

Meeting Report

EASI Core Group

Sorrento, November 29, 2006

Participants: Allan Wiik (DK), Ricard Cervera (E), Munther Khamashta (UK), Pier-Luigi Meroni (I), Yehuda Shoenfeld (Isr),

Info: Cees Kallenberg (NL), Jean-Charles Piette (F), Reinhold E Schmidt (D),

Phadia: Michael Haaß (D)

Protocol: Michael Haaß

Discussion Topics and Decisions

Yehuda Shoenfeld, the new Chairman of the EASI Core Group

Allan Wiik decided to step back from the chairmanship of the EASI Core Group. He is retiring from his position in the Statens Serum Institute and going to focus more on his private life. Allan will remain a member of the EASI Core Group and continuously support the initiative.

EASI Projects for 2007

1. Publication of the guidelines for family doctors

To finalise the EASI Core Group activities of the last years, the EASI Core Group will publish the screening algorithm for family practitioners in one of the international family practitioner journals. Next Step: Allan will write the paper; Yehuda and the other EASI group members will review it.

2. Booklet(s) for family doctors

A booklet for family practitioners will be written in a joint project for all EASI teams. Authors from the different EASI teams will write in a joint collaboration the chapters of the booklet, covering one of the rheumatic / autoimmune diseases. Beside the EASI Team members also external collaborators are welcome to join the EASI authors.

The booklet(s) should cover all areas in Autoimmunity. Each of the chapters will focus on one disease and on the symptoms of the different disease phenotypes, recommend markers, which can help to make the right diagnosis and phenotype and describe algorithms that are recommended for use.

It is important that the booklet describes very practical approaches in a condensed way and a very clear language. The focus of all articles shall be on early diagnosis of the diseases.

The structure of each chapter of the booklet will be the following:

- Introduction
- Table with signs and symptoms and frequency of the disease
- One illustrative picture (clearly showing the characteristic presentation of the disease)
- Diagnostic criteria (criteria in form of two tables)

- Clinical and
- Laboratory
- Diagnostic measurements for experts
- Requirements for family practitioners (larger chapter)
- Follow up
 - Clinical observations,
 - Expectations,
 - Blood tests to be done
- Management (therapeutic principles)
- Diagnostics tests
 - Short description,
 - Pictures or diagram
- Testing methods
 - Benefits
 - Limitations
- References (max. 5 references: 2 reviews, 2 original papers, one reference to management principles)

The authors from the different EASI teams should provide the article to the editorial board: Yehuda, Allan, Pier-Luigi, Ricard, Michael.

The leading author should be a clinician.

Deadline for all articles is the International Autoantibody Symposium in Dresden in 2007.

Instructions to the authors will be sent out by Yehuda and Allan.

A list with the diseases the booklet(s) should cover, incl. the authors identified so far, is attached at the end of this minutes.

Next Steps:

- With the minutes of the meeting Michael will send a list with diseases and already identified authors for reviewing to Yehuda and Allan.
- The list will be sent with the minutes of the EASI Forum to the attendees of the EASI Forum. Michael will collect the feedback about the additional authors (names and addresses) and send the list to Yehuda and Allan.
- Both will prepare a letter with instructions and send it directly to the authors.

3. Multicentre Study

A multicentre study about the performance of the different methods used for autoantibody testing should be initiated. All assay systems, which are commercially available, should be included.

The study should be run in cooperation with IUAS, if this group agrees on the cooperation.

The study should be divided into

- a. A routine study with samples randomly selected by the laboratories from their daily practice (5000 samples collected by the Nordic group might be used for this part of the study)
- b. Clinical study with samples from clinically well defined samples provided by different centres of the different EASI groups (sample volume min 5ml). All samples will be collected following the required ethical regulations.
- c. Control samples (blood donors and disease samples from non autoimmune diseases).

All samples will be collected and coded at the Statens Serum Institute in Copenhagen, Denmark. From here the samples will be sent to the manufacturers

All manufacturers will be invited to a meeting in Spring 2007 by Pier-Luigi Meroni to explain the concept of the study and to invite them to participate.

Each manufacturer, who agreed to attend the study, will get a set of coded samples to identify the autoantibody specificities in the samples. The results should be sent to the organisers for further analysis.

The results of the study will be published without presenting the names of the manufacturers.

The projects listed above were also presented to and discussed with the EASI Forum

They are aiming for a closer cooperation between the different EASI teams.

Next Steps:

- Discussion with IUAS whether a combined study should be run.
- Definition of the study concept.
- Invitation of the companies to present the concept and to identify which companies would be interested to participate.

Next EASI Steering Group Meeting

The next EASI Core Group Meeting will be held attached to the Dresden Autoantibodies Symposium in September 2007

Freiburg, December 20th, 2006

Michael Haaß

Appendix

Systemic Rheumatic Autoimmune Diseases

19.12.2006

| | |
|--|-----------------------------|
| Addison's Disease | |
| | |
| Primary Anti-Phospholipis Syndrome / Hughes Syndrome | M Khamashta |
| | |
| Polymyositis | |
| Dermatomyositis | |
| Myositis Overlap Syndrome | |
| | |
| Systemic Sclerosis / Scleroderma | PL Meroni |
| CREST Syndrome | |
| | |
| Sjögren's Syndrome | PL Meroni |
| | |
| Vasculitis ANCA associated | A Wiik |
| Microscopic Polyangiitis / Churg Strauss Syndrome | |
| Wegner's Granulomatosis | |
| Goodpasture Syndrome | |
| | |
| Vasculitis non ANCA associated | A Wiik |
| (Lupus Vasculitis, Rheumatoid Vasculitis) | |
| | |
| Behcet's Syndrome | Shoenfeld / Krause / Jasiki |
| | |
| Systemic Lupus Erythematosus | R Cervera |
| Discoid Lupus Erythematosus | |
| Subacute Cutaneous Lupus Erythematosus | |
| Neonatal Lupus / Congenital Heartblock | |
| | |
| Mixed Connective Tissue Diseases | |
| | |
| UCTD | Stefano |
| | |
| Myasthenia Gravis | |
| | |
| Autoimmune Gastritis | |
| Pernicious Anemia | |
| | |
| Pemphigus Vulgaris | |
| Pemphigus Foliaceus | |
| Bullous Pemphigoid | |
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|-------------------------------------|-------------------|
| Primary Billiary Cirrhosis | |
| Primary Sclerosing Cholangitis | |
| | |
| Rheumatoid Arthritis | A Wiik, G Steiner |
| Felty's Syndrome | A Wiik |
| Psoriatic Arthritis | |
| Juvenile Rheumatoid Arthritis | |
| Lyme Arthritis | |
| | |
| Diabetes Mellitus | |
| | |
| Inflammatory Bowel Diseases | |
| Colitis Ulcerosa | |
| Morbus Crohn / Crohn's Disease | |
| | |
| Celiac Disease | |
| | |
| Autoimmune Thyroid Disease | |
| Graves Disease | |
| Morbus Basedow | |
| | |
| Autoimmune Hemolytic Anemia | |
| Autoimmune Thrombocytopenia Purpura | |
| | |
| Autoimmune Myocarditis | |
| | |
| Multiple Sclerosis | |
| | |
| Guillain-Barré Syndrome | |
| | |
| Fibromyalgia | Y Shoenfeld |
| | |
| Chronic Fatigue Syndrome | |
| | |
| Polychondritis | JC Piette |