SATURDAY, 17 JUNE 2017

Getting financial support to research in RMDs through horizon 2020: opportunities, good practices, and successful experiences

SP0167 HORIZON 2020: OPPORTUNITIES FOR MEDICAL RESEARCH AND INNOVATION

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Horizon 2020 is the largest EU Research and Innovation programme ever with nearly €80 billion of funding available over 7 years (2014 to 2020). It is an opportunity for supporting excellence and collaboration in research, on a scale and scope that is seldom feasible at global level.
Horizon 2020 contributes to the Innovation Union, a Europe 2020 flagship initiative aimed at securing Europe's global competitiveness. By coupling research and innovation, Horizon 2020 is helping to achieve this with its emphasis on excellent science, industrial leadership and tackling societal challenges. The goal is to ensure Europe produces world-class science, removes barriers to innovation and makes it easier for the public and private sectors to work together in delivering innovation. This it is seen as a means to drive economic growth and create jobs, Horizon 2020 has the political backing of Europe's leaders and the Members of the European Parliament.
Horizon 2020 is open to everyone, with simplified and more rapid application and reporting procedures.
The next work programme for the period 2018 – 2020 will be published in Autumn 2017.
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EULAR Projects - challenging projects in education and training

SP0168 THEORY OF POSTER DESIGN AND PRESENTATION

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This lecture introduces basic elements of poster design, and is followed after the session by a special poster tour devoted to design. It strongly links to the concepts discussed in my workshop on data visualization.
To design an effective poster, its message and the intended audience must be clear. Effective posters stand out because they convey their main message almost instantly, and then seduce participants to stay longer and learn more. Much more than oral presentations, posters are about selling your work in competition with all those other people presenting in your session.
In a good poster, all elements work together like a symphony orchestra:
Title, headings, text, tables, graphs, format, colors, layout, handouts, gimmicks, and ... you!
For the design process, you need a good plan (including timelines!), good tools (templates, software!) and a ruthless editor. Editing is about throwing out more and more stuff, until finally you reach the point where throwing out more destroys understanding. So the "orchestra" has single instrumentation, and is wonderfully transparent.
Posters are not "comprehensive"! All the details you love can go into a specially designed handout (NOT an exact replica of your poster).
Your role as presenter is special: you must be visible but unobtrusive, and flexible to accommodate different viewer styles, and have different modes of presentation (eg. walkthrough, answer questions, respond to critique). Also make sure your contact details are visible and correct (if no handout, be sure to have business cards). If you are playful you can use gimmicks to increase your visibility: match your clothes to your color scheme, make something in real 3D on your poster, use sound, etc. But don't overdo it: this is just the icing on the cake: this is a science, not a commercial exhibit.
When we go to assess posters in the upcoming poster tour, we will be looking for the following elements:
1. Overall message clear?
2. Text quality: brevity, clarity
3. Table quality: clear vision, clear understanding
4. Graph quality: clear vision, clear understanding
5. Design elements: layout, choice of font, color
6. Handout: not a replica, elements 1–5 repeated
7. Presenter: style, contact details

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SP0169 EULAR SCHOOL OF RHEUMATOLOGY. A CHALLENGING EDUCATIONAL EULAR PROJECT. WHERE ARE WE NOW?

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In the last decade EULAR has further developed its educational portfolio. Apart from very educational tracks in the EULAR Congress, EULAR offers:
- on-line courses (Rheumatology, Connective Tissue Diseases, Scleroderma, Paediatrics, Ultrasound, Health Professionals), that are being followed by thousands of students all over the world
- text-books, based on the on-line courses
- live courses, such as the Postgraduate Course, Ultrasound courses, capillaroscopy, epidemiology, immunology, teach the teachers
- exchange programs, for trainees, scientists, health professionals and patients
- on-line image library, on-line outcome registry
- learning DVDs for medical students
- scientific endorsement of other courses

To bring all these offerings under one umbrella, EULAR decided to found the School of Rheumatology.
But the School is doing substantially more: we identified 7 areas (classrooms) where we bring enthusiastic and involved people together to evaluate the present needs in those areas and to prioritize new educational activities for those unmet needs. The following classrooms are actively developing new products:
Classroom medical students: formulating standard curriculum for musculoskeletal diseases and providing video-materials to support teachers and students.
Classroom trainees in rheumatology: start of a journal club, evaluating possibilities to install a European (EULAR) examination to become a rheumatologist, imaging on-line course.
Classroom teachers: course on assessment questions was already held, a teach the teachers event is planned.
Classroom rheumatologists: development of a pocket primer on rheumatic diseases, to be used as an app.
Classroom scientist: preparing a possible on-line course on epidemiology and clinical (trial) research, evaluating possible webinars for basic science methodology.
Classroom health professionals: preparing an accreditation system for health professionals; expanding on-line courses.
Classroom patients: implementing and distributing lays versions of recommendation; development of a patient partner program in research; webinars on actual items in the form of questions and answers (eg biosimilars).
Some of the items on this agenda can be organised within one year, for some others many years are foreseen; it will be a dynamic process. Ideas and support are very welcome via the EULAR Standing Committee on Education, or directly to the EULAR office, attention of the education program manager.
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SP0170 ASSESSING RHEUMATOLOGY SKILLS

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Medical Education is making great advances in understanding the power of assessment. Modern learners seek frequent, faster feedback on their learning to study more effectively. It is now common for examinations to be statistically monitored in order to show that acceptable levels of reliability have been reached. But, a test is only as good as its questions. Clinicians are not often trained in how to create valid and reliable test questions. This session will describe some basic principles for creating valid and reliable tests for the knowledge, skills and attitudes which are required by practising rheumatologists. The speaker is currently the Eular Educationalist, who advises Eular on how to continually enhance assessment processes for the online courses and the new trainee examination.
As a result of the session participants will be better able to:
- Describe how face validity and reliability apply to Eular assessments
- Describe the differences between formative assessment for learning and summative assessment for grading
- Identify improvements which they could make to test questions
- Identify improvements which they could make to tests

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SP0171 HOW TO SELECT THE MOST APPROPRIATE CAPILLAROSCOPIC DEVICE: PROS AND CONS

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Nailfold capillaroscopy is a simple noninvasive imaging technique mainly used to observe capillaries within the first few micrometers from the skin surface. After application of a drop of immersion oil, capillaries can be observed with a magnification lens because they run parallel to the epidermis at the nail bed area. The study of the morphology of superficial nailfold capillaries provides clinically

relevant information in the management of patients with scleroderma-spectrum diseases.
Recently, an international survey on non-invasive techniques to assess the microcirculation performed under the aegis of members of the European League Against Rheumatism (EULAR) Study Group on Microcirculation in Rheumatic diseases (SG_MC/RD) showed that nailfold capillaroscopy was the one most used technique in both clinical and research settings by adult physicians and paediatric rheumatologists to assess patients with Raynaud's phenomenon.
A number of different instruments are available to perform the exam. They have different characteristics in terms of their cost, quality of images, magnifications, training period, portability, software for image analysis and storage.
Some of these instruments can be used both in clinical and research settings such as the stereomicroscope and the videocapillaroscope. The stereomicroscope allows the widefield visualization of the nailfold with low magnifications, the training is relatively short, but the examination is difficult to perform in patients with digital flexion contractures.
There appears to be consensus regarding the use of videocapillaroscopy that allows a detailed visualisation of capillary morphology using higher magnifications (100–300x). Contact probe with polarized light microscopy permits easier observation of the skin surface, and the training period is briefer. Specific softwares are available for images analysis, storage, and complete medical reports (text + images) can be produced.
By contrast, in a clinical setting, nailfold capillaries can generally be visualised using more simple but also efficient tools such as a dermatoscope, USB microscope, ophtamloscope or smartphone device. The quality of images can be quite good, although the lower magnification means that some details are unlikely to be seen, and they often lack the possibility of image storage and measurement. In particular, the dermatoscope with magnification of the order of x10 is a small, inexpensive and easily portable piece of equipment that has been suggested to be comparable to videocapillaroscopy in routine clinical practice.
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Workshop: strengthening your organisation - how to manage volunteers

SP0172 MANAGING VOLUNTEERS- A UK PERSPECTIVE

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Volunteers are an integral part of any charity and it would be impossible to run a charitable organisation without the support of volunteers. Like paid staff they need to be trained, nurtured and rewarded but as volunteers they need to be handled in a very different way to employees.
People who volunteer do so for many differernt reasons and not always perhaps for the right reasons so managing volunteers takes great skill and diplomacy.
My talk will cover how to value volunteers, lessons we have learned from managing volunteers over many years as well as how to manage issues with volunteers and the lessons I've learned from my mistakes!
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SP0173 THE CHALLENGES OF A SMALL ORGANIZATION

M. Kosanovic. *Association of Rheumatic Diseases Patients of the Republic of Serbia (ORS), Belgrade, Serbia*

When a group of citizens establishes a non-profit and a non-government organisation in our country, those volunteers are carried by great enthusiasm. At the beginning when founding an NGO the main problems are lack of experience and financial resources. Those deficiencies can be overcome by some other qualities such as the personal competencies of volunteers.
As NGOs are seen by the public rather critically in our country, our organization had to face several additional challenges. In my presentation I will illustrate the following aspects: the non-attractiveness of NGOs for volunteers, the lack of awareness how volunteering is important for a society, the lack of knowledge how to attract volunteers and how to manage them, the lack of knowledge how to define the volunteers' positions and how to monitor their work, the lack of their systemic, continuing education and the lack of rewards, recognition and appreciation to acknowledge the most dedicated volunteers.
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SP0174 WAYS OF SUPPORTING VOLUNTEERS

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The promotion of volunteer workers is an indispensable part of the human resources policy of self-help organizations and requires specific concepts. Using the example of the rheumatism league Baden-Württemberg -an organization with 65,000 members, 3,000 volunteers and 10 fulltime employees- there will be shown best- practice examples.
A successful concept covers the areas of recruitment, training, support and integration.
The support of volunteers should include four key areas:
1. Transfer of knowledge and professional competences
2. Individual support for personal development
3. Promotion of teamwork and social skills
4. Framework conditions (insurance cover, reimbursement of expenses)

The implementation of these requirements should be carried out by specifically trained volunteer managers on the basis of a strong and motivating personal relationship.
This strategy can be seen as a precondition for establishing a long-term relationship of the volunteer with the association, a successful local work, satisfied members and volunteers who perceive their work as satisfying and fulfilling.
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WIN & HOT session

SP0175 WHAT IS NEW IN JUVENILE IDIOPATHIC ARTHRITIS

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Juvenile Idiopathic Arthritis comprises 7 subcategories. As the insights in pathogenesis progress so does the need for reclassification that is based more on biology than on clinical phenotypes. After a series of clinical trials for new biologicals, now trials are started that test specific treatment strategies such as treat to target an d step down studies. Especially rapid induction of remission is currently a major aim, followed by biomarked guided tapering of medication.
The expending number of potential biomarkers forms the basis for the creation of personalized medicin, a strategy aimed at providing individualized medication choices. Since most pediatric rheumatic conditions are rare, international collaboration is vital. The recently created European Reference Networks (ERN) will prove instrumental here.
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Systemic sclerosis

SP0176 TARGETING VASCULOPATHY FROM THE BEGINNING

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In systemic sclerosis (SSc), the natural history of microvascular damage progresses from capillary dilation to capillary loss and reactive angiogenesis, as detectable by nailfold videocapillaroscopy (NVC) [1]. The process is systemic and determines multiple clinical manifestations, from the early appearance of Raynaud's phenomenon, trough formation of digital ulcers (DUs), until severe organ involvement, impairing patient's quality of life or leading to main death causes, including interstitial lung disease and pulmonary arterial hypertension (PAH), hearth involvement, scleroderma renal crisis [2,3]. Although microvascular and macrovascular abnormalities frequently coexist in disease such as diabetes mellitus and other vascular diseases, the possible association between microvascular failure and macrovasculopathy in SSc patients has not been deeply investigated. However, significant correlations seem to exist between increased Intima-Media Thickness (IMT) of periferic small-caliber arteries (macrocirculation) and altered peripheral BP (LASCA) at the level of hand microvessels (microcirculation) in SSc patients.
SiIn addition, sgnificant capillary loss, observed at NVC, is peculiar of the "Late" scleroderma pattern of microangiopathy and is mainly preceded by progressive capillary enlargement, microhemorrhages and their collapse, leeding to presence of large avascular areas [4]. The importance of capillary loss was already demonstrated by a simple and reliable prognostic index, capable to predict digital trophic lesion development in SSc-related microvascular disease, when evaluated as part of the semi-quantitative NVC scoring [5]. Moreover, microvascular function and its alterations in SSc, can be reliably assessed by laser-doppler flowmetry (LDF) and laser speckled contrast analysis (LASCA), evaluating blood perfusion at fingertips or at larger body areas [6–9].
The most frequently used drugs for treatment of complications in SSc patients, approved with evidence grade Ia, are vasoactive drugs. In particular, for severe