



## METEOR Newsletter

Number 3, April 2008

### In this newsletter:

METEOR ready to use  
Benefit of disease activity measurement  
IT-background

### Agenda

**12 June 2008,**  
METEOR meeting during Eular in  
Room 242A 17:00 - 18:30



Welcome to our new METEOR Newsletter!

I am very pleased to announce that the METEOR software tool is ready to use!  
The software has been approved and can now be installed in hospitals.  
Rheumatologists all over Europe will be able to undertake regular monitoring of disease activity in RA patients with simple measurement tools that do not require dedicated time to complete.  
METEOR will provide rheumatologists with integrated data from peers that can be used as a benchmark.  
Do rheumatologists in Ireland for instance treat their patients in the same way as rheumatologists in France?  
What if you compare treatment in the United Kingdom with that in the Netherlands?  
Which treatment is the most effective?  
The METEOR benchmark database will give you a clear answer.

In January 2008 the LUMC was the first hospital that started using METEOR.  
And now we are ready to implement METEOR in all participating countries and in every interested hospital.  
In order to roll out we need the support of all of you, METEOR members!

How can you obtain this Internet based tool?  
Mail your request with the name of your hospital to: [info@METEORfoundation.com](mailto:info@METEORfoundation.com).

Together we will aim to improve the existing treatment for patients with rheumatoid arthritis.

Ferry Breedveld

### METEOR Project

The METEOR project is supervised by the Merit Foundation.  
The Foundation and the members of its board and of the executive committee are guided by the principle of academic collaboration.  
The Foundation is an international organization without commercial interest.

### METEOR is secure

"I have sought advice around the security of Meteor and I am satisfied that it is secure for the purpose it will be used."  
**David Parker, Information Governance Manager Aintree Hospital, Liverpool, U.K.**

*Read more on the following page.*

### METEOR in everyday practice

"The most striking feature is that my patients also love METEOR!"

*Read more on the following page.*

### What's more

- **Data transfer with METEOR is secure**
- **Josef Smolen and Paul Emery new METEOR board members**
- **Introduction Cédric Lukas**
- **METEOR during Eular**
- **How to apply**



## Custom made software

My focus during the development of the METEOR application was the rheumatologist' point of view. Which instruments should be included, what is the best way to visualize this, what is the most user-friendly way to enter the data.

A lot of attention has been paid to make the application linked to usual clinical practice.

### Drugs module

The drugs module for instance was a challenge. We developed this module as close as possible to writing a prescription: the drug type, the drug package, how many tablets, the dose, the interval (daily, weekly), the start date, the stop date and the reason for stopping.

### Graphs

The graphics display should be attractive to visualize the data.

Moreover it should provide the opportunity to show it to your patients, but also to the referring doctor.

On the other hand we faced the limitation of what you are able to show in one graph.

The possibility to select your own variables from a pull down menu is in my view a nice solution.

### Benchmark report

Which data do most rheumatologists like having direct access to?

The choice was difficult and the lay-out even more so.

We solved this by providing a possibility to compare your own data with those of the central database as well as with other selected comparators (e.g. your own country).

In my opinion the effort was worth it: we have a very attractive application which is easy to use.

There will always be room for improvement, which will be done on a continuous basis.

Now it is time for implementation in clinical practice and to learn from your experience!



Désirée van der Heijde

Professor in  
rheumatology in  
Leiden University  
Hospital and  
member of the  
METEOR board



Tom Huizinga

Head of the Rheumatology  
department of the Leiden  
University Hospital  
and member of the  
METEOR board

## METEOR in everyday practice

During the last five years, a number of my patients were included in studies like BeSt and Prompt in which I discovered the enormous benefits of treatment decisions based on an objective disease activity measurement. This motivated me repeatedly to use a handheld "DAS"-calculator or the website DAS-calculator. Nevertheless I always stopped doing so after a couple of weeks because it was cumbersome and it took too much time in busy clinical practice.

### Easy to use

This strongly motivated me to be involved in a device that would make my work easier and at the same time fulfilled my needs.

In January the METEOR device became available.

The most striking feature is that my patients love it! They actively pointed to joints that I forgot to investigate and their "DAS"-score became obviously important for them. Like in the old days patients were asking about their latest sedimentation rate.

Despite the fact that I was never able to consequently do a DAS before, this is now the first time that I keep using the METEOR device.

### Future

Apart from my current enthusiasm I look forward even more to the future.

METEOR allows me to benchmark myself which should be quite informative.

### Patient partner

Patients will be able to access their personal record remotely to complete the HAQ questionnaire.

This allows a close rheumatologist-patient relationship.

## IT background

We have developed the Meteor application to be fully Internet based and browser independent.

Implementing the system requires very limited involvement of your local IT department.

A PC with Internet, capable of running a secure connection (https://) is all that is needed.

### International environment

Meteor is designed to run in an international environment, coping with all security and confidentiality issues of the various countries. The set-up is similar to many other research related databases in Europe where follow up studies with patient data is critical. The system runs in a secure hosted environment.

### Highest level of data security

Meteor uses a number schema of your choice to identify the patient, but optionally allows you to also identify the patient using patient name and address. Name and address (and other patient identifying information) is encrypted. No one except you (and the hospital administrator) is able to decrypt the identifying information. Details of the encryption and other security measures are available via Meteor.



Karel van Lambalgen

IT director Leiden University  
Hospital  
and member of the METEOR  
board



## Benefit of disease activity measurement

We, who care for patients with rheumatoid arthritis, live in exciting times: we had and have the privilege to witness therapeutic advances that we probably did not dare to dream of even just a dozen years ago. And we also had the privilege to witness advances in the clinical care of our patients: composite disease activity scores did not only allow for progress in clinical trial design and analysis, they have made it into routine patient care. Moreover, in the context of studies like TICORA and BeSt they have allowed us to test the success of strategies aiming at reduction of disease activity and outcome.

### Improvement in patient care

Following RA patients optimally may be much easier with the use of a database which allows assessments and therapeutic decision making in real time. At our Clinics, we have had experience using a clinical database for many years, and this has garnered improvement in patient care and comparison of outcomes quality between our clinics. Such quality benchmarks are important in our ambition to further improve the fate of RA.

### International level

METEOR carries such opportunity to an international level and for every centre. It enables the ability to follow one's own patients thoroughly and reliably, but it also allows one to obtain information on the therapeutic success in other centres, namely by seeing the mean activity indices or functional scores of the combined residual clinics. Thus, within the interaction between the professional and the patient, the therapeutic aims, the current state and the international state can be elucidated and patient and physician motivated to deliver and receive the best care. We just need to do it!

Let me wish you joy and success in using METEOR!  
And if you have questions, speak to us!



Josef S. Smolen

Professor of Medicine and chairman Medical University of Vienna and chairman of Hietzing Hospital Vienna, Austria and member of the METEOR board

**David Parker,**  
Information Governance  
Manager Aintree Hospital,  
Liverpool, U.K.:

"I have sought advice around the security of Meteor and I am satisfied that it is secure for the purpose it will be used."

## Data transfer with METEOR is secure

**Robert Landewé,** associate professor in rheumatology at University Medical Center Maastricht, rheumatologist at Atrium MC Heerlen and METEOR advisor:

Lovells advised METEOR with regard to legal aspects. With over 1600 lawyers worldwide, Lovells is a top quality law company that has specialized in data protection. For each separate participating country Lovells analyzed the legal barriers.

### No specific requirements

Since the data is appropriately anonymised, it will not be considered personal data, and as a consequence data protection legislation will not be applicable for most European countries. Similarly, there is no restriction with regard to the transfer of data over the internet, and specific measures to further protect the security of the database are not necessary. Importantly, the collection of anonymised data does not require informed consent according to European legislation, which has been adopted by most participating countries. For specific information for your country contact your country lead or country coordinator.

Paul Emery is Arthritis Research Campaign Professor of Rheumatology and Head of Academic Section of Musculoskeletal Medicine in the Institute of Molecular Medicine in Leeds. He is Clinical Director (Rheumatology) at the Leeds Teaching Hospitals Trust in the United Kingdom. His research interests centre on immunopathogenesis and immunotherapy of rheumatoid arthritis and connective tissue diseases. He is a member of the METEOR board.



Esther Reinhard

Director business management of division 2 in Leiden University Hospital and treasurer of the METEOR board

## Finance

METEOR is a not for profit organization with a commitment to the long-term improved monitoring of patients with RA.

### Free of charge

METEOR is free of charge to make it possible for every hospital in every country to use the application.

### Independent

Although Wyeth is our only sponsor at this moment METEOR is independent and can act independently. METEOR is in the process of obtaining other funds.





**12 June 2008,**  
**Welcome to the METEOR meeting during Eular in Room 242A**  
Time: 17:00 - 18:30 hour

**Please visit the METEOR stand during Eular  
on the 3<sup>rd</sup> floor booth B1.**

#### 4 questions to Cédric Lukas

**1. Who is Cédric Lukas?**

With a clinical background (I was trained as a rheumatologist in France), well grounded in clinical epidemiology, skilled in statistics and good at IT matters, I will analyze the METEOR database according to projects selected or promoted by the Executive Scientific Committee.

**2. What is your role in promoting METEOR?**

As "face of METEOR", I will present the application to interested rheumatologists, trying to convince them about the advantages their patients can expect from this innovation.

**3. What is the key to success for METEOR?**

METEOR has been designed by rheumatologists for rheumatologists. Capture of patient data can be done during the examination, together with the patient, and does not require additional dedicated time. Recording of outcomes over time and visually observing progress on his screen will help the physician with setting goals and motivating his patient in coping with his disease and treatment. The dedicated secured internet access of the patient to his personal record, which allows the patient to complete his HAQ score remotely on his personal computer at home, will improve his follow-up in increasing the number and precision of evaluations. All these features should eventually result in an enhanced follow-up of the patients.

**4. What is your goal for 2008?**

My goal for this year will be to convince as many rheumatologists as possible that METEOR will not only help them in daily clinical practice, but also improve their performance in managing their patients with rheumatoid arthritis, who should consequently benefit from this change in the standard of care of their usual doctor, who will become part of the front runner-network!



Cédric Lukas

Rheumatologist and  
medical director of METEOR



Anne Marie Korevaar

Coordinator METEOR project

Please mail your reaction to:  
A.H.M.Korevaar-van\_Dam@lumc.nl

#### How to apply

Interested in METEOR?

1. Appoint a METEOR administrator in your hospital.
2. Send an email to Anne Marie Korevaar (A.H.M.Korevaar-van\_Dam@lumc.nl) with
  1. The exact name of the hospital and
  2. The name and email address of the administrator
3. The administrator in close collaboration with Anne Marie will
  1. Deploy the METEOR application in your hospital
  2. Add users, groups and profiles
4. The administrator will provide all users their
  1. Log in name
  2. Pass word
  3. Encryption key

#### Colophon

METEOR Newsletters will be published three times a year in April, August and December.

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**Contact**

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