, <40 kg: 80 mg à la semaine 0, 40 mg à la semaine 2 suivis de 20 mg ou de 10 mg toutes les deux semaines. ≥40 kg: 160 mg à la semaine 0, 80 mg à la semaine 2 puis 40 mg ou 20 mg toutes les deux semaines. **Ci:** Hypersensibilité à l'un des composants, tuberculose active (TB), infections graves, insuffisance cardiaque modérée à sévère (NYHA cl. III-IV). **Préc.:** Infections, y compris infections opportunistes, TB, y compris TB oculaire, syphilis ou réactivation de l'hépatite B, événements neurologiques, y compris troubles de la myélinisation, réactions allergiques, y compris réactions anaphylactiques, tumeurs malignes, y compris lymphome intraoculaire, immunosuppression, vaccinations, administration de vaccins vivants, administration de vaccins vivants à des nouveau-nés après exposition *in utero*, insuffisance cardiaque, utilisation simultanée d'un DMARD biologique ou d'autres antagonistes du TNF, troubles hématologiques, auto-anticorps, utilisation en gériatrie. **Interact.:** aucune observée/pas étudiée. **Grossesse:** Contraception, évaluation du bénéfice/risque, allaitement non recommandé pendant au moins 5 mois après le dernier traitement. **Ei:** Réactions au site d'injection, infections, leucopénie, céphalées, paresthésies, torpeur, toux, diarrhée, troubles de la motilité, douleurs abdominales, maladie inflammatoire intestinale, douleurs oropharyngées, nausées, élévation des enzymes hépatiques, éruption cutanée, dermatite, prurit, arthrite, douleurs musculosquelettiques, fatigue. **P:** 40 mg/0,4 ml: une seringue prête à l'emploi, un injecteur prérempli; 40 mg/0,8 ml: 2 flacons avec la solution injectable (patients pédiatriques) par conditionnement. **Médicament de catégorie B.** Remboursé par les caisses maladies (sauf pour U). Pour informations détaillées voir l'information professionnelle du médicament: www.swissmedicinfo.ch. (V7) **Titulaire de l'autorisation:** AbbVie AG, Neuhofstrasse 23, 6341 Baar.

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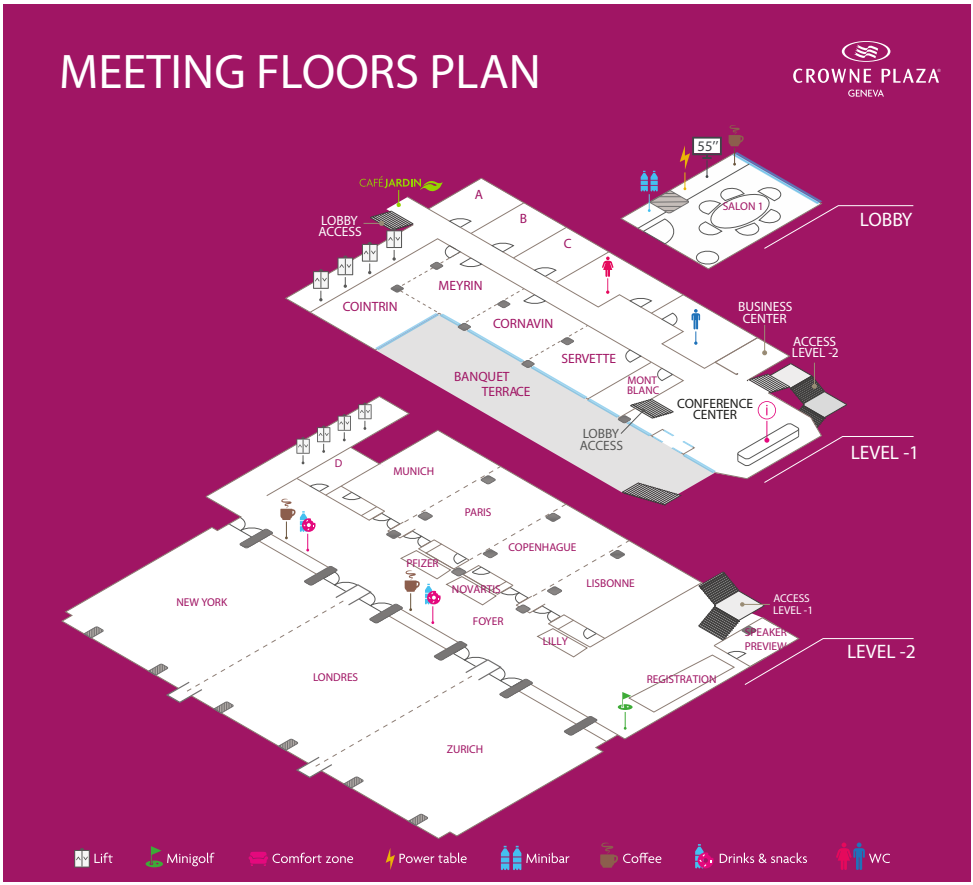

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Nataliya Panko (UA)

COMMITTEE MEETINGS

FRIDAY 23 FEBRUARY 2018

12:00 - 13:30	INTERNATIONAL ADVISORY BOARD MEETING*	Servette

**Upon invitation only*

STUDY GROUP MEETINGS

THURSDAY 22 FEBRUARY 2018

13:30 - 15:30	EUROPEAN CONSENSUS FINDING GROUP ON AUTOANTIBODIES (ECFSG)	Lisbonne

Chair: Johan Rönnelid (SE)

Welcome
Johan Rönnelid (SE)

Presentation and discussion on this years' serum round
Charlotta Dahle (SE)

Clinical performance characteristics of rheumatoid factor and anti-cyclic citrullinated peptide antibody assays
Lieve Van Hoovels (BE)

Discussion about the focus of ECFSG work during the coming years
Johan Rönnelid (SE)

14:30 - 15:30	STUDY GROUP FOR RISK FACTORS FOR RA	Copenhague

Chair: Diane van der Woude (NL)

Epigenetics in arthritis – concepts and challenges

Mojca Frank-Bertoncelj (CH)

Investigating DNA methylation profiles of lymphocyte subsets as predictors of RA in an early arthritis clinic

Arthur Pratt (UK)

B cell receptor clonality in peripheral blood predicts imminent onset of arthritis in seropositive arthralgia patients

Niek de Vries (NL)

Identification of a transitional fibroblast phenotype in early arthritis: Regulating leukocyte recruitment

Helen M. McGettrick (UK)

13:00 - 15:00	SYNOVITIS STUDY GROUP	Paris

Chair: João E. Fonseca (PT)

14:30 - 15:30	EULAR STUDY GROUP INVESTIGATIVE RHEUMATOLOGY	Munich

Chair: Francesca Barone (UK)

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PR: polyarthrite rhumatoïde; MTX-IR: réponse insuffisante au méthotrexate

Références: 1. Information professionnelle XELJANZ®, www.swissmedicinfo.ch. **2.** van Vollenhoven RF et al. Tofacitinib or adalimumab versus placebo in rheumatoid arthritis. N Engl J Med 2012; 367: 508–19. **3.** van der Heijde D et al. Tofacitinib (CP-690,550) in patients with rheumatoid arthritis receiving methotrexate: Twelve-month data from a twenty-four-month phase III randomized radiographic study. Arthritis Rheum 2013; 65(3): 559–570. **4.** Fleischmann R et al. Placebo-controlled trial of tofacitinib monotherapy in rheumatoid arthritis. N Engl J Med 2012; 367(6): 495–507.

Information professionnelle abrégée – Xeljanz® (tofacitinib)
Indications: en monothérapie ou en association avec un DMARD non biologique chez des patients adultes atteints de polyarthrite rhumatoïde active modérée à sévère, n'ayant pas répondu à un traitement précédent par le méthotrexate ou ne l'ayant pas toléré. **Posologie:** 5 mg 2 × par jour; selon la réponse clinique, 10 mg 2 × par jour. **Contre-indications:** infections actives sévères, insuffisance hépatique sévère et hypersensibilité à l'un des excipients. **Précautions:** Xeljanz ne doit pas être administré à des patients atteints d'une infection active systémique ou localisée. Prudence chez les patients présentant une tuberculose, une maladie virale, des affections tumorales (y compris pathologies lymphoprolifératives et cancer cutané non mélanocytaire), des perforations gastro-intestinales, des patients âgés et diabétiques. Examens cutanés réguliers sont recommandés chez les patients qui présentent un risque accru de cancer de la peau. Des ajustements de la posologie peuvent s'avérer nécessaires chez les patients présentant une altération de la fonction hépatique ou rénale. Il est recommandé de réaliser des hémogrammes avant et pendant le traitement (vérification de la présence d'une lymphopénie, neutropénie ou d'une anémie, ainsi qu'un bilan de lipides sanguins); des ajustements posologiques peuvent s'avérer nécessaires. Avant le traitement actualiser le statut vaccinal; Il n'est pas autorisé d'administrer des vaccins vivants immédiatement avant ou au cours du traitement par Xeljanz. L'utilisation de Xeljanz en association avec des DMARD biologiques ou de puissants immunosuppresseurs doit être évitée. **Interactions:** prudence en cas d'administration concomitante d'inhibiteurs puissants du CYP3A4, d'inducteurs puissants du CYP3A4 et d'inhibiteurs modérés du CYP3A4 qui sont également de puissants inhibiteurs du CYP2C19. **Effets indésirables:** infections graves, rhinopharyngite, infection urinaire, pneumonie, herpès zoster, bronchite, grippe, sinusite, pharyngite, cystite, septicémie, leucopénie, anémie, neutropénie, hyperlipidémie, dyslipidémie, augmentation du taux sanguin de cholestérol, prise de poids, insomnie, céphalées, hypertension artérielle, dyspnée, toux, douleurs du bas-ventre, vomissements, gastrite, diarrhée, nausées, dyspepsie, éruption, douleurs musculosquelettiques, arthralgie, augmentation du taux sanguin de créatinine phosphokinase, augmentation des enzymes hépatiques, pyrexie, fatigue, œdème périphérique, entre autres. **Présentations:** à 5 mg: 56 comprimés filmés. Catégorie de vente B. **Titulaire de l'autorisation:** Pfizer AG, Schärenmoosstrasse 99, 8052 Zurich. Pour de plus amples renseignements, voir l'information professionnelle sur le produit, sur www.swissmedicinfo.ch. (FI V026)

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