



Participants at OMERACT 7 May 12th–16th, 2004

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OMERACT 7 — 7th International Consensus Conference on Outcome Measures in Rheumatology Clinical Trials

OMERACT represents an informal international network of working groups. OMERACT meetings focus on outcome measurement across randomized controlled trials and longitudinal observational studies to improve outcome measures through a data-driven, iterative consensus process. The 5 members of the Organizing Committee are from 3 continents, and the 15 member Scientific Advisory Committee comprises international opinion leaders from 9 countries.

OMERACT 7 was the first meeting to be convened in the United States; the meeting site was chosen to facilitate informal interaction and consensus development. Situated along the Pacific Coast between Monterey and Carmel, Asilomar was a YWCA camp in the early 1900s and is now a “preserved” California state park. This rustic site blends forest and oceanfront settings with cabins and other buildings designed in the “Craftsman style” of the early 20th century, now preserved as architectural heritage. Meetings representing academic, artistic, political, and intellectual consensus efforts are regularly convened in this unique setting, known for its natural beauty and for offering a retreat from the frequently intrusive requirements of daily life.

OMERACT 7 was the largest meeting to date, with over 250 attendees from 17 countries, and the most inclusive: a full day was added to accommodate Special Interest Groups (SIG) covering a broad range of topics. In addition to modules, module updates, and workshops, SIG met for 90 minute evening sessions designed to develop formal consensus recommendations that can be included within an independent module for presentation at future OMERACT meetings.

Attendees included an international mix of rheumatologists, clinical trialists, representatives from industry and regulatory agencies, and, importantly, patient participants (continuing an initiative from OMERACT 6). Of note, about 45% of participants had never attended an OMERACT meeting — yet they enthusiastically embraced and subsequently participated in the consensus process.

This supplement to *The Journal* summarizes the development work and consensus reached at the OMERACT 7 meeting in May 2004. However, it is important to recognize that many ongoing activities represent a variety of consensus efforts dating back as far as OMERACT 3 (Australia, 1994), as recently as OMERACT 6 (Australia, 2002), and spanning discussions held in Canada (OMERACT 2), Mexico (OMERACT 4), and France (OMERACT 5). OMERACT 7 included meetings of working groups that addressed outcome measures and definitions of remission in

rheumatoid arthritis, including imaging and synovial biopsy; outcomes and imaging in ankylosing spondylitis (ASAS); and definitions of response in psoriasis/psoriatic arthritis (GRAPPA), fibromyalgia, systemic sclerosis, and gout. As an example, discussions regarding measures of cartilage preservation in osteoarthritis are under the “OMERACT umbrella,” without formal presentations at the international meeting.

Agreement regarding standardized endpoints that are responsive to change in randomized controlled trials and longitudinal observational studies is extremely important. Standardized endpoints facilitate comparisons of outcome across trials and provide the best available estimates of benefit and safety of therapeutic interventions across differing patient populations.

Consensus processes conducted within OMERACT facilitate efforts to define and measure improvements in health outcomes across broad populations with musculoskeletal diseases. Linking efforts under the “OMERACT umbrella” with the Bone and Joint Decade initiative will help to identify important unmet needs addressing impairments in physical function and health related quality of life shared by most individuals suffering from chronic inflammatory and/or arthritic conditions.

Efforts to identify, standardize, and collect validated outcome measures, as well as to define minimal clinically important differences in patient reported outcomes have helped to translate results from randomized controlled trials into everyday clinical practice. The work of OMERACT has also facilitated definitions of clinically meaningful changes, especially in the context of metaanalyses conducted under the Cochrane Collaboration. One of the most exciting accomplishments of OMERACT 7 was the continuing involvement of 25 patients from around the world who helped to define outcome measures and treatment associated changes they consider meaningful, i.e., incorporating the “patient perspective.”

As with previous OMERACT meetings, we would like to thank the numerous individuals who helped make OMERACT 7 a success, especially Liz Lacasse, of the OMERACT Secretariat in Ottawa, for her hard work and tireless devotion. We also take this opportunity to thank our corporate sponsors for their support of the OMERACT process to ensure its continuity. OMERACT committee members and sponsors are listed in the Acknowledgments. We look forward to working with the Scientific and Business Advisory Committees to ensure continued broad input into future

OMERACT agendas and to seeing past, present, and new “OMERACTers” at OMERACT 8, which will be held in Malta in 2006.

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Articles presented at OMERACT 7 Conference
Asilomar, California, May 8-12, 2004

Modules

- Minimal Disease Activity for RA
- OMERACT Working Group on Safety
- Ankylosing Spondylitis: Imaging

Workshops

- Patient Perspective in Outcome Measurement
- Outcome Measures in Psoriatic Arthritis
- Outcome Measures in Fibromyalgia Syndrome

Special Interest Groups

- Concomitant Therapies
- Gout
- Measurement of Erosion Size/JSN
- Magnetic Resonance Imaging
- Psychoeducational Self-Management Interventions
- Reconciling Subject Differences in RCT
- Synovial Tissue
- Ultrasound Imaging
- Vasculitis

Parts 2 and 3 will appear in the November and December issues of *The Journal*.
