Greetings from the editor

Josef S Smolen

Every year since 2000, the Annual European League Against Rheumatism (EULAR) Congress took place at this time of the year. The lecture halls in which our field's latest research advances were presented in symposia and oral abstract sessions were flowing over; the poster halls were crowded with clinicians and basic researchers who engaged in discussions with presenters in front of their posters, when attending poster tours or in the couloirs. In the evenings, the debates went on, often in the course of a meal or at a hotel bar. Thereby knowledge has been shared and friendships established.

Every year since 2000, participants of the EULAR Congress received a printed issue of the *Annals of the Rheumatic Diseases* (ARD), allowing us to scroll through the journal physically, glancing at an article of personal interest or even reading it in full.

2020 is different. The COVID-19 pandemic has changed our lives, privately and professionally. Many of our colleagues in Europe and across the world are heavily involved in the fight against the disease, often a fight for life. Also, friends and colleagues have contracted severe acute respiratory syndrome coronavirus 2 (SARS-CoV2). Luckily, most have recovered, but some did not. We mourn. Let us pause for a minute in silence.

Among many other restrictions that are necessary to prevent the further spread of SARS-CoV2, travelling has been cut and conferences have been cancelled. The EULAR Congress is one of these cancelled face-to-face conferences. There will be a virtual congress instead. While it cannot replace personal interactions nor the atmosphere of meeting rooms and face-to-face discussions, it will still provide an opportunity to present new data and information, possibly to even more participants than can usually attend in person, although presumably over a longer time period than the conference used to last.

Just like all delegates of the previous Annual Congresses, participants of the 2020 virtual EULAR Congress will receive

a subscription to ARD for a full year. However, you will not be able to get a print copy of the June issue into your hands at the registration desk, but it will be sent to you in the near future. However, the content will be online already before the first day of the virtual conference. Of course, as always, the conference abstracts will be published in a downloadable ARD supplement.

What are the highlights ARD offers in this June 2020 issue? Aside from a series of very interesting original papers in the fields of rheumatoid arthritis, systemic lupus erythematosus and osteoarthritis, among others, ARD presents three EULAR guidance documents that have been developed or updated over the last year, such as updated recommendations for the management of lupus nephritis,¹ psoriatic arthritis² and rheumatoid arthritis;³ for the latter it is now the fourth version marking the 10th anniversary. In addition, we publish a review article on 'The microbiome in rheumatology' by one of today's premier research groups in the field of metagenomics.⁴

COVID-19 has not only had an important influence on people, governments, economy, healthcare systems, travel and lastly the organisation of meetings but also has an influence on submissions of manuscripts to journals. Just entering the search term "COVID-19" in the PubMed.gov website produced more than 5000 publications by the end of the third week of April. ARD is not exempt from this phenomenon. Various COVID-19-related article types have been submitted and underwent peer review, including extended reports, concise reports, viewpoints or letters. Unsurprisingly, these publications often elicit correspondences whose authors ask questions, provide comments or convey their own experiences as an adjunct to the published papers, thus prompting a discussion and soliciting answers and consequently additional information by the original and other authors. We all must be aware that these reports on COVID-19 in patients with rheumatic and musculoskeletal diseases (RMDs) only convey first impressions, are currently just at the beginnings of reporting, may not be as systematic as one would wish to see in a long-planned clinical trial

or observational study and may lack perfect controls; thus, these papers bear some caveats by virtue of the context in which the manuscripts have been generated. However, we are confident that the authors applied their best endeavours to bring these papers together carefully despite the difficult times. Withholding this information because of some caveats may prevent arriving at a much needed broader picture. A thoughtful editorial by the EULAR president, which covered some of these aspects, was published in the May issue.⁵ I am very grateful to the referees for the speediness of their reviews and to the journal's staff for the momentum that allowed readers to obtain information swiftly.

In this context, ARD published a first series of patients with chronic arthritis (from Lombardy) who developed COVID-19 in May⁶ together with several other short papers on aspects related to COVID-19 in RMDs. In this issue, we present a first case series on this viral disease in patients with systemic lupus erythematosus,⁷ showing that these patients' COVID-19 course can be quite severe, especially in those with organ involvement, and suggesting that antimalarials may not be protective in this group of patients. You will also find two viewpoints related to the topic^{8,9} and papers providing preliminary advice for patient management from the World Scleroderma Foundation and the German Society of Rheumatology.^{10,11}

The rarer the disease, the more individual case histories we may find in the literature, such as the encouraging one on a systemic sclerosis patient published in ARD last month.¹² Such case reports and case series, especially if they show the course of one or more patients comprehensively, convey some preliminary information to the rheumatologist, but, as mentioned above, they cannot show us the totality of the RMD reality in the times of COVID-19. To this end, registries are key, like the ones established for long for biological and other disease-modifying antirheumatic drugs in rheumatoid and other forms of chronic arthritis across the world. EULAR has created a website for reporting COVID-19 cases: https://www.eular.org/eular_covid19_database.cfm. This or other similar websites (<https://rheum-covid.org/>) should be used to allow for bringing together a good information base on the extensiveness of RMD involvement by the pandemic; ascertainment of underlying diagnoses may remain an issue to be resolved.

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So let us please briefly return to ARD. As you may remember, I had promised that we would work hard to provide readers with online pdfs that also include the supplementary material, so the search for this material will become less tedious. This is now in place for most articles and you can choose whether you wish to download the pdf with or without the online supplement. Also, our special sections continue to elicit interest, and you will find a new piece on 'Thinking the unthinkable' in this June issue of ARD.¹³

Let me close by wishing all of us and our families and all of our patients and their families health and a safe journey across these unexpected and concerning times. Let us hope that an effective therapy and vaccine against COVID-19 will be developed in due course; once available, it will elicit further research into the responsiveness of patients on immunomodulating drugs to the vaccine. Until then we must all follow, and advise our patients to follow, the recommendations of physical distancing and wearing masks as advised by the experts.

Please try to enjoy the European League Against Rheumatism 2020 Congress despite its virtual nature, and enjoy and continue to support ARD. Let us hope we will reconvene at EULAR 2021 as a face-to-face meeting with all the pleasure that this meeting can bring - and we know it can.

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