The present talk will describe the indications and implications of using MRI in spondyloarthritis in the diagnosis and management of SpA, taking a starting point in the "EULAR recommendations for the use of imaging in the diagnosis and management of spondyloarthritis in clinical practice"; Mandl et al, Ann Rheum Dis 2015 74:1327–1339), the "Recommendations of the ESSR Arthritis Subcommittee for the Use of Magnetic Resonance Imaging in Musculoskeletal Rheumatic Diseases"; Sudoł-Szopińska et al, Semin Musculoskelet Radiol 2015 19:396–411) and the recent update from The Assessment in SpondyloArthritis International Society (ASAS) MRI working group; Lambert et al. Ann Rheum Dis 2016 75:1958–1963). However, selected data from important clinical studies will also be described.

Disclosure of Interest: None declared

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SP0105 **MRI IN EARLY AND ESTABLISHED SPA: WHAT IS THE ADDED VALUE?**

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MRI of the sacroiliac joints (SIJ) and of the spine has revolutionised diagnosis of early spondyloarthritis (SpA).

With its high contrast resolution, it is able to detect inflammation of the SIJ in its early stage before structural damage occurs. The introduction of biological drugs from the has further emphasised the need for early diagnosis of sacroiliitis. Since the treatment is to be used in a narrow window of opportunity to reach disease control, MRI was rapidly embraced as a dominant diagnostic tool and at the same time included into the classification criteria for axSpA becoming the cornerstone of SpA diagnosis. In this presentation, the early and more established imaging characteristics of sacroiliitis will be discussed in context of other imaging modalities and potential differential diagnoses.

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FRIDAY, 15 JUNE 2018

The stromal link to inflammation

SP0106 **FIBROBLASTS: THEIR ROLES IN MATRIX AND VESSELS**

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Persistent activation of fibroblasts is a common denominator of fibrotic diseases but mechanistically incompletely defined. In contrast to physiologic tissue repair responses, fibroblasts remain persistently active in fibrotic diseases and continue to release excessive amounts of extracellular matrix. We will discuss novel insights into the molecular mechanisms underlying the uncontrolled activation of fibroblasts in fibrotic diseases and potential implications of those findings for targeted antifibrotic therapies.

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FRIDAY, 15 JUNE 2018

New approaches in measuring what matters to patients

SP0107 **WHAT CAN BAYESIAN STATISTICS CONTRIBUTE TO MEASURING PATIENT PERSPECTIVES?**

V. Ritschl. *Section for Outcomes Research, CMSIIS – Center for Medical Statistics, Informatics, and Intelligent Systems, Medical University of Vienna, Vienna, Austria*

Thomas Bayes (1701–1761) founded the Bayesian approach, published as "Essay Towards Solving a Problem in the Doctrine of Chances" in 1763 as a new philosophy in inferential statistics opposed to the classical, frequentist approach. Frequentists test whether a hypothesis is true or false with a certain probability. The Bayesian approach depends on conditional probability which takes prior knowledge (a prior distribution of probabilities) into account. An example for the use of the Bayesian approach is a self-reported instrument that assesses function in rheumatic and musculoskeletal diseases. This instrument produces worse scores with higher age due to the increasing incidence of physical disability. The prior knowledge (higher age leading to a worse function score) should be taken into account when the scores of the instruments are interpreted.

Disclosure of Interest: None declared

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SP0108 **NEW APPROACHES IN MEASURING WHAT MATTERS TO PATIENTS – DECISION AID TOOLS**

H. Bekker. *Chair in Medical Decision Making, School of Medicine – University of Leeds, Leeds, UK*

Purpose: To explain what patient decision aids are, why they help patients engage more effectively with healthcare, and how their use enables health professionals to meet clinical guidance on delivering shared decision making about treatment choices.

People's healthcare decisions are emotionally and cognitively demanding, involving trade-offs between treatment options with negative consequences for themselves and their families. Health professionals are delivering increasingly complex care; patients live longer with co-morbidities and increased frailty, and new technologies lead to more treatments being offered. Decision science provides insight into how people make these decisions, and what can influence people's thinking encouraging them to make more or less reasoned choices.

Patient decision aids are resources developed with reference to decision science evidence on how to structure the health problem, present information about risks, benefits and consequences of options, elicit patient values and guide people to reach treatment choices that fit best in their lives (http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001431.pub5/full). This talk provides an overview of the components within patient decision aids (http://ipdas.ohri.ca/who.html) known to support people make more reasoned decisions about their healthcare, using examples taken from patient decision aids developed and evaluated within the UK.

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FRIDAY, 15 JUNE 2018

Innovative treatments for a better quality of life

SP0109 **INVOLVEMENT OF A PATIENT ORGANISATION IN HEALTH TECHNOLOGY ASSESSMENT**

J. Clausen. *Scientific Adviser, Deutsche Rheuma-Liga Bundesverband e.V., Bonn, Germany*

The term "Health Technology Assessment" (HTA) designates the systematic evaluation of therapies (drugs and non-drug interventions) and technologies for cost effectiveness, clinical effectiveness and safety to form the basis for evidence-based priority setting and policy decisions (reimbursement and coverage decisions). Usually, therapeutic or diagnostic interventions are subject to the assessment, but also complex programs (e.g. prophylactic screening programs) may be investigated. The involvement of patient organisations in Health Technology Assessments improves outcomes and offers additional insights. It guarantees that the perspective of the most important group – the patients as consumers – is adequately addressed.

A patient organisation may be involved in various ways in Health Technology Assessments: Patient organisations can identify gaps in healthcare coverage and initiate the generation of a respective Health Technology Assessment; they can provide additional registry data, complementing study data from randomised controlled trials for the Health Technology Assessment. The provision of information on patient-relevant outcomes and other patient-relevant aspects (e.g. mode of administration) is crucial to assess the benefit for patients of the therapy (or technology/program) under evaluation. Moreover, patient organisations may also be involved in the evaluation of the assessment report and in the execution of the results.

Generation of an HTA can be a time-consuming process and a very demanding one for patient organisations and the involved volunteers. Staff members of the patient organisation can be involved directly in the various tasks, or indirectly, supporting voluntary patients. If voluntary patients attend panel groups, most of them will need intensive support by their respective patient organisation depending on the complexity of the respective topic. Finding qualified volunteers, willing to