

PRINTO PROJECTS

COUNTRIES	PRINTO member/ centres	MTX trial	Quality of life in JCACHAQ/ CHQ
Australia	1/1		
Austria	2/2	1	21
Belgium	4/3	9	9
Brazil	8/7	6	26
Bulgaria	1/1		
Chile	1/1		20
Croatia	1/1		21
Czech Republic	7/5	7	23
Denmark	3/3		101
Finland	5/3	5	25
France	9/9		267
Germany	8/7	6	24
Greece	6/4		125
Hungary	2/1		20
Ireland (North)	1/1		
Israel	7/6	4	24
Italy	25/13	102	785
Korea (South)	1/1	2	202
Latvia	1/1		
Luxembourg	1/1		
Mexico	2/2	6	144
Netherlands	6/4	23	23
Norway	7/3	12	23
Portugal	1/1		151
Russia	2/1		20
Slovakia	4/4	9	29
Spain	6/5	15	147
Sweden	3/3	6	25
Switzerland	2/2	4	4
Turkey	1/1	4	24
Un. Kingdom	11/9	72	403
Yugoslavia	1/1		20
USA	1/1	7	
Totals	140/107	300	2706

“Pediatric Rheumatology International
Trials Organisation - PRINTO”
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MARCH 2000

**Paediatric
Rheumatology
International Trials
Organisation - PRINTO**



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IV NEWSLETTER

Membership: We have now 140 effective members in 103 centres in 36 countries.

Methotrexate (MTX) trial (medium vs high dose) in the idiopathic arthritides of childhood (IAC): the goal of the trial is to assess the efficacy and safety of a 6 months course of parenteral MTX in **MEDIUM** (15 mg/m²/once a week max dose 20 mg/once a week) versus **HIGH** dose (30 mg/m²/once a week; max dose 30 mg/once a week) in children who failed a standard dose MTX (8-12.5 mg/m²/once a week for 4-6 months). **62 centres** in **20** countries have now obtained Ethics Committee approval. A total of **300 patients** have been enrolled in the screening phase with **38** patients randomised to higher dose of MTX. The trial is proceeding extremely well!!

**PLEASE REMEMBER TO RECRUIT
EVERY PATIENTS
NEWLY STARTED
ON METHOTREXATE!!**

Quality of life project in the IAC - the Childhood Health Assessment Questionnaire (CHAQ) and the Child Health Questionnaire (CHQ): goal of the project is to cross-cultural adapt and validate the CHAQ and CHQ in all languages of the PRINTO members. This will constitute the starting point for standardised functional, physical and psychosocial assessment in future clinical trials in the pediatric rheumatic diseases. The project is proceeding very well with the translations completed in **32** countries and **2706** patients collected. Next phase will be data collection for 60 healthy children and 60 children with JCA to be completed by

MARCH 31, 2000,

to allow publication on Clin Exp Rheumatol by the end of year 2000.

NEWS FROM THE PAEDIATRIC RHEUMATOLOGY EUROPEAN SOCIETY (PRES)

To young investigators in the field of JIA

Dear colleagues,

With the founding of PRES (Paediatric Rheumatology European Society) we now have the opportunity to *foster* research in a more professional way. One of our aims is to stimulate young researchers in the field of JIA to collaborate with each other and to present their scientific work during *the scientific* meetings of PRES. This initiative is not only of importance for young investigators, but *research in JIA may be* stimulated overall by their contribution.

The first possibility to organize a “young investigators session” is on the *occasion of the VIIth European Pediatric Rheumatology Congress in Geneva (September 23-27, 2000)*. During this congress we will organize a special session for young investigators to present their work. The best abstract will be awarded with a special “young investigators award” and will be honored during the meeting. The award will be a sum of money consisting of 300 Euros. The age limit will be thirty-five years.

The abstracts are to be sent to the secretary of the congress. The young investigator has to use the official abstract form. There will be 3 boxes to be ticked:

- Oral presentation or abstract
- Abstract
- Young investigator

Next to the last box there will be a box for the “year of birth”. If your abstract is not selected for oral presentation, there is always a chance that your abstract will be selected for a poster.

Youth is our future, so I want to invite all young investigators working in the field of JIA *to participate in the next* congress.

Please send in your abstracts!

With kind regards,
Prof. Wietse Kuis, MD PhD
