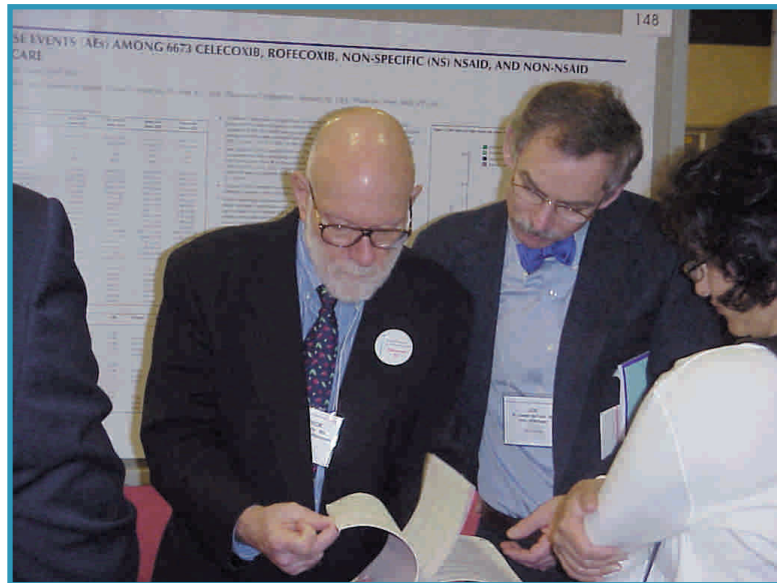


Why ask about quality of life (QOL)? One important reason to ask is to determine how much any treatment improves (or worsens) QOL. We can then measure how much it costs to improve quality of life. We can also compare costs and effectiveness across a number of illnesses. For example, we could compare the cost-effectiveness of a new arthritis treatment with the cost-effectiveness of a new heart or kidney drug. With such information all of us, including governments and insurance companies, could obtain an actual view of how much it costs to improve health and quality of life.

Rationing of treatments is occurring in many European countries where governments decide about treatment effectiveness. But it is also occurring in the US as insurance companies place restrictions on treatments based on their views of how much benefit can occur with each treatment. NDB research over the next few years will be directed toward providing important answers to the cost-effectiveness of treatment question. We appreciate your help.

NEWS FROM THE NDB STAFF: ACR MASTER AWARD TO DR. FREDRICK WOLFE

Dr. Frederick Wolfe, the National Data Bank for Rheumatic Diseases director, was awarded the American College of Rheumatology (ACR) Master award at the 2001 ACR annual meeting for his work in rheumatoid arthritis, osteoarthritis and fibromyalgia research. This award is given annually to few rheumatologists who have made continuing and important contributions to rheumatology. Dr. Wolfe was also the recipient of the ACR 1995 Distinguished Rheumatologist Award. In the photo to the right, he (center) is shown discussing research results with a rheumatology colleague at the annual ACR meeting.



Dr. Frederick Wolfe discussing research results at the annual ACR meeting (center)

NEW EMPLOYEE KEEPS RESEARCH HOPPING

We are pleased to welcome **Kaleb Michaud** to the National Databank for Rheumatic Diseases. Kaleb, who was diagnosed with JRA by Dr. Wolfe 24 years ago, is a native Kansan working as Dr. Wolfe's research assistant and statistician. He has a BS in Physics and Astronomy from the University of Rochester, and is currently a physics doctoral candidate at Stanford University. Besides doing research he enjoys music, watching football, and helping his family with their rabbit farm (the bunnies are really cute!).

FOR MORE INFORMATION OR TO PARTICIPATE

Arthritis Research Center Foundation, Inc.
1035 North Emporia • Suite 288,
Wichita, KS • 67214
Director -- Fredrick Wolfe, MD
Executive Director -- Kathleen Urbansky
please call 1-800-323-5871 ext. 133
or email info@arthritis-research.org

THE Arthritis Research NEWSLETTER

January 2002

ONLINE AT LAST...

This year, for the first time, the National Data Bank (NDB) is going on the Internet. A number of you have written to us asking about filling out questionnaires electronically, and we have finally pulled together all the pieces to make it work.

How to participate. In December we sent an email to all of you who had given us your email address. In the email we gave you a place to click on (a URL). When you do that the computer will take you directly to our web site where you can fill out your questionnaire.

If you didn't receive an email from us and would like to complete the questionnaire on the web rather than using the paper form, please check our website www.arthritis-research.org for instructions on how to access it.

Important concerns about your privacy. The questionnaire and email process is absolutely private and secure. We will never give your email address to anyone. Never means never. When you access our web site you will do so with a special code we will send to you. Only you will have that code and therefore only you can see your data. For those of you who still may have concerns, we have installed a full range of security measures so that no one can break into the web site and get at the data.

When you use the web questionnaire, all of the information that we have about you that doesn't usually change will be on your screen. You won't have to enter it again.

The advantage of web entry. It's easier and faster. Here's why...

Advantage 1: When you use the web questionnaire, information that we have about you that doesn't usually change will be on your screen. You won't have to enter it again unless it needs to be updated or corrected.

Advantage 2: Depending on your answers, the computer program will skip unnecessary questions. The result is an easier, faster questionnaire.

Advantage 3: Although it's best to complete the questionnaire at one sitting, if you want to stop and come back, our computers will remember where you left off and start up again at that same place.

Advantage 4: Using a mouse or keyboard is usually easier than writing. This results in a faster, easier questionnaire too.

If you have questions we will be available to support you. Please email us at info@arthritis-research.org, or call us at 800-323-5871 if you have any questions. Still, not everyone finds computers to be fun. So if you prefer the paper questionnaires, please continue to use them.

KINERET® APPROVED BY FDA AND RELEASED FOR RA TREATMENT

In November 2001 the US Food and Drug Administration (FDA) approved a new class of drug for the treatment of rheumatoid arthritis (RA). Kineret® (generic name: Anakinra) is an IL-1 receptor antagonist. IL-1 is a body chemical (cytokine) that is a key element in RA inflammation. When released, IL-1 attaches itself to a *receptor* on cells in joints and other sites and causes the pain, swelling and laboratory changes that are seen in RA as shown in Figure 1. Under ordinary circumstances the body has another compound that keeps IL-1 under control, a substance called IL-1 receptor antagonist (IL-1ra). IL-1ra works by filling the receptor sites on cells so that IL-1 cannot attach to the cells and cannot cause inflammation.

Kineret is a man-made IL-1 receptor antagonist. When injected in the body, Kineret fills the IL-1 receptor sites and thereby prevents IL-1 from causing RA inflammation. IL-1 and TNF- α work in similar ways to cause inflammation, but Remicade® and Enbrel® block TNF- α and Kineret blocks IL-1. When used for rheumatoid arthritis, clinical trials in more than 2,932 persons have shown that Kineret regularly reduces pain, swelling and inflammation. Interestingly, Kineret also appears to slow down bone deterioration and to retard RA changes that can be seen on X-rays.

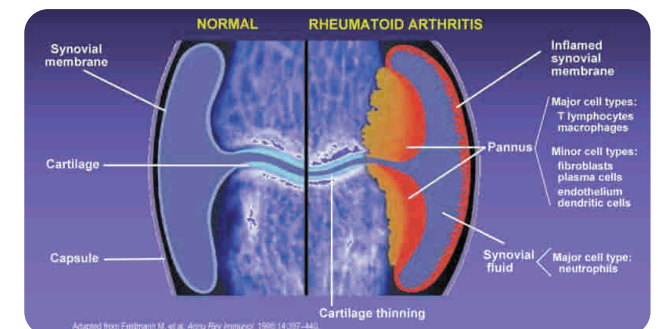


FIGURE 1

National Databank
for Rheumatic Diseases
Arthritis Research
Center Foundation, Inc.

***Don't forget to send us your e-mail address for the new on-line surveys.**