The following four emails received from EULAR :

 6 June 2020

Dear Members of the EULAR Network,

EULAR released the press release, Thrombosis risk particularly high for people suffering from rheumatic and musculoskeletal disease activity, to international media audiences this morning.

The release follows a presentation by Professor John D. Isaacs, EULAR Scientific Chair 2020, to international media audiences at an EULAR virtual press conference held on Wednesday, 3 June, 2020.

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**Thrombosis risk particularly high for people suffering from rheumatic and musculoskeletal disease activity**

**Reduced venous thrombosis with TNF inhibitors**



5 June 2020

Dear Members of the EULAR Network,

The press release, **Rheumatic and Musculoskeletal pain: Increasingly more patients taking opioids,** has been sent as part of press efforts around the EULAR eCongress to the attention of international media audiences.

The release follows the presentation of the subject to German mainstream and trade media audiences by Professor Ulf Müller-Ladner, EULAR Past Chair of Standing Committee on Clinical Affairs, on 27 May in the first virtual EULAR press conference. Ulf was joined by Professor Burmester, EULAR Public Affairs Liaison, and Professor Schulze-Koops, Member of the EULAR Scientific Committee 2020, as well as Mr. Dieter Wiek, EULAR PARE Vice President.

Watch the EULAR German press conference here: <https://youtu.be/HOC_wXq1KyE>



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 3 June 2020

Dear Members of the EULAR Network,

FOREUM, The Foundation for Research in Rheumatology, has released the press release, FOREUM Platinum Recognition awarded for the second time, today, Wednesday, 3 June, to members of the international community. For questions relating to the release and to FOREUM, please contact Caroline Desiderio, Foundation Manager, caroline.desiderio@foreum.org, Tel. +41 78 895 08 00.

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**FOREUM Platinum Recognition awarded for the second time**

**3 June 2020, Kilchberg, Switzerland – FOREUM, the Foundation for Research in Rheumatology, has again awarded Platinum Recognition. Today AbbVie, Galapagos, Eli Lilly, Novartis Pharma AG, Pfizer, and UCB received FOREUM’s recognition during the virtual EULAR Opening Plenary Session.**

FOREUM is delighted and proud to announce that in 2020 six donors can be awarded with Platinum Recognition. FOREUM President Prof. Gerd Burmester is very pleased and states that “FOREUM is very grateful for the support of six companies at the platinum donor level. Their ongoing commitment for research in rheumatology, in some cases over many years, shows us that the foundation is developing in the right direction”.

Representative of **Pfizer**, Dr. Isabelle Logeart, Global Medical Affairs Asset Lead Inflammation & Immunology, commented, “Pfizer is committed to advancing research and transforming the lives of patients with inflammatory conditions. To receive the FOREUM Platinum Recognition is an honour – and highly appreciated”.

Receiving the recognition for the second time, Dr. ‘Matladi Ndlovu, Global Lead Innovative Precision Medicine Partnerships at **UCB** said “UCB is proud to receive FOREUM Platinum Recognition 2020 for contributing towards research and innovation in RMD” and Dr. Inmaculada de La Torre, International Therapy Area Medical Leader Rheumatology at **Eli Lilly** states that “Eli Lilly is driven to change what’s possible for people living with immune mediated diseases and therefore invests in leading-edge clinical approaches across the immunology portfolio in hopes of transforming the autoimmune disease treatment experience and improving patients quality of life”.

Dr. Thijs Hendrikx, Global Medical Affairs Lead Inflammation at **Galapagos**, first time recipient of the Platinum Recognition said, “Galapagos is committed to beating inflammatory diseases. We are honoured to cooperate with FOREUM in its scientific endeavours; knowing that we can support the wellbeing of people around the world gives us the determination we need to continue our innovative research”.

Having been loyal donors to the foundation from its very beginning, FOREUM also recognizes **Novartis Pharma AG** and **AbbVie** for their scientific partnership supporting shared research objectives in rheumatic and musculoskeletal disease transforming clinical practice to improve patients’ quality of life.

FOREUM Foundation for Research in Rheumatology is devoted to promote research in rheumatic and musculoskeletal diseases (RMDs) as an independent research funding body in rheumatology research. To achieve this goal, FOREUM seeks to raise funds from various donors; through donations, basic and applied research of the highest quality can be supported to reduce the burden of disease for people with RMDs.

**About FOREUM**

FOREUM Foundation for Research in Rheumatology is promoting health in individuals with rheumatic and musculoskeletal diseases through effective research. FOREUM is an independent fundraising institution for research funding based in Switzerland. FOREUM is recognized by the Swiss authorities according to Swiss law and foundation regulations as a not-for-profit organisation. FOREUM is supported by EULAR, the European League Against Rheumatism.

**EULAR Public Affairs**



 3 June 2020

Dear Members of the EULAR Network,

The press release, Study on COVID-19 in the Context of Rheumatic and Musculoskeletal Diseases Provides Reassurance to Patients on Immunosuppressive Medications, was sent to international media audiences this morning, ahead of a EULAR Press Conference discussion with EULAR President, Professor Iain McInnes, EULAR Scientific Chair, Professor John Isaacs, EULAR COVID-19 Registry Lead, Dr. Pedro Machado, Dr. Kirsten Höper of the University of Hannover, Germany, and Professor Robert Landewé, Chair of the EULAR COVID-19 Recommendations Task Force, who moderated the one-hour debate.

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**Study on COVID-19 in the Context of Rheumatic and Musculoskeletal Diseases Provides Reassurance to Patients on Immunosuppressive Medications**

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**Kilchberg/Switzerland: Different groups of drugs are used for the treatment of rheumatic conditions. They are intended to suppress the rogue immune system which attacks its own body. It is unclear to date whether the use of immunosuppressants increases the risk of a severe course in case of an infection with the novel coronavirus SARS-CoV-2. A current study published in the run-up to the European Congress of Rheumatology of the EULAR (European League Against Rheumatism) analysed, for the first time, 600 COVID-19 cases in rheumatic disease patients from 40 countries and investigated the impact of the choice of rheumatic disease therapy on potential hospitalisation and the course of COVID-19. The results of the study will be presented in an online press conference in the context of the EULAR Congress on 3 June 2020.**

Data on the course of COVID-19 in patients with rheumatic conditions are still rare and limited to small numbers of cases. Patients with rheumatic diseases are concerned about the extent to which their condition increases the risk of a severe course and the impact of the intake of their immunosuppressants on this. "There is considerable uncertainty about the drug management in the context of rheumatic conditions," EULAR President Professor Dr Iain B. McInnes from Glasgow, Scotland, United Kingdom explains.

Scientists have now addressed the question to what extent the different groups of drugs1 increase the probability of hospitalisation in rheumatic disease patients with COVID-19. For this purpose, they analysed a series of cases involving persons with rheumatic conditions and COVID-19 from the combined EULAR and Global Rheumatology Alliance COVID-19 registries, dating from between 24 March 2020 and 20 April 2020. The study included a total of 600 cases from 40 countries.

The researchers analysed the patients' age, sex, whether they smoked or not, the rheumatic disease diagnosis, comorbidities and medication against rheumatic conditions taken immediately prior to the infection. The result: The intake of conventional disease-modifying antirheumatic drugs (csDMARDs) – such as anti-malarial drugs or methotrexate – alone or in combination with biologics (e.g. TNF-alpha inhibitors), or the intake of nonsteroidal anti-inflammatory drugs (NSAIDs) was not associated with hospitalisation. The intake of TNF-alpha inhibitors was associated with a reduced probability of hospitalisation, while no association with the intake of anti-malarial drugs was observed.

Treatment with more than 10 mg prednisone per day – corresponding to a moderate to high dose – was associated with a higher probability of hospitalisation. Prednisone is a glucocorticoid frequently used in rheumatology as a fast-acting anti-inflammatory drug.

Less than half of the patients required hospitalisation (277; 46 percent), while 55 fatalities (9 percent) occurred. This should not be interpreted as the true rate of hospitalisation and death among patients with rheumatic disease infected with SARS-CoV-2. Due to the mechanism by which case information is collected severe cases are more likely to be reported to the database (i.e. mild or asymptomatic cases are less likely to be reported) therefore artificially increasing the rate of hospitalisation/death in the group of reported patients.

"The study shows that most patients with rheumatological conditions recover from COVID-19 – independent of the medication they receive," says Professor Dr John Isaacs from The University of Newcastle, United Kingdom, Scientific Chair of the EULAR Scientific Committee. "It is necessary, however, to gather more knowledge about the course of an infection with the novel coronavirus in patients with inflammatory rheumatic conditions."

Within the space of only a few weeks, rheumatologists from all over the world teamed up in order to establish an international COVID-19 registry ([www.rheum-covid.org](http://www.rheum-covid.org)), an effort supported by EULAR that created a mirroring COVID-19 registry ([www.eular.org/eular\_covid19\_database.cfm](http://www.eular.org/eular_covid19_database.cfm)). "There is an urgent need to understand the outcome of patients who have been infected with SARS-CoV-2 while at the same time receiving steroids, synthetic or biological disease-modifying anti-rheumatic drugs and nonsteroidal anti-inflammatory drugs," Dr Pedro Machado, Chair of the EULAR Standing Committee on Epidemiology and Health Services Research and co-senior author of the study, points out. "This will support rheumatologists and other health care professionals, such as specialist nurses, in advising their patients and improving their care."

**References:**

Gianfrancesco M, Hyrich Kl, Al-Adely s, et al. Ann Rheum Dis 2020 [epub ahead of print]. doi:10.1136/ annrheumdis-2020-217871.

1 **Groups of drugs used in rheumatic disease therapy**

In case of autoimmune diseases like rheumatoid arthritis or systemic lupus erythematosus, the immune system turns against its own body and triggers inflammations in a number of places. Treatments to suppress inflammation (immunosuppressants) and the long-term progression of the disease are required. In clinical parlance, Disease-modifying anti-rheumatic drugs (DMARDs) act by altering the underlying disease rather than treating symptoms. They're not painkillers, but they'll reduce pain, swelling and stiffness over a period of weeks or months by slowing down the disease and its effects on the joints. There are two types: conventional DMARDs and biological therapies. Biological therapies (also known as biologics) are newer drugs that have been developed in recent years. They target individual molecules, such as the tumour necrosis factor alpha (TNF-alpha), and tend to work more quickly than conventional DMARDs. In addition to these therapies, drugs containing cortisone such as glucocorticoids, which can effectively and quickly suppress the inflammatory response, are used for the treatment of rheumatic conditions. Another group of drugs used to treat rheumatic conditions are nonsteroidal anti-inflammatory drugs (NSAIDs), which alleviate pain and stiffness in the joints and improve mobility.

**EULAR Public Affairs**



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