METEOR NEWSLETTER

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METEOR aims to improve treatment of rheumatoid arthritis worldwide and demonstrate the value of regularly measuring disease course by offering the METEOR tool to aid physicians in quickly assessing patient improvement and comparing results through access of aggregated anonymized data collected by their peers.

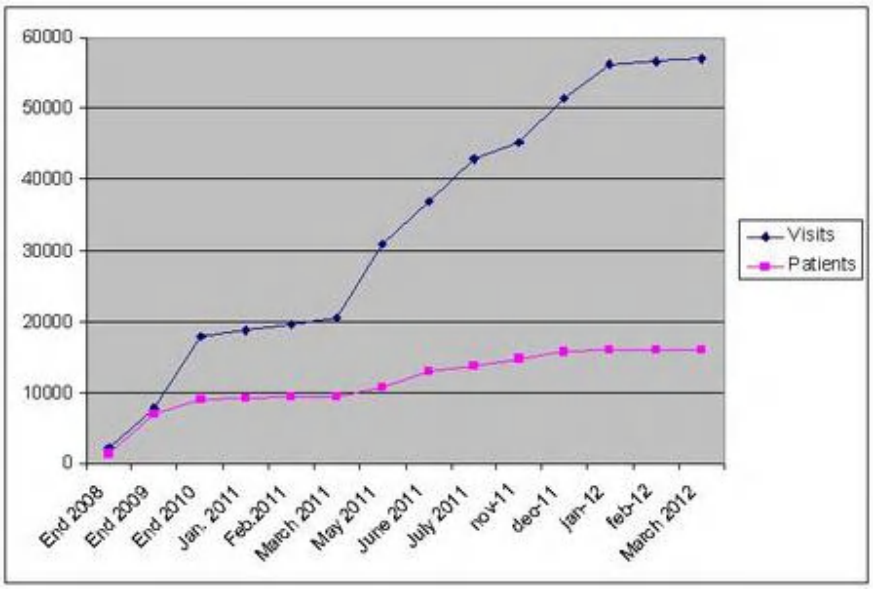
April 2012

In this newsletter:

Facts & Figures

Currently 77 hospitals in 32 countries worldwide have a METEOR account.

The database contains 16.021 patient data and 57.098 visit data.



METEOR in the United States by Karen Salomon-Escoto

METEOR has been used in the United States since 2009. It was first rolled-out in the Rheumatology Division of the University of Massachusetts Medical School (UMass) in Worcester, MA and UMass Memorial Medical Center, where over 800 patients have now been added. METEOR has allowed rheumatologists in UMass to consistently follow disease activity measures and compare them to treatment changes.

Six other sites in the United States are now participating and entering their rheumatoid arthritis patients into METEOR. Our goal is to continue promoting this clinical tool which facilitates patient care, allowing rheumatologists to implement treat-to-target guidelines, and also compare their practices to others.

In 2011 we submitted a METEOR poster to the Clinical Trials/Registry Information Poster Exhibit at the ACR/ARHP Annual Scientific Meeting. This gave attendees an opportunity to learn about METEOR, and they could then visit the METEOR booth, where Anne Marie Korevaar, project coordinator, could demonstrate the tool and offer more information.

In 2012 our goal remains to demonstrate the value of regularly measuring rheumatoid arthritis disease activity, expand the use of METEOR in participating sites and recruit new sites. We are also submitting a research proposal for the Executive Scientific Committee to review in their upcoming meeting.

Potential METEOR users in Spain by Lucia Silva-Fernandez

Nowadays, about one thousand rheumatologists work in Spain and there are more than 200 rheumatology fellows. Due to the special characteristics of the Spanish Health System (with universal public coverage) the majority of rheumatology professionals suffer from a work overload when attending patients.

This situation allows fellows to achieve high quality clinical skills but, on the other hand, severely limits our research possibilities. Despite it, more than half the Spanish rheumatologists are involved in a research project. In the last years, the Spanish Society of Rheumatology (SER) has developed multiple collaborative studies of different diseases including rheumatoid arthritis (EMECAR, EMAR, PROAR, BIOBADASER, etc).

In addition, since 2004, the SER has promoted more than 40 Units for Early Arthritis in Spanish hospitals. Thanks to it, Spanish rheumatologists are used to regularly perform measures of disease activity and tightly control its course. For this purpose, the majority of rheumatology departments have developed their own system for patients' followup.

In this setting, what METEOR can offer is a system to homogenize the way of following RA patients using an unique software for all the hospitals. Moreover, METEOR allows its users to have reports on all the patients or classified by country, site or rheumatologist.

METEOR project - the Portuguese experience by Pedro Machado

The management of patients with rheumatoid arthritis in clinical practice is a long-term task requiring frequent assessments to collect detailed clinical and biological information, as well as to regularly adjust treatment according to this information.

Meteor allows the collection of critical information with the objective of improving patient care. Other disease monitoring tools are available worldwide, including country specific tools, such as in Portugal, where an electronic medical record for patients with rheumatic disease has been active since June 2008: the Rheumatic Diseases Portuguese Register - Reuma.pt, developed by the Portuguese Society of Rheumatology (*Canhão et al. Acta Reumatol Port. 2011;36:45-56*).

International collaborations are essential to improve the quality, scope and critical mass in science and research, by linking national resources and knowledge with resources and knowledge in other countries. This principle led to the establishment of collaboration between Reuma.pt and Meteor, with a large number of Portuguese hospitals/rheumatologists having joined this collaboration. Data from 2,083 Portuguese patients with rheumatoid arthritis are already included in Meteor and this number continues to grow.

Proposals for research projects can be submitted by any person actively contributing to the METEOR database (annual calls) and Portuguese hospitals/rheumatologists are now eligible for these calls.

Italian GISEA-data uploaded in METEOR: queries and opportunities

by Gianfranco Ferraccioli, Professor of Rheumatology – Catholic University of the Sacred Heart-Rome and President GISEA

Since METEOR was founded many rheumatologists have considered the database a great opportunity to improve daily patient care and practice. We as Italian rheumatologists have looked at the METEOR database as a way to learn from each other how to make better use of clinical and laboratory indices and variables and monitor how to give our patients the best of care thus reaching Remission or Low Disease Activity. To this aim a group of Italian rheumatologists located at 21 sites all over the country agreed to enter their own data into the METEOR database in order to become part of a larger community and to be assessed in their daily practice.

The Italian database called GISEA (Gruppo Italiano Studio Early Arthritis) (Lapadula G et al . Reumatismo 2012), founded in 2005 and fully operative in 2008, had two major aims: monitor patients with long standing rheumatic diseases receiving Biologics therapy and assess whether newly diagnosed rheumatic patients could reach more often the major aims of rheumatologic care with a tight control and hopefully without biological therapy. Until now 3494 rheumatoid, 833 psoriatic arthritis, 493 ankylosing spondylitis, 243 undifferentiated spondyloarthritis patient data have been entered into the prospective GISEA database and have allowed assessing various aspects of the real world practice.

One of the first queries was to evaluate patients, initially treated with Infliximab, who, because of side effects, had to switch to Etanercept (Iannone F et al. Ann.Rheum.Dis. 2007).

Then we investigated if variables at baseline could help to distinguish patients undergoing a higher or a lower chance of reaching a good EULAR response. Indeed we were able to show that male sex, a low HAQ and RF negativity were all capable of conferring higher chances of obtaining a good EULAR response over time (Mancarella L et al. J.Rheumatol. 2007).

Another query, regarding the often present co-morbidities, focused on patients simultaneously affected by rheumatoid arthritis and HCV infection and needing therapy with biologics. We were able to show that TNF Inhibitors could help to control disease activity in these patients without undergoing major liver toxicity or viral reactivation (Ferri C et al J:Rheumatol. 2008).

All queries arose from the rheumatologic community as daily care questions that needed answers. Important ones were the burden of infections in daily care of patients treated with biologics (Atzeni F et al. submitted), or the effect of obesity in impacting the major outcomes (Gremese E et al. submitted) or the survival on treatment of the various biologics over time in order to understand the actual percentage of secondary failures in our cohorts (Iannone F et al.

accepted in J.Rheumatol. 2012). It was of real interest to all of us to realize that the EULAR or label recommendations are very often neglected in the real world practice.

More recently we could assess the number of patients with diabetes and various rheumatic diseases, undergoing biological therapy because of persistently active disease and we realized that important information on safety and efficacy could be derived from the database. The introduction of the newer biologics will also allow comparing on characteristics at onset, which will be the real efficacy and safety of each new biologic over time. But of even more interest will be the analysis of the newly diagnosed arthritides and especially of the early rheumatoid and early seronegative arthritides. Up untill now 800 early patients have been entered into the GISEA database and these will serve to clarify how much an early diagnosis and tight control will help to reach the major goals.

We are confident that by comparing our database with the larger METEOR database we will obtain important clues to improve our daily practice and patient care. The opportunity of querying the database in order to get answers to questions of daily practice appears to me a crucial opportunity we should not loose.

Most importantly we will learn over the years from other colleagues how we can improve the outcome of our patients and this is great!

The Netherlands - METEOR based IRIS trial by Emilia Gvozdenovic

METEOR is being used by 14 hospitals in the Netherlands. In total 5279 patients are now included and 12 Dutch centers still continue to add patients into the database.

Attention for implementation study in METEOR

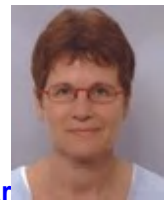
Recently, we asked international rheumatologists to participate in a METEOR based trial: IRIS (International Recommendation Implementation Study) is a multicenter international study carried out in minimal 10 European countries:France, Ireland, Italy, Latvia, Malta, Netherlands, Poland, Portugal, Spain, and United Kingdom (Bosnia Herzegovina and Cyprus).

Our aims are to investigate and promote the implementation of the EULAR recommendations on management of rheumatoid arthritis (RA) and the treat-to-target principles (T2T) of RA. Rheumatologists who wish to participate, will be invited to fill in a 10 minute questionnaire, read two articles and see an instruction video on the EULAR and T2T recommendations. Next, participants will use the METEOR tool to register 5-10 newly diagnosed patients and follow them according to the recommendations for at least a year. For each added patient, there will be a financial compensation.

If you decide to participate or if you have further questions, please contact Emilia Gvozdenović, IRIS investigator and the Netherlands METEOR country coordinator.

Email: e.gvozdenovic@lumc.nl; Tel +31 71 526 56 53

Many thanks in advance, also on behalf of the METEOR board members



Benchmarking to improve patient care by Anne Marie Korevaar

Benchmarking is the process of analyzing one's data and comparing these data with those of other hospitals, known to be the best. Benchmarking is a means of setting goals to surpass "best practices" and this will improve patient care. Hospital funding will be based more and more on benchmark reports: transparency in efficacy and efficiency.

Benchmarking is one of the features of METEOR. METEOR enables every user to generate 6 standard reports by clicking the "Reports" button in the menu:

- Basic Patient Data
- DAS and HAQ statistics
- DAS and HAQ remission and low Statistics
- DAS Graphs Drug usage
- Care indicators

The parameters of every report type can be defined by selecting the scope and a time frame. This scope can be selected from a drop down list:

- Rheumatologist: including the doctor's own patients only
- Site: including patients of all rheumatologists registered at that hospital
- Country: including patients of rheumatologists registered and using the Application in that Country
- METEOR Database: including all patients in the METEOR system

Furthermore, several additional selection criteria are available for the DAS and HAQ statistics report, the DAS and HAQ Remission and Low Statistics report, and the DAS graph report.

If you are proud of your performance and would like to see the result in hard copy, don't hesitate to hit the "Reports' button in METEOR!

METEOR helpdesk: your information and assistance resource by Jan Peeters

METEOR is very straightforward and easy to use. Even users without proper training should be able to start working with the METEOR tool directly.

The user guide, translated in several languages, is displayed on our METEOR website.

Still it might be possible that users have questions regarding the METEOR application. These questions could be related to the existing functionality or requests for a new functionality.

If you have any questions or remarks regarding METEOR or you need any assistance you can always mail the METEOR helpdesk: helpdesk@meteorfoundation.com.

Jan Peeters, functional application manager, or Anne Marie Korevaar, project manager, will contact you as fast as possible to inform and assist you.

METEOR AGENDA

You are welcome to our **METEOR booth no. 44** in the EULAR village Hall 3.2 at **EULAR**, June 6-9, 2012 in Berlin.

The **Executive Scientific Committee meeting** will be held on June 15, 2012 in Amsterdam, Sheraton Schiphol Airport.

Colophon

METEOR Newsletters will be issued in digital format three times a year in April, August/September and December.

Contact: akorevaar@lumc.nl

Website: www.meteorfoundation.com
