

Rheumatology gone global

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We read about the effects of globalisation everyday in the pages of our newspapers; now read about them here in the pages of your rheumatology journal—the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR) have agreed to collaborate.

The two organisations have been discussing collaboration for over 3 years and in this issue of both the *Annals of the Rheumatic Diseases* and *Arthritis & Rheumatism (Arthritis Care & Research)*, the first fruits of that collaboration are blossoming. Aletaha and colleagues from Europe and North America have developed recommendations on reporting disease activity in clinical trials of patients with rheumatoid arthritis (RA), and this paper (as well as this Editorial) is published simultaneously in the two journals (see page 1360).^{1,2} This document is not only important for its content but also for the process of development. European investigators with sponsorship from EULAR invited the ACR and North American investigators to collaboratively discuss RA trial guidance and develop a document that investigators from around the world should adhere to when conducting RA trials. While global collaboration is nothing new in science, bringing

two organisations (and their bureaucracies) together is no small feat.

The collaboration is planned to focus on concrete projects in two areas. The paper by Aletaha and colleagues demonstrates one area: guidance on how to report results from trials in RA patients.^{1,2} Rheumatology trials are increasingly global in their scope and trialists worldwide need a common set of guidelines to follow. The expertise for conducting the best trials is international. Thus, while regulatory agencies can have slightly different requirements, bringing together EULAR and ACR for collaboration in this area is natural. The methodology of the project, ie, the evidence and consensus based approach to elaborate the recommendations, is described in a separate paper.³

The second area of collaboration focuses on measurement in rheumatology clinical research. Valid classification and response criteria are critical for conducting high quality research in rheumatology. The datasets and experience for developing and validating these criteria sets are global.

The leaders of the EULAR Standing Committee for Clinical Affairs (ESCCA) and ACR's Quality of Care Committee have common purposes that have propelled the organisational relationship forward. The reasons to collaborate were clear early on, but it has taken time to establish the "ground rules" and a procedure that would serve the organisations and their constituents. The first principle of the relationship is transparency. This is achieved through allocation of reciprocal membership on relevant committees and subcommittees. In this way, ACR and EULAR representatives participate as members on each other's

committees, including formulating agendas for new projects, developing review procedures, and discussing publication strategies. In addition, EULAR and ACR have developed a budgeting timeline that allows for both organisations to review proposed collaborative projects in a timely manner.

A second principle of the relationship, following from the first, is proactive planning (as opposed to surprised reactions). Joint planning through reciprocal committee memberships and transparent agendas facilitates smooth collaboration. The final principle is the true desire to collaborate and not compete. ACR and EULAR are the two largest rheumatology professional organisations in the world. While much of the "core business" of the organisations can be viewed as competitive, such as the meetings, journals, and educational products, at the heart of both organisations, the "core mission" is to forward the clinical, educational, and research endeavours of rheumatologists all over the world. Collaboration, if done well, can only improve this core mission.

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