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EUGOGO – PAST, PRESENT AND FUTURE

During the VIth International Symposium on Graves' Ophthalmopathy held in Amsterdam in November 1998 it was realized that only limited and slow progress was made in better understanding and managing this peculiar thyroid eye disease. The idea arose that progress could be sped up by combining forces. And so EUGOGO (European Group On Graves' Orbitopathy) was founded in 1999 by 9 European groups who had a long experience in managing GO patients in a multidisciplinary setting (as evident from combined thyroid-eye clinics), had a track record in clinical research in GO, and acted as large regional or national referral centres for GO. *EUGOGO objectives* are to contribute towards understanding the pathogenesis of GO and improving the management of patients through collaborative scientific basic and clinical research, and to contribute towards education, teaching and training of health professionals involved in the care of GO patients.

EUGOGO philosophy has always been that her goals could best be achieved by a multicentre European cooperation, a multidisciplinary approach, and the involvement of GO patients themselves.

a/ The original 9 European groups have now expanded into 16 European centres from 11 countries (Belgium, Denmark, Germany, Greece, France, Italy, Netherlands, Serbia, Switzerland, Turkey, United Kingdom). After the first two meetings in Amsterdam in 1999 and 2001, EUGOGO has managed to have two business meetings every year as of 2002 – no mean accomplishment for an organisation without real funding!

b/ Management of the orbital disease itself and of the associated thyroid disease is strongly interconnected, requiring close cooperation between internists/endocrinologists and ophthalmologists/orbital surgeons. Such a multidisciplinary approach is best guaranteed when GO patients are seen in the setting of combined thyroid-eye clinics. Its presence has therefore always been and still is an absolute criterion for EUGOGO membership. Evidence is mounting that combined thyroid-eye clinics improve patient care; they also create a favourable environment for teaching and clinical research. The prevalence of combined thyroid-eye clinics has increased significantly in Europe over the last decade.

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c/ The original disease-specific quality-of-life questionnaire called the GO-QoL was developed with the help of Dutch GO patients. The GO-QoL has now been translated in 16 languages (to be downloaded for free from www.eugogo.eu), again with the help of patients. In some centres GO patients can be consulted during the combined thyroid-eye clinics to provide their expert experience (as patients) to fellow-patients. And patients have been very instrumental to the success of the EUGOGO teaching courses (see below).

EUGOGO accomplishments in research, in teaching and education, and in organization of care are as follows.

a/ To embark on multicentre randomized clinical trials requires agreement on assessment of eye changes, validated case record forms, and validated GO-QoL translations in several languages, next to facilities for central storage of collected data. This took a few years, but in 2003 EUGOGO published a pilot study to see how many untreated GO patients the consortium could collect in a specific period of time; the results (in terms of numbers and patient mix) were instrumental in planning subsequent studies. EUGOGO is very proud it has completed two randomized clinical trials (with a sample size of $n=150$ each), which have been published in NEJM 2011 (on the benefit of selenium in mild GO) and in JCEM 2012 (on the optimal dose of intravenous methylprednisolone pulses in moderately severe GO). The sobering thought, however, is that it took 8 years for each trial from design until publication! Other published clinical studies were prospective ones on dysthyroid optic neuropathy and on surgical orbital decompression, and questionnaire studies on prednisone prophylaxis at 131I therapy for Graves' hyperthyroidism and on adverse events of high-dose steroids in GO.

b/ EUGOGO has published a highly successful book entitled "Graves' Orbitopathy. A multidisciplinary approach" in a question-and-answer format. It is written exclusively by EUGOGO members, and deals with almost every question you possibly can ask about this disease. The first edition of 2008 was sold out after 2000 copies, and the second edition released in 2010 will be succeeded by a third edition in a year or so. Another huge success are the EUGOGO teaching courses, which started in 2005 in Thessaloniki. Now we have already the 9th EUGOGO teaching course in Belgrade. In perfect alignment with our philosophy of a multidisciplinary approach, faculty but also participants of the teaching courses have been on average 50% endocrinologists and 50% ophthalmologists. The number of participants to this 2-day course is restricted as the courses turned out to be very popular and overbooked. The hallmark of our EUGOGO teaching courses are real-time investigations of real GO patients in small groups. Local GO patients volunteer to be investigated about 4-5 times by these small groups: it is very tiresome for the patients but extremely rewarding for the participants. I think these teaching courses are unique in the world, and we are very grateful to the patients for their completely altruistic involvement.

c/ With regard to the organization of care for GO patients, first we published in 2006 the results of a questionnaire survey on existing management of GO in Europe; a number of deficiencies was observed. It led to recommendations how to assess patients with GO (2006) and a consensus statement of EUGOGO on the management of GO (2008). This latter publication has become rather influential as it met worldwide approval. The last development in this area is the Amsterdam Declaration on Graves' Orbitopathy: Improving Outcomes for Thyroid Eye Disease, signed in Amsterdam in 2009 by 85 organizations (31 international and national endocrinological societies, 30 international and national ophthalmological societies, and 24 thyroid patient organizations) and published in 2010. The Amsterdam Declaration has set 5-year targets: half the time from presentation to diagnosis, half the time from diagnosis to referral to centres of excellence, optimal management of thyroid dysfunction, anti-smoking measures, improve existing research networks, and develop international collaborative research.

EUGOGO challenges for the future. So far, basic research on GO was lacking in EUGOGO, but recent funding to some EUGOGO members is going to change this. Clinical research continues, and will be needed even more in the near future in view of many promising new treatment modalities with biologicals. But the time period of 8 years before meaningful results are obtained in randomized clinical trials, is too long and unacceptable. One solution could be to expand the group size of EUGOGO in order to reach much faster the required sample size of clinical trials, but how should this be done without jeopardizing group cohesion and effectiveness, not to speak of inherent financial difficulties? Selection of topics for the few trials we are capable to do, will be an issue. Involvement of patients at this point may again be helpful: at the Newcastle meeting in 2014 prediction of GO and psychological support were the two topics that were assigned the highest priority for further research by patients. And we have to see if the targets of the Amsterdam Declaration will be reached. If so, a significant improvement in the quality of care for GO patients can be expected.