

Global Remission Coalition Advocacy Roundtable

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Introduction

In June 2026, during the 2026 EULAR Congress in London, United Kingdom, 38 patient advocates, health care professionals, researchers and other rheumatology stakeholders convened for a roundtable discussion hosted by the Global Remission Coalition (GRC). The meeting explored the concept of remission from a patient perspective, with particular focus on how patient priorities can complement existing clinical definitions of remission and inform future advocacy, research and policy efforts.

Neil Betteridge, Chair of the Global Remission Coalition, opened the meeting by providing an overview of the Coalition's mission and current activities. He emphasized the GRC's longstanding commitment to ensuring that patient perspectives remain central to discussions about chronic inflammatory conditions, including rheumatic diseases. While recognizing that not every patient will achieve remission, he stressed that the pursuit of remission remains an important objective and that patient-centered care should underpin this effort.

Brian Kennedy, Executive Director of the Global Alliance for Patient Access, which provides secretariat support to the GRC, provided a

brief update on the Coalition's recent activities alongside the 79th World Health Assembly in Geneva. He highlighted strong stakeholder consensus around the importance of early intervention, timely access to care and the inclusion of patient-centered outcomes in clinical and policy decision-making. He noted that while scientific advances continue to improve treatment options, health systems often struggle to deliver these innovations equitably and efficiently, creating an ongoing need for patient advocacy and policy engagement.

Discussion

Neil opened the roundtable conversation piece of the agenda by discussing the Global Remission Coalition's work on defining remission. Clinical definitions or criteria for remission may not include those things that are most important to patients. The GRC is not working to replace existing definitions of remission, but to expand that definition to ensure that when remission is discussed in the clinic and elsewhere, that it is inclusive of those things that are most important to patients, such as pain, fatigue and quality-of-life. He introduced the GRC's collaboration with OMERACT, a network of clinical researchers and

patient research partners looking at outcome measures in rheumatology, to provide patient perspectives on remission in rheumatic diseases. OMERACT is managing a research stream to collect patient perspectives on remission, and the GRC is partnering with OMERACT to provide additional stakeholder input and then to transform the research findings into advocacy collateral, political action, and change at the national level. Neil shared that the three central elements of a patient-centered definition of remission as uncovered by OMERACT are: pain, fatigue and independence.

Neil then opened the floor for discussion, encouraging participants to contribute on both the existing set of three remission priorities as identified by OMERACT, and on ideas for further socializing this work moving forward.

Expanding Definitions of Remission

Participants broadly agreed that existing clinical definitions of remission do not always fully capture the outcomes that matter most to people living with chronic inflammatory conditions. While clinical measures remain important, participants emphasized that remission should also reflect patients' ability to live fulfilling, independent lives and maintain wellbeing.

The discussion was framed around three patient-centered priorities – pain, fatigue and independence – identified through OMERACT's research on remission. Participants agreed that these themes resonate strongly with patient experiences and are closely interconnected. Improvements in one area often influence outcomes in the others, reinforcing the need for a holistic understanding of remission.

At the same time, participants suggested that additional dimensions should be considered. Mental health emerged as a particularly important consideration, given its relationship with pain, fatigue, self-management and overall quality of life. Social participation, sleep quality, treatment

burden and financial impacts were also identified as factors that influence how patients experience remission and disease control.

Several participants emphasized that remission should not be understood solely as the absence of disease activity, but also as the ability to function effectively in daily life. Independence was described as encompassing a person's capacity to participate in work, family life and social activities, and to make choices about how they live their lives.

Recognizing Differences Across Conditions and Contexts

Participants noted that priorities may vary across diseases and patient populations. For some conditions, symptoms beyond pain, fatigue and independence may warrant specific consideration when discussing remission. For example, in psoriatic arthritis, skin clearance is a very important remission measure for patients. Likewise, personal circumstances, social support systems, and cultural and geographic contexts can shape how patients define meaningful treatment outcomes.

The discussion highlighted particular challenges faced by people living with chronic inflammatory conditions in low- and middle-income countries. Limited access to diagnosis, treatment and specialist care often means that achieving clinical remission may be less attainable, making the pursuit of remission and prevention of disease progression especially important goals. Participants also noted that financial independence can be directly affected by disease activity, particularly in settings where social protections, disability related support or paid sick leave are limited.

Beyond Biological Remission

Participants discussed the distinction between biological measures of disease control and the broader impact of disease on patients' lives. While suppression of disease activity remains a central

treatment objective, participants emphasized that successful disease management should also address the ongoing effects of chronic conditions on daily functioning and wellbeing.

Pain and fatigue were repeatedly identified as key concerns, but participants noted that these experiences are often influenced by other factors, including sleep quality, mental health, co-morbidities and life-stage considerations. Sleep disturbances were highlighted as both a consequence of disease activity and a contributor to worsening symptoms, suggesting the importance of considering sleep as part of broader remission discussions.

Women's health considerations also emerged as an important theme. Participants discussed the relationship between chronic inflammatory conditions and menopause, as well as the ways in which hormonal changes can influence pain, fatigue, sleep and overall disease burden.

The Pursuit of Remission

A recurring theme throughout the discussion was the importance of viewing remission as an ongoing pursuit rather than a binary outcome. Participants agreed that focusing exclusively on whether remission has been achieved may overlook meaningful improvements in disease control, quality of life and patient wellbeing.

The concept of pursuing remission was viewed as particularly relevant in health systems where access barriers, delayed diagnoses or limited treatment options may make remission difficult to attain. Participants emphasized that health care systems should support ambitious treatment goals while also promoting incremental progress and improvements in disease management.

There was also discussion about how remission is measured within health systems (for example by NICE, in England). Participants noted that shorter-term treatment milestones may not always capture meaningful progress toward remission and suggested that intermediate measures of disease control could help better reflect patient journeys and treatment realities.

Conclusions

Neil Betteridge concluded the discussion by reaffirming the Global Remission Coalition's commitment to ensuring that patient perspectives remain central to conversations about remission. He summarized that participants in the meeting seemed to broadly support ongoing efforts to build upon existing clinical definitions by incorporating outcomes that better reflect lived experience and quality of life. Neil closed the meeting, noting that there was strong consensus that pain, fatigue and independence provide an important foundation for a patient-centered understanding of remission, but that related issues such as mental health, sleep, social participation and financial wellbeing are also very important. He indicated that the path forward for the Global Remission Coalition in advancing this work around the definition of remission will include engagement with a wide range of stakeholders, including patient advocates, health care professionals, researchers and policymakers.



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