

Introduction

OMERACT 6: International Consensus Conference on Outcome Measures in Rheumatology

OMERACT — Outcome Measures in Rheumatology Clinical Trials — should now be almost a “core” rheumatology term. The organization that held the first meeting in Maastricht, The Netherlands, in 1992 has grown from strength to strength, and this series of articles summarizes the work presented at the sixth meeting held on the Gold Coast, Queensland, Australia, from April 11 to 14, 2002.

OMERACT represents an informal international network, including working groups, and organizes meetings focusing on outcome measurement across the spectrum of rheumatology intervention studies. OMERACT strives to improve outcome measures through a data driven, iterative consensus process. OMERACT has a 5 member Organizing Committee, with members from 3 continents, as well as a 15 member Scientific Advisory Committee composed of international opinion leaders from 9 countries.

There has been substantial ongoing activity since OMERACT 5 was held in Toulouse, France, from May 4 to 7, 2000. Major meetings have been held of the Economic Outcomes Group, and we are currently involved with the Osteoarthritis Research Society International (OARSI) in planning a major meeting on outcome measures in osteoarthritis to be held later this year.

In this era of evidence-based medicine, agreement on use of standardized endpoints, which have been shown to be responsive to change, is extremely important. This allows different studies to be compared and contrasted and the results combined to provide the best available estimates of benefit and safety of interventions. It also provides the basis for “best” practice to maximize the opportunity of improving the health of populations with musculoskeletal disease. OMERACT has a great opportunity to link in with the Bone and Joint Decade initiative in distributing these outcome measures not only to rheumatologists but the wide range of health professionals involved in the Decade.

There continue to be close links with the Cochrane Collaboration in musculoskeletal disease, since standardization of validated endpoints and designation of minimal clinically important differences for both benefit and adverse effects are critical for meaningful systemic systematic reviews and the ability to combine results from different studies in metaanalyses.

OMERACT 6 was attended by 125 participants from 17 countries. This OMERACT departed from tradition in a number of ways. The most exciting change was that we

involved patients in a workshop on patient perspectives. We also focussed this time on 2 major modules — Economics and Imaging (magnetic resonance imaging, MRI) and held smaller workshops in parallel.

The workshop on patient perspectives, which was coordinated by John Kirwan, was a tremendous success. Some 20 patients from around the world attended this workshop and contributed to a number of the other sessions. A significant amount of work had been done prior to OMERACT 6 on patient perspectives and there were exciting presentations from Tore Kvien and Turid Heiberg summarizing patient perspectives in outcome assessments. Sarah Hewlett and Rod Hughes presented data on rheumatology outcomes from the patient perspective, demonstrating how often these are different from what health professionals think. It is likely that this group will continue as an active and increasing participant at subsequent OMERACT meetings and provide a new and exciting perspective for outcome measures in rheumatology trials.

The major modules on economic evaluations and on imaging (MRI) were also a tremendous credit to background work done by the ongoing working groups led by Sherine Gabriel and John Edmonds. Michael Drummond and Bernie O’Brien were involved in a pre-OMERACT workshop on economics in rheumatology, which went extraordinarily well and set the scene for the OMERACT meeting. During OMERACT 6 the OMERACT-ILAR guidelines for economic evaluations in rheumatology were presented.

John Edmonds masterfully organized the imaging (MRI) module and this group has again completed an enormous task in bringing together various groups involved in MRI methodology and outcome measures. During the meeting this group presented the OMERACT-MRI score, which will now be taken forward into a number of clinical trials.

The parallel workshops worked reasonably well although there were some concerns that the small numbers attending meant that voting and consensus achievement were somewhat difficult. Désirée van der Heijde and John Sharp presented the workshop on imaging (repair), where there was a clear feeling that repair could occur in patients with rheumatoid arthritis.

The workshop on minimal clinically important differences (MCID), which was run by George Wells, further developed the concept of MCID and how it might be used in outcome studies.

Dan Furst had one of the hardest jobs, pulling together a range of outcome measures in systemic sclerosis. This group has certainly set a research agenda for the future and we look forward to further discussions.

The workshop on osteoarthritis (OA), run by Maxime Dougados and Thasia Woodworth, again presented a research agenda for OA. This group carefully reviewed the OARSI set of responder criteria and established a template to be further debated at the OMERACT/OARSI workshop on OA endpoints to be held in Washington in November 2002.

Although slightly smaller than previous OMERACT, the meeting was again a great success. There was general agreement that the research agenda requires ongoing work by appropriate task forces that are working extraordinarily hard towards OMERACT 7 and the future.

As with previous meetings, we would like to thank the many individuals who have contributed to making OMERACT 6 a success. We also take this opportunity to thank our corporate sponsors for their ongoing support of the OMERACT process and for their input into both content and financial matters to ensure the continuity of OMERACT. OMERACT committee members and sponsors are listed in the Acknowledgments. We look forward to working with the Scientific Advisory Committee and the

business advisory committees to ensure broad input into the future OMERACT agenda and look forward to seeing past, present, and new “OMERACTers” at OMERACT 7, which will be held in California early in 2004.

PETER BROOKS, MD, FRACP,
Chair, OMERACT 6,
Faculty of Health Sciences,
University of Queensland, Brisbane, Australia,
E-mail: p.brook@mailbox.uq.edu.au

PETER TUGWELL, MD, MSc, FRCPC,
Department of Medicine,
University of Ottawa, Ottawa, Ontario Canada;

C. VIBEKE STRAND, MD,
School of Medicine,
Stanford University,
Stanford, California, USA;

LEE SIMON, MD,
US Food and Drug Administration,
Rockville, Maryland, USA;

MAARTEN BOERS, MD, MSc, PhD,
Department of Clinical Epidemiology,
VU University Hospital,
Amsterdam, The Netherlands.

Address reprint requests to Dr. Brooks.

Papers presented at the OMERACT 6 Conference,
Gold Coast, Queensland, Australia, April 11–14, 2002.

- Part 1: Patient Perspectives and Economics
- Part 2: MCID/Low Disease Activity State
- Part 3: Magnetic Resonance Imaging
- Part 4: Outcome Measures for Clinical Trials: Systemic Sclerosis and Osteoarthritis

Parts 2 to 4 will appear in the May, June, and July issues of *The Journal*.