

COPCORD Special Interest Group Meeting, APLAR 2019, Brisbane

Date & Time: TUESDAY 9TH APRIL 2019: 1615 – 1845 HRS

Report Prepared by: Arvind Chopra, MD, DNB, FRCP
APLAR COPCORD Coordinator

Preamble: The meeting was attended by 53 representatives from 20 countries. Dr Chopra chaired the meeting and introduced the subject and its agenda (already circulated and submitted to APLAR). To the best of knowledge, COPCORD is the only predominant epidemiologic program in the region and has been active since 1980s soon after its inception by the ILAR and WHO. It has a rich legacy with several COPCORD personnel having occupied the highest executive positions in APLAR. Amongst the World wide membership of 27 countries, 14 COPCORD countries are the APLAR and completed well defined population survey (Stage I) to measure pain and arthritis, and disability. Very few countries have further completed programs to impart health education and identify risk factors, and execute preventive measures (Stages II and III). Probably, the most productive long term COPCORD is ongoing in village Bhigwan India since 1996 and has provided a foundation for an initiative to gather India data from over 17 widespread locations. China and Iran have also completed COPCORD in several sites. Overall, there is a fair coverage of urban and rural sites.

In the earlier years, a seed fund of USD5000/- was provided by APLAR to begin COPCORD survey but the practise discontinued over the last 2 decades or so. APLAR continues to support COPCORD through research proposals. APLAR has continuously encouraged COPCORD through a regional COPCORD co-ordinator nominated by the executive committee and is non-voting member in the executive committee.

An Overview of Presentations and Discussions: One participant (marked a-priori by the country) from each COPCORD country and non-COPCORD country was invited to provide comments and suggestions based on the agenda and any other related issue. Slide presentations were made by several members. Dr Atiquel Haq Sayed, President APLAR attended the meeting. Several other APLAR EC members also attended- namely Dr Rohini Handa, Dr S Tanaka, Dr W Luthrenoo, Dr S Farman, Dr

Nazrul Islam, Dr X Zeng. Overall the mood was indeed encouraging and conducive to engage the APLAR EC and revitalize the COPCORD activities. Member after member extolled the virtues of COPCORD and its service to the community.

COPCORD was much beyond epidemiology. In essence it promotes clinical rheumatology. The members were pleased to note the ad-hoc formation of a COPCORD SIG. The overlap nature of this SIG vis a vis other SIG was also referred to. The chair encouraged long term COPCORD studies driven by a research protocol and a professional interdisciplinary team of rheumatologists and health professionals. Several regions in APLAR were still under-recognized and sub served and could well be the future COPCORD targets.

Meeting Objectives:

- 1) To get to know the COPCORD investigators, both past and potential, and set up a network.
- 2) To discuss the current issues and strategy to revamp the COPCORD in the region.
- 3) To lay a new road map of likely COPCORD based research.

AGENDA

1. Review the achievements of COPCORD in the region.
2. Review the current feasibility and application of COPCORD in the region.
3. Identify newer countries in the region for COPCORD (to begin with population survey).
4. How best can we move beyond Stage I COPCORD in the region.
5. Recognize the potential COPCORD-based/driven research studies proposed in the meeting.
6. Identify COPCORD as the main contender of epidemiology in the region.
7. Explore the usefulness of COPCORD beyond its core objectives and shined in the doctrine.
8. Establish a Core COPCORD Group for the region and define its operational role.
9. Propose a format of COPCORD sessions in the future APLAR Congress meetings.
10. Begin a COPCORD website based Blog for seamless information and communication.

DISCUSSION (D), RESOLUTIONS (R) AND SOLUTIONS (S)- AN OVERALL VIEW

- 1) Review the achievements of COPCORD in the region (D).
 - a. Several more countries need to complete COPCORD survey (R).
 - b. Identify Key person, Reach out, Assist in Application for Fund using research protocol (S).
- 2) Review the current feasibility and application of COPCORD in the region (D).
 - a. COPCORD is highly relevant and feasible in the region (R).
 - b. Sensitization and Dissemination of COPCORD through media , website and personal contacts (S).
- 3) How best can we move beyond Stage I COPCORD in the region (D).
 - a. Encourage past and future COPCORD to build in reasonable follow up phase for risk factors and incidence, and health education (R).
 - b. Mandatory requirement in all new proposals for COPCORD survey with possible increased funds (S).
- 4) Recognize the potential COPCORD-based/driven research studies proposed in the meeting (D)
 - a. Encourage COPCORD driven causality (ethnic, environment, gene) and risk factor research studies using COPCORD platform (R).
 - b. To facilitate new investigators, the COPCORD Co-ordinator will set up an expert COPCORD cell (S). The experts will be drawn from epidemiology, preventive and social medicine, biostatistics, bioinformatics, previous completed COPCORD.
 - c. A COPCORD workshop should be conducted during the annual APLAR meeting under the auspices of the APLAR (S).
 - d. Encourage PhD in the COPCORD setting on this aspect and consider modest grant to the candidate by the APLAR (S).
- 5) Identify COPCORD as the main contender of epidemiology in the region (D).

- a. COPCORD is the epidemiology tool in APLAR with demonstrated usefulness (R).
 - b. Set up a COPCORD SIG with wider terms of reference and executive, and representation from APLAR under the Chair of COPCORD Co-ordinator (S).
- 6) Explore the usefulness of COPCORD beyond its core objectives as enshrined in the doctrine (D).
- a. COPCORD role and scope is much beyond a population survey and the current terms and references of a conventional SIG (R).
 - b. A comprehensive note detailing this concept will be prepared and submitted to APLAR EC (Facilitator: Dr Chopra) (S).
- 7) Establish a Core COPCORD Group for the region and define its operational role (D, R, S). The current co-ordinator will liaise with the APLAR EC (S).
- 8) Every APLAR Congress must have a mainstream COPCORD session (D, R).
- a. APLAR Co-ordinator to liaise with APLAR EC and set up a mechanism to send inputs to Congress Scientific Committee (S).
- 9) There is an important need for a more comprehensive COPCORD website to reflect COPCORD in the region (D,R).
- a. APLAR EC should consider providing a funds to update and maintain the existing COPCORD website (S) (Action by: Dr Arvind Chopra, Pune).
- 10) COPCORD based Blog for seamless information and communication and a feeder for COPCORD website (D, R).
- a. Dr Arvind Chopra, Pune and his team to nest this blog in the current COPCORD website and inform all the members and APLAR (S).
- 11) Current availability of funds for COPCORD surveys and research is inadequate (D, R).
- a. The APLAR Co-ordinator needs to work closely with the APLAR EC to strengthen the current system of evaluation of COPCORD linked proposals, enhance the budgetary allocations and further explore newer sources for COPCORD funds (S).

12) There is a need to better define the above ‘Deliverables’ and ‘Timelines’ (D, R).

- a. The APLAR COPCORD Co-ordinator will liaise with the current participants and APLAR EC to push forward progress on the above resolutions and action items (S).

CONCLUSION: COPCORD is an important initiative in the APLAR and other than collecting data on pain, disability and arthritis has served several other functions mostly connected with health education and promoting rheumatology. APLAR should show case the achievements of COPCORD wherever possible and continue to encourage its growth and development. The APLAR COPCORD co-ordinator has several functions to perform and will need administrative support and some funds to streamline the operational role. The SIG meeting of COPCORD in APLAR 2019 was overwhelming in its membership, attendance and discussion on the future strategy and agenda. The immediate action proposed is to increase the visibility of APLAR COPCORD through workshops and academic platforms in APLAR meetings. Newer COPCORD research proposals will be encouraged. The COPCORD website ought to be updated and a viable network for easy and productive communication with COPCORD investigators is required. Dr Arvind Chopra, the current APLAR COPCORD co-ordinator will closely liaise with APLAR Executive Committee and President Dr Atiq-ul Haq Sayed in particular to bring about the much needed change in the APLAR COPCORD so as to serve the community better as per its original doctrine.
