COVID-19 pandemic has highlighted the importance of bringing patients’ voices to affect evidence-based policies centered around the needs of patients. Health democracy needs to form the backbone of how a health system is structured.

Acknowledgements: I Writing support and update was funded by Galapagos B.V., Mechelen, Belgium

Disclosure of Interests: None declared


THE CORONA PANDEMIC – AND HOW WE REACTED TO PATIENTS’ NEEDS

C. Elling-Audersich1.1 German League Against Arthritis, NRW, Bonn, Germany

Background: The pandemic had major negative effects and is a big challenge to all patient organisations in Europe. Our organisation (Deutsche Rheuma Liga) with about 270,000 members is already equipped with various tools and skills for the support of our members. We are offering not only information, but exercise-programs, self-management courses, different events to meet and exchange. But after two years of the pandemic, the problems have piled up. Our members are missing the face-to-face contact. It was impossible, due to the limitation and restriction of contact, to conduct events, meetings, consultations, and exercise programs. Most of our offers came to a standstill.

Objectives: Due to these problems, it was not only difficult to live with a chronic rheumatic disease, but there was also no possibility to get access to helpful information and advice or to use the various services, either. Especially the fear of Covid-19, which impact it has on RMDs, questions regarding the vaccination and the medication were increasing to a substantial extent.

Methods: Three different measures were taken:
- Information needs:
  By improving our website, it was possible to provide digital content to our members. We offer essential and understandable information with additional links to the most current expert information on COVID-19, like the EULAR recommendations and those of our national rheumatologist society (DGRh).
- Activity needs:
  Different digital exercise-programs were developed by our nineteen national member organisations. We shared this services on our website of our umbrella organisation with all members, nationwide. Our campaign “Keep on moving” shall encourage our members nationwide practising the exercise and developing innovative ideas into the daily routine.
- Results:
  Interaction needs:
    Regarding our “Rheuma-Forum” (a digital exchange format for people with arthritis)
    I want to explain in detail with dates and facts how our organisation enhances the contact to our members and other people with arthritis who were looking to our organisation for information. We replied to questions and addressed the needs on an individual basis. Since the beginning of the pandemic, we implemented four Expert-Forums per year, addressing many comparable questions regarding the issues of COVID-19 (like RMDs and the covid vaccination, possible side effects).
    Our experts are well-known, specialized rheumatologists and trained RMD patients.
    Communication with their mentor, deadlines and insufficient clarity of the process.

Results:
- Mentors indicated an initial average peer-review skill level of 5.2(1.8) for content and 4.2(1.9) for form, which improved by 2.7(1.3) points 3.2(1.8) points, respectively.
- Nine out of ten mentors said the program had helped them improve their own skills (i.e., peer-reviewing, mentoring, and teaching).
- The number of peer reviewers after completion of the program varied quite significantly between mentees (median 10, IQR 9.5-29).
- For most mentees, the number of peer-reviews stayed the same (18/32) or increased (12/32). Fifteen out of 32 respondents said they were invited as an independent reviewer for ARD and/or RMD Open after completion of the program. Potential benefits and challenges of the program are depicted in Figure 1. Added value mentioned by both mentors and mentees was the opportunity to contribute to high quality peer-review standards and improve their skills. Challenges reported by mentors were time-consuming activities, skill development, deadlines, and the program being time-consuming; challenges for mentees were the communication with their mentor, deadlines and insufficient clarity of the process.

Disclosure of Interests: None declared


How to review a manuscript

THE EMERGING EULAR NETWORK (EMEUNET) PEER-REVIEW MENTORING PROGRAM: TEN YEARS OF INNOVATIVE

L. M. Verhoest1,2, A. Vleeslaertantham1, A. Bert3, E. C. Boele1, H. T. Smeets4, M. Ortiz5, S. Schoop-Worrall1, S. Zhao2, F. Rivelles3, K. Lauper1, S. Plantin2,3 on behalf of EMEUNET.1 Sint Maartenskliniek, Research, Ubbingen, Netherlands; 2 University of Oxford, Centre for Statistics in Medicine, Nuffield Department of Orthopaedics, Rheumatology, and Musculoskeletal Sciences, Oxford, United Kingdom; 3 University of Trento, Santa Chiara Regional Hospital and Department of Cellular, Computational and Integrative Biology (CIBIO), Trento, Italy; 4 Hacettepe University, Division of Rheumatology, Department of Internal Medicine, Ankara, Turkey; 5 Erasmus MC, Rheumatology, Rotterdam, Netherlands; 6 Istanbul University-Cerrahpasa, Cerrahpasa Medical Faculty, Department of Internal Medicine, Division of Rheumatology, Istanbul, Turkey; The University of Manchester, Centre for Epidemiology Versus Arthritis, Manchester United Kingdom; 8 Queen Mary University, Rheumatology, London, United Kingdom; 9 University Hospitals of Geneva, Rheumatology, Geneva, Switzerland; 10 ASST Spedali Civili and University of Brescia, Rheumatology and Clinical Immunology Unit, Department of Clinical and Experimental Sciences, Brescia, Italy

Background: In 2012, the Emerging EULAR (European Alliance of Associations for Rheumatology) Network (EMEUNET) started a mentoring program in collaboration with the editorial board of top-leading journals in rheumatology, the Annals of the Rheumatic Diseases (ARD) and a few years later RMD Open, with the aim of improving peer reviewing skills of young researchers (mentees). In this program, now in its 6th edition, senior reviewers (mentors) critically discuss manuscripts submitted to ARD or RMD Open with mentees. At the end of the program, senior reviewers certify the capability of mentees to independently conduct a good quality review. The program is organized by members of the EMEUNET Peer Mentoring Subcommittee, including facilitating communication within the groups. Several strategies, such as face-to-face meetings and periodic videoconferences, were implemented recently, following the outcome of a previous survey among mentees.

Objectives: To assess the experienced benefits and challenges of the EMEUNET Peer Mentoring program of young rheumatologists and researchers and their mentors.

Methods: In November 2021, a survey was sent by email to mentors and mentees who had previously completed the first five editions of the program (launched between 2012 and 2019), asking for demographics, and potential benefits and challenges of the program. Felt change in peer-review skills before and after the program were rated on a scale from 0 (no skill) to 10 (perfect skill). Results were analysed descriptively.

Results: A response rate of 55% for mentors (11/20) and 43% for mentees (37/87) was obtained. Mentors had a mean(SD) age of 52(9.5) years, 64% were male and 7 different nationalities were included. Mentees had a mean age of 34(3.7), 43% were male and 16 nationalities were included. Mentees/mentors from all the editions were included, although recent editions were somewhat overrepresented. Almost all respondents said their overall experience with the program was positive (46/47), that the objectives of the peer-reviewing mentoring program were met (46/47) and that they would recommend the program to others (44/45).

Mentors indicated an initial average peer-review skill level of 5.2(1.8) for content and 4.2(1.9) for form, which improved by 2.7(1.3) points 3.2(1.8) points, respectively. Interestingly, improvement scores of the mentees paralleled those of mentors: content and form were initially rated at 4.9(1.7) and 5.1(1.8) and improved by 2.6(1.3) and 2.7(1.7), respectively. Nine out of ten mentees said the program had helped them improve their own skills (i.e., peer-reviewing, mentoring, and teaching). The number of peer reviewers after completion of the program varied quite significantly between mentees (median 10, IQR 9.5-29). For most mentees, the number of peer-reviews stayed the same (18/32) or increased (12/32). Fifteen out of 32 respondents said they were invited as an independent reviewer for ARD and/or RMD Open after completion of the program. Potential benefits and challenges of the program are depicted in Figure 1. Added value mentioned by both mentors and mentees was the opportunity to contribute to high quality peer-review standards and improve their skills. Challenges reported by mentors were time-consuming activities, skill development, deadlines, and the program being time-consuming; challenges for mentees were the communication with their mentor, deadlines and insufficient clarity of the process.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.1877

Interstitial lung disease in RMDs

**COP0306 IMPACT OF INFLAMMATION ON INTERSTITIAL LUNG DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS - AN ANALYSIS OF THE GERMAN BIOLOGICS REGISTER RABBIT**

R. Ramien1, T. Rudi1, M. Schneider, S. Balzer1, A. Krause1, M. Schaefer1, Y. Meissner1, A. Strangfeld2.
1German Rheumatism Research Centre Berlin, Epidemiology and Health Services Research, Berlin, Germany; 2Schlosspark-Klinik Charlottenburg, Department of Internal Medicine II, Berlin, Germany

**Background:** Ten percent of patients with prevalent rheumatoid arthritis (RA) develop an interstitial lung disease (ILD), which is associated with higher mortality (1). A previous study identified high/moderate disease activity, but not CRP, as a risk factor for RA-ILD (2).

**Objectives:** To analyse whether systemic inflammation (CRP and ESR) and/or disease activity measured with a composite score (DAS28-ESR) are associated with the occurrence of ILD in patients with RA.

**Methods:** Data from RA patients observed in the biologics register RABBIT until October 2020 were included. Patients with incident ILD were selected as cases and matched 1:5 to controls using a modified risk-set sampling (controls had no ILD during the entire observation time). Matching criteria were age, sex, RA duration, date of enrolment and observation time. Odds ratios (OR) and 95% confidence intervals (CI) were computed by conditional logistic regression and adjusted for factors identified by a directed acyclic graph (DAG), namely smoking, rheumatoid factor (RF), chronic obstructive pulmonary disease, number of biologics until index date of ILD-diagnosis in cases, date after the respective observation time in controls, and mean glucocorticoid dosage (12 months prior index date). For the regression, CRP and ESR were log-transformed due to their skewed distribution, and missing values were addressed by multiple imputations (n=10).

**Results:** Out of 19,148 RA patients enrolled since 2001, 133 patients with incident ILD were identified. Half of the ILDs were diagnosed by computed tomography. The presence of 21 ACPA fine specificities were analysed in serum samples at index date and in the 12 previous months, and results were even more pronounced with elevated CRP and ESR, which was not the case for DAS28 (Table 1).

**Conclusion:** In contrast to other data, our analyses found that markers of systemic inflammation, but not the DAS28 composite score, are associated with the occurrence of incident ILD in patients with RA and can be predictors for the development of RA-ILD. Therefore, in a treat-to-target approach, rheumatologists should pay particular attention to controlling systemic inflammation.

**References:**
1. PMID: 20851924
2. PMID: 30951251

**Disclosure of Interests:** None declared, Yvette Meissner Speakers bureau: Pfizer, Anja Strangfeld

---

**Table 1. Results of the conditional logistic regression for the risk of ILD.**

<table>
<thead>
<tr>
<th>At index date</th>
<th>Crude OR (95% CI)</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log CRP</td>
<td>1.65 (1.35 – 1.92)</td>
<td>1.65 (1.35 – 1.94)</td>
</tr>
<tr>
<td>Log ESR</td>
<td>1.16 (1.02 – 1.31)</td>
<td>1.16 (1.01 – 1.29)</td>
</tr>
<tr>
<td>ESR &gt; 21 vs. ESR ≤ 21</td>
<td>2.43 (1.53 – 3.86)</td>
<td>2.43 (1.53 – 3.81)</td>
</tr>
<tr>
<td>Log DAS28</td>
<td>1.17 (1.01 – 1.35)</td>
<td>1.17 (1.01 – 1.35)</td>
</tr>
<tr>
<td>DAS28 ≥ 3.2 vs. DAS28 ≤ 3.2</td>
<td>1.31 (0.86 – 1.99)</td>
<td>1.31 (0.85 – 2.06)</td>
</tr>
</tbody>
</table>

---

**Conclusion:** In contrast to other data, our analyses found that markers of systemic inflammation, but not the DAS28 composite score, are associated with the occurrence of incident ILD in patients with RA and can be predictors for the development of RA-ILD. Therefore, in a treat-to-target approach, rheumatologists should pay particular attention to controlling systemic inflammation.

**References:**
1. PMID: 20851924
2. PMID: 30951251

**Disclosure of Interests:** None declared, Yvette Meissner Speakers bureau: Pfizer, Anja Strangfeld

---

**Table 1. Results of the conditional logistic regression for the risk of ILD.**

<table>
<thead>
<tr>
<th>At index date</th>
<th>Crude OR (95% CI)</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log CRP</td>
<td>1.65 (1.35 – 1.92)</td>
<td>1.65 (1.35 – 1.94)</td>
</tr>
<tr>
<td>Log ESR</td>
<td>1.16 (1.02 – 1.31)</td>
<td>1.16 (1.01 – 1.29)</td>
</tr>
<tr>
<td>ESR &gt; 21 vs. ESR ≤ 21</td>
<td>2.43 (1.53 – 3.86)</td>
<td>2.43 (1.53 – 3.81)</td>
</tr>
<tr>
<td>Log DAS28</td>
<td>1.17 (1.01 – 1.35)</td>
<td>1.17 (1.01 – 1.35)</td>
</tr>
<tr>
<td>DAS28 ≥ 3.2 vs. DAS28 ≤ 3.2</td>
<td>1.31 (0.86 – 1.99)</td>
<td>1.31 (0.85 – 2.06)</td>
</tr>
</tbody>
</table>

---

**Conclusion:** In contrast to other data, our analyses found that markers of systemic inflammation, but not the DAS28 composite score, are associated with the occurrence of incident ILD in patients with RA and can be predictors for the development of RA-ILD. Therefore, in a treat-to-target approach, rheumatologists should pay particular attention to controlling systemic inflammation.

**References:**
1. PMID: 20851924
2. PMID: 30951251

**Disclosure of Interests:** None declared, Yvette Meissner Speakers bureau: Pfizer, Anja Strangfeld

---

**Table 1. Results of the conditional logistic regression for the risk of ILD.**

<table>
<thead>
<tr>
<th>At index date</th>
<th>Crude OR (95% CI)</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log CRP</td>
<td>1.65 (1.35 – 1.92)</td>
<td>1.65 (1.35 – 1.94)</td>
</tr>
<tr>
<td>Log ESR</td>
<td>1.16 (1.02 – 1.31)</td>
<td>1.16 (1.01 – 1.29)</td>
</tr>
<tr>
<td>ESR &gt; 21 vs. ESR ≤ 21</td>
<td>2.43 (1.53 – 3.86)</td>
<td>2.43 (1.53 – 3.81)</td>
</tr>
<tr>
<td>Log DAS28</td>
<td>1.17 (1.01 – 1.35)</td>
<td>1.17 (1.01 – 1.35)</td>
</tr>
<tr>
<td>DAS28 ≥ 3.2 vs. DAS28 ≤ 3.2</td>
<td>1.31 (0.86 – 1.99)</td>
<td>1.31 (0.85 – 2.06)</td>
</tr>
</tbody>
</table>

---

**Conclusion:** In contrast to other data, our analyses found that markers of systemic inflammation, but not the DAS28 composite score, are associated with the occurrence of incident ILD in patients with RA and can be predictors for the development of RA-ILD. Therefore, in a treat-to-target approach, rheumatologists should pay particular attention to controlling systemic inflammation.

**References:**
1. PMID: 20851924
2. PMID: 30951251

**Disclosure of Interests:** None declared, Yvette Meissner Speakers bureau: Pfizer, Anja Strangfeld