

REPORT AND MINUTES OF THE 12TH ASIF COUNCIL MEETING, HELD IN MOSCOW, RUSSIA, 6-8 October, 2016.

(DRAFT)



"Moscow"

Thursday, October 6, 2016

Delegates arrived in Moscow and after being met in at the airports, were transferred to the conference hotel, the Sheraton Palace. There were no formal activities arranged for the day so delegates, particularly those who had arrived before today, were free to explore Moscow.

A dinner was held at the hotel in the evening. ASIF President Seoirse Smith and Aleksey Sitalo, President of the host Russian Ankylosing Spondylitis Association, welcomed delegates to Moscow and the 12th ASIF Council Meeting. It was an opportunity for delegates, observers and guests to reacquaint themselves with old friends and meet new ones.



Red Square and the walls of the Kremlin

Friday, October 7, 2016.

After breakfast and an informal mingling over coffee, the President called the meeting to order. Aleksey Sitalo, pictured below, again welcomed delegates, observers and guests from nineteen countries to Moscow and the Council Meeting.



Introduction of Delegates and Observers.

The President led a round-the-table introduction of delegates and observers

Acceptance of the Minutes of the previous Council Meeting.

Following introductions, the Report and Minutes of the 11th Council Meeting, held in Sofia, Bulgaria on 6-8 October, 2014 were presented for acceptance.

On a motion duly proposed, seconded and unanimously carried, the Minutes of the 11th Council Meeting were approved as presented. There were no matters arising from the Minutes.

President's Report – Seoirse Smith.

Seoirse opened his remarks by thanking Zhivko Yankov and the Bulgarian Ankylosing Spondylitis Patient Society for hosting the previous Council Meeting and Aleksey Sitalo and the Russian Ankylosing Spondylitis Association for hosting this one.



Seoirse Smith, outgoing president, right, leads a press conference.

Seoirse reported that the ASIF Executive Committee meets regularly, nearly every month, via Skype conferences. Over the past two years ASIF has further built connections with EULAR PARE and had booths at the EULAR conferences in Rome in 2015 and London in 2016. He noted the importance of ASIF in being involved in the global arthritis community and in working with other patient groups, where relationships have started with IFPA (the International Federation of Psoriasis Associations, EFCCA (European Federation of Crohn's and Ulcerative Colitis Associations) and AGORA (the name of an association of Southern European Rheumatology Associations). These relationships will be developed in the future. ASIF is also working with pharmaceutical industry partners, relationships that will also be strengthened in the future.

As to ASIF's future, Seoirse said that it will get better and quicker in dealing with next steps on projects and in relationships. He noted that ASIF has been invited by Novartis International AG, a Swiss pharmaceutical company, to assist in guiding the ATLAS project (a project to map the prevalence of AS in European countries) and that also he had been invited to contribute to the Oxford Textbook on Axial Spondyloarthritis, Edited by Robert Inman and Joachim Sieper, which was published on 18 October, 2016 by Oxford University Press.

Acknowledging that there is more to do on several levels, Seoirse nevertheless advised that ASIF does have priorities and is following through on them.

As a last note, Seoirse said of himself and the Secretary retiring from the Executive Committee that it is a good thing for ASIF to see new blood and get new ideas on the committee.

Treasurer's Report – Hedley Hamilton.

Seoirse advised delegates that ASIF has hired a professional treasurer, Simon Frost (United Kingdom), while Hedley noted that we also have a professional auditor, Justino Romão (Portugal).

Hedley presented the accounts for the fiscal years 2014 and 2015 noting that because of the professional treasurer and auditor the accounts now look different.

A copy of the Report and Accounts for the year-ended December 31, 2015 is available from the Treasurer upon request.

Following his presentation of the financial statements, Hedley commentated that ASIF is not doing enough for its members and for awareness of our disease. He noted that to move forward, ASIF must hire someone full or part-time to do the work. ASIF has the funds on hand to do this plus it has a business plan which it has taken to its pharmaceutical company partners for funding. For the future, two industry partners have given funding for 2016 and both have committed funding in 2017, but this is only two out of six. We need to engage the other four partners. What we decide in this meeting is important because it will lead to funded projects.

There was a question as to whether there was time to discuss projects for ASIF, but the answer is that there are eight projects incorporated in the business plan.

Presentation: Rehabilitation in Ankylosing Spondylitis

By Dr. Tuncay Duruöz, Professor of Medicine, Marmara University Medical School, Physical Medicine and Rehabilitation Department, Rheumatology Clinic, Istanbul, Turkey; Lecturer in Eastern Mediterranean University, Famagusta, Cyprus.

Dr. Duruöz addressed pharmaceutical and non-pharmaceutical treatments for AS, making it clear that the optimal treatment should be a combination of each and that the treatment should be patient-centred.

In the 1940s it was noted that soldiers with AS who exercised had less severe symptoms. The ASAS (Assessment of Spondyloarthritis International Society) recognized this fact in its treatment recommendations for patient education and exercise, which together are the major non-pharmaceutical treatment options. While there have been limited studies in non-pharmacological treatments, it is known that patient education improves motivation and compliance in treatment.

Dr. Duruöz referred to Prof. Dr. Ernst Feldtkeller's recommendations for living well with AS

(www.ncbi.nlm.nih.gov/pubmed/23539272) which discuss sleep, posture, carrying, diet (including



Dr Tuncay Duruöz

800-1000 IU of Vitamin D daily) and exercise. Exercise is also covered in the NASS (National Ankylosing Spondylitis Society) AS Guidebook.

Dr. Duruöz noted that exercise should be individualized according to the patient's condition and then discussed the effectiveness of AS rehabilitation. A study of 52 AS patients showed the effectiveness of in-patient rehabilitation, but effectiveness declined over time with home exercises. The conclusion was that group exercise is better than home exercise. Nevertheless, eight weeks of self-exercise also showed improvement in patients.

Do patients on biologics need to exercise? A study showed that patients on biologics and in rehabilitation were able to improve their spinal mobility. Another study of pulmonary exercise followed three groups who were home exercising. Two of the groups were then given additional exercise, walking and

swimming respectively. Those in the latter two groups did better than those who only did home exercise.

Dr. Duruöz outlined some exercises, said that spa therapy resulted in significant improvements in quality of life, recommended tai-chi and emphasised that exercise is the mainstay of non-pharmacological treatment of AS. He referred to the Cochrane Library for studies in this regard.

Dr. Duruöz's presentation ended with the comments that rehabilitation should start as soon as possible, should be patient-centred and that all AS patients should be encouraged to make exercise a lifelong habit.

Following his presentation, Dr. Duruöz led a lively question and answer session. In answer to the question about motivating patients to exercise, he offered that using Facebook and posting photos helps in motivating people to start and stay exercising. The discussion then touched on the differences in countries in their approach to physiotherapy and exercise. In some countries, physiotherapy and group exercising is free to the patient, in others not.

Debbie Cook of NASS advised that the app NASS "Back to Action" is available world-wide on the Apple App Store or Google Play, for free. The app contains exercises for mobility, cardiovascular, strength, flexibility and breathing and can be used at home or in the gym.

AS Google adwords insights – René Bräm

René gave a small presentation from SVMB on using Google adwords to increase visits to the SVMB website. For example, if you search 'Back Pain', SVMB comes up as a paid ad. Clicking on the SVMB link will then take you to a diagnostic test (in German and English) and allow you to order information on AS. The paid keywords SVMB has used are 'Back Pain', 'HLA-B27' and 'Iritis'. Since starting to use adwords in Google in 2012, SVMB's website has had over 30,000 page views.

Usually there is a cost for adwords, but in the case of NGOs, Google pays a grant to cover the cost.

In view of the fact that the meeting was running ahead of schedule, following René's presentation, there was a general discussion on matters of interest to members. Highlights included:

Bina Liekens (Belgium): would like Patient Partners in Arthritis, a program active in Belgium and Canada, to present at the next Council Meeting. Patient Partners is a very effective physician education and training program, using a

hands-on approach with patients with Spondyloarthritis and rheumatoid arthritis.

Debbie Cook (U.K.): commenting on early diagnosis, Debbie advised that NASS is educating ophthalmologists and GI specialists on AS and is also working with the Collage of General Practitioners on two education modules that can reach 50,000 health care professionals.

The discussion was followed by lunch and a networking opportunity.

Presentation: 10th International Congress on Spondyloarthritis

By Margaret Lewington, Physiotherapist, Australia.

Margaret attended the 10th International Congress on Spondyloarthritis in Gent, Belgium on September 15-17, 2016 and reported as follows.



There was a lot of basic science at the Congress, showing what is new in research and providing key learnings on peripheral problems with AS. There were questions about what is happening in research, a search for solutions in drugs and personalized medication. There was also discussion on the effectiveness of anti-TNF drugs and now IL-17 drugs. In terms of IL-17

drugs, much is happening. Watch this space! Generally, doctors are excited about new drugs.

Another topic was whether early diagnosis of AS is leading to a better life and whether exercise, without drugs, can help with quality of life issues.

In terms of public health, the issues of pain management and chronic pain were addressed. A discussion around fibromyalgia looked at its symptoms which are common to many conditions, resulting in a name change for fibromyalgia to

CSS – Central Sensitization Syndrome. The big question is how to manage chronic pain? It is hoped that rheumatologists don't just diagnose fibromyalgia/CSS without treating it.

Other topics covered at the Congress were: Are new drugs in fact more

effective than old ones? The cost of drugs and treatments. The cost of screening, as MRIs are much more expensive than genetic testing. Lastly, it was noted that rheumatologists have to find time to talk to their patients about exercise and disease education.

Margaret also addressed exercise and AS. She is the co-author of a paper on AS and Exercise, "Exercise for Ankylosing Spondylitis: An evidence-based consensus statement." Janet Millner, et al, published in Seminars in Arthritis and Rheumatism ([www.semearthritisorheumatism.com/article/S0049-0172\(15\)00201-2/abstract](http://www.semearthritisorheumatism.com/article/S0049-0172(15)00201-2/abstract))

Margaret referred to another just published paper, "Behaviour change intervention increases physical activity, spinal mobility and quality of life in adults with Ankylosing Spondylitis: a randomised trial." Tom O'Dwyer, et al. [http://www.journalofphysiotherapy.com/article/S1836-9553\(16\)30092-3/abstract](http://www.journalofphysiotherapy.com/article/S1836-9553(16)30092-3/abstract)

The minimum exercise daily is 30 minutes. After a six week exercise program patients showed an improvement in all indications. The goal is to normalize activity as part of one's daily routine. If this happens, most AS patients can continue alone with their own exercise.

Presentation: Overcoming Myths and Misconceptions of Biosimilars
By Prof. João Gonçalves Professor of Immunology and Biotechnology,
University of Lisbon, Portugal.

Prof. Gonçalves set the scene for his presentation by advising that he has worked on biologic drugs for over 20 years. We are now seeing biosimilars that are potentially cheaper than and as efficacious as biologics. Patients should know what a biosimilar is, its quality and why should they switch to one.

There are going to be a lot of biosimilars in the future as the patents on the major biologics expire. This allows other companies with new methods and technology to enter the market. There are a number of issues as biosimilars come to market. WHO speaks of the rational use of medicines. EULAR states that all anti-TNF drugs have a similar efficacy. However, there is a different access to biologics in different countries. In higher GDP countries biologics are available. In poorer countries they are not. We need to change the picture on

access. Biosimilars are cheaper and represent an opportunity to give access to biologics in poorer countries. And, for example in Portugal, the savings from biosimilars are being used in other needed health care areas.

Biosimilars have been used in Europe since 2006. The discount from the price of the originator biologic has been about 30%. While the economics of biosimilars is clear, there is a need to introduce the patient into the equation. With 50 different biosimilars being developed, patients need to know that they are high quality. The biologic drug's molecule is very complex and it used to be said that 'the process (of manufacture) makes the product', implying that it is difficult to make a biosimilar. This saying is not true anymore because 'quality by design' can make a similar product. In their manufacture, biosimilars are compared to their originator at every stage of the process and they should fall within the variability of batch-to-batch production of the originator drug.

A new biosimilar undergoes an examination of molecular characterisation compared to the originator biologic. Proof that the biosimilar has the same characteristics as the originator biologic reduces the need for extensive clinical trials.

It should be noted that every variation in a biosimilar must fall within the variation of the originator biologic. With technological improvements this testing is far more accurate than it used to be. The sensitivity of an evaluation of a biosimilar is 10 million times better than 15 years ago!

It should also be noted that the codes of amino acids are exactly the same between biologics and biosimilars.

Following his discussion of the characterization of biosimilars, Prof. Gonçalves turned to the issue of extrapolation. This means that if an originator biologic works for RA and is also indicated for AS and IBD, then the biosimilar can be indicated for AS and IBD as well. At present there is insufficient data to confirm the use of biosimilars in rheumatology. The question becomes if switching to a biosimilar, can my body take the biosimilar without producing anti-bodies? (The body tries to generate anti-bodies to counter the 'invasion' of a biologic drug.) The answer is found in pharmacokinetics (the study of drug absorption, distribution, metabolism, and excretion) and pharmacodynamics (the study of the biochemical and physiological effects of drugs and the mechanisms of their actions) and points to biologics and their biosimilars being so similar that the body cannot differentiate between them.

Should patients be concerned about being switched and when should they be switched? The ACR has produced a position paper on biosimilars. Generally, Prof. Gonçalves noted that any (biological) naïve patient can start on a biosimilar, and any patient who is stable on an originator biologic can be switched. Switching should be avoided where there are contraindications.

A more difficult question at this time is how to choose and switch between several biosimilars of the same biologic? We do not know the answer because there have been no studies of this type of switching.

In summary, Prof. Gonçalves said that patients should not be afraid of biosimilars.

But they should be vigilant about them, questioning their physician about them and switches to or between them. In addition there should be continuous pharmacovigilance of biosimilars and each of the manufacturers should have a pharmacovigilance plan. Biosimilars present a path to better access to necessary treatments. Patient organizations should fill the communications gap about them and ensure that patients are not afraid of them. Prof. Gonçalves finished his presentation with a quote from John Maynard Keynes *“The difficulty lies not so much in developing new ideas as in escaping from old ones.”*

Workshops

Following a coffee, stretching and network break, attendees broke into four groups for workshops on the topics below. Each group rotated through each workshop over the course of the next two hours.

1. The role of ASIF: what is its future? Led by Zhivko Yankov.
2. Awareness and branding: what can ASIF do to create more awareness of Ankylosing Spondylitis? Led by Raj Mahapatra.
3. Does ASIF need committees on (1) branding, (2) social media, (3) scientific matters? Led by Seoirse Smith.
4. ASIF member sharing: what can you share with other members and what would you like to be shared with you? Led by Hedley Hamilton.

The workshops finished at 5:30 pm so their summaries were held over until the following day.

The rest of the day was given over to free and networking time, with a private

dinner at 7:00 pm.

Saturday, October 8, 2016.

After breakfast, the day started with the formal business of the Council Meeting.

Vote on Amendments to the Constitution.

Prior to the Council Meeting, all members had been provided with a copy of the draft of the new proposed constitution and a rationale for adopting it. The draft is attached as Schedule A. The draft is a form of bye-laws that conforms to the requirements of the Charity Commission in the United Kingdom, customized to ASIF's needs by the Executive Committee. It is the intention of ASIF to register as a charity in the U.K. if the new constitution is adopted.

There were no questions or discussion about the proposed constitution. Accordingly, a motion was moved "To adopt the new Constitution as presented to the Council Meeting". The motion was duly proposed, seconded and carried unanimously.

Election of Executive Committee Members.

It was noted that Executive Committee members elected at this Council Meeting will become Trustees of ASIF once ASIF and the new constitution are registered as a charity.

Standing for election were:

Zhivko Yankov (Bulgaria); Ruta Grigiene (Lithuania); Tuncay Duruöz (Turkey); Hedley Hamilton (U.K.); Raj Mahapatra (U.K.); Andri Phoka (Cyprus); Lee Seung-Ho (South Korea).

A motion to "Accept the named candidates (as above) for election to the Executive Committee" was properly proposed, seconded and unanimously carried.

Election of Officers.

Nominated as Officers were:

President: Zhivko Yankov (Bulgaria)

Secretary: Andri Phoka (Cyprus) and Lee Seung-Ho (South Korea)

Treasurer: Hedley Hamilton (U.K.)

A motion to “Accept the unopposed candidates for President and Treasurer” was duly proposed, secondly and unanimously carried.

A motion to “Accept a candidate for Secretary subject to a secret ballot of the Council Meeting” was duly proposed, seconded and carried unanimously. By a majority vote, Andri Phoka (Cyprus) was elected Secretary.



The new ASIF Executive Committee, Left to Right, Seung-ho Lee, South Korea; Dr. Tuncay Duruöz, Turkey; Ruta Grigiene, Lithuania; Zhivko Yankov, President, Bulgaria; Raj Mahapatra, United Kingdom; Hedley Hamilton, Treasurer, United Kingdom. Not shown is Andri Phoka, Secretary, Cyprus.



Antar Dhwani Logo

Approval of new Member: India.

Applying for membership was AntarDhwani, an Indian Ankylosing Spondylitis Patient Organization based in Ahmedabad, Gujarat. Antardhwani was founded on 1 November, 2014 by Pranit Banthia and has grown to over 800 members. The organization is supported by High-Tech Outsourcing Services LLP.

We were pleased that Pranit Banthia was able to join the Council Meeting via Skype to present AntarDhwani's application for membership. Pranit explained that AntarDhwani seeks to empower people across India affected by Ankylosing Spondylitis with education, awareness and resources to help them manage their disease better and live a healthy life.

A motion "To approve the application of AntarDhwani for membership of ASIF" was duly proposed, seconded and unanimously carried. Welcome AntarDhwani!

Presentation and Panel Discussion "Optimizing relationships with pharmaceutical companies"

By David Palacios (Novartis) and Natasha de Payrecave (UCB).

For the first time ASIF had invited representatives from its sponsoring pharmaceutical companies to attend the Council Meeting as observers and to participate in a presentation and panel discussion.

David Palacios provided a presentation first, followed by a discussion in which he was joined by Natasha.

David started by saying that Novartis is inspired by patients and its core principal is to understand patients' experiences and needs. He then outlined the necessary steps to go through to request a funding grant from an industry partner. First, there should be a request letter on the patient organization's letterhead. This letter should describe the patient organization, providing brief but pertinent information to understanding the organization's background,

structure, mission and accomplishments. The letter should also provide a description of the project or event, and its objectives, for which the funding is requested.

Second, a budget for the project or event must be included. This should be quite detailed, clearly showing major expenses and the categories into which they fall.

David went on to speak about the Novartis approach to grants (from which Novartis is moving away) and to partnership funding (to which Novartis is increasingly attracted). The difference is that grants mean no interaction from Novartis while partnership funding means the company and the patient organization work together because neither one can complete the project alone.

The overall message of optimizing relationships with industry partners is the



need for the corporate partner and the patient organization to clarify expectations, be clear about objectives, be transparent, be mutually respectful, show a willingness to learn from each other and focus on co-creation.

The panel discussion saw David and Natasha responding to or engaging with delegates over a number of questions. Debbie Cook (U.K.) pleaded for not abandoning grants, pointing out that the partnership with pharmaceutical companies is not only a financial one but a relationship which requires patient organizations to be responsible for accounting for any grants. Seoirse Smith (Ireland) commented that the relationship additionally must be about capabilities. In responding to these comments, David and Natasha said that for grants, the patient organization must have a robust application. They added that sustainable funding can be done for a period of, say, three years if the project warrants it. In such a case the funding request would be reviewed annually before instalments are paid. Zhivko Yankov (Bulgaria) asked about funding of projects that may be important to the patient organization but not to the industry partner. An answer is that both parties need to have open discussions about priorities in order to reduce situations like this.

Following the discussion there was a coffee and networking break.

Presentation: The state of treatment of Ankylosing Spondylitis in the Russian Federation

By Dr. Tatianna Dubinina.

Dr. Dubinina started her talk by advising what the prevalence of AS is in Russia, which has a population of 146.5 million. There are 89,000 known AS patients receiving treatment, but epidemiologic studies point to 146,000 Russians with AS, a prevalence rate of 0.1%.

Primary care for AS patients is with doctors, where they may be referred to a rheumatologist. Secondary care is offered at hospitals, trauma and orthopedic centres and rheumatology departments. There is also high tech care offered at centres of genetic engineering where biologic agent injection and infusion clinics are offered.

The main hospital for AS is the V.A. Nasonova Research Institute of Rheumatology, where 25,000 people have been treated. The treatment problem for Russian AS patients though is the lack of specialists. There are 1,700 rheumatologists in Russia, concentrated in urban areas. This, combined with low awareness of AS amongst doctors, means that the average time to diagnosis is seven years. In the first two years of disease, only 33.6% of patients are diagnosed, while 43% of patients needed ten doctor visits to get their diagnosis.

Dr. Dubinina outlined three problems in treating patients and in helping them cope with their disease: giving them objective information; raising their motivation to follow their doctor's advice; raising their responsibility for self-management of their disease. To help solve these problems at patient forums, 80% of the time is given to discussions between participants, and 20% to presentations. Materials are made available and exercise videos are on YouTube.

AS awareness is also created through forums for doctors. In April 2016, Russia held a Congress on SpA only.

In Russia 2,500 AS patients are on biologics. All five biologics indicated for AS are available, which begs the question as to why so few are on them? The problem seems to lie in the lack of rheumatologists, the delay in referrals to a rheumatologist and the cost of the drugs.

**Presentation: Projects of the Russian Ankylosing Spondylitis Association
By Aleksey Sitalo, President of the Russian Ankylosing Spondylitis Society.**

The Russian AS Association was formed in 2012 and has 12 departments in 12 regions to serve the approximately 90,000 Russians with AS. The Association cooperates with the Rheumatology Institute, the Russian Association of Rheumatologists, and the social councils of public health bodies. It has a website and a You Tube channel with 4,000 subscribers, a number that is increasing day by day.

Since 2013 the Association has put on ten patient forums. One area it particularly wants to help in is the children's department in hospitals where events can be held such as art workshops.

Questions about AS are forwarded to Aleksey, who can put the inquirer in touch with a doctor or provide them with information on AS. Any online information can be sent to both the patient and doctor.

The Association recognizes the need for an early diagnosis, the promotion of a healthy lifestyle and the need to try and make patient's lives easier.

ASIF is indebted to Anna Subbotina for providing English translations of the presentations of both Dr. Tianna Dubinina and Aleksey Sitalo.

Proposed dates and venues of next Annual General Meeting and Council Meeting.

Once ASIF is registered as a charity in the U.K. the Annual General Meeting date will be determined. The AGM does not have to be a face-to-face meeting but can be held by telephone conference or other electronic means.

Dr. Jieruo Gu (China) kindly offered, on behalf of the Association of Chinese AS Patients and the Medical Advisory Board of the Chinese Health Promotion Foundation, to host the next Council Meeting in Guangzhou, China. It was noted that ASIF should start working with Dr. Gu and the Association of Chinese AS Patients now on how they should present their formal proposal to host. A date for the 13th Council Meeting was not determined.

Presentations to the retiring President and Secretary.

New President Zhivko Yankov (Bulgaria) took a few minutes to present gifts to retiring President (two terms) Seoirse Smith (Ireland), and Secretary Michael Mallinson (Canada), to thank them for their dedicated services to ASIF.



President Zhivko Yankov presents Michael Mallinson with a parting gift



And Seoirse Smith

Workshop Summaries.

The business portion of the Council Meeting concluded with a summary of the workshops, presented by the workshop leaders. Learnings from these workshops will help direct ASIF's activities over the next few years.

Workshop 1. The role of ASIF: what is its purpose and future? Zhivko Yankov. The workshop optimistically looked forward 20 years to the day when there is a cure for AS and no need for ASIF!

Workshop 2. Awareness and Branding; what can ASIF do to create more awareness of AS? Raj Mahapatra.

There is a consensus that there should be one 'brand' name for our disease, but no consensus as to what that name should be! Not all countries are moving to adopt the name 'Ankylosing Spondylitis'. There was some question as to whether a single 'brand' name in fact mattered. The question is really how to create awareness and for whom? Doctors? Patients? Anyone with back pain? Can effective marketing be done to the public that would reach doctors? The workshop conclusions were that a unification of brand makes sense but is difficult to accomplish and that awareness needs to be tailored to local 'markets' to take into account local cultures.

Workshop 3. Does ASIF need committees/working groups? Seoirse Smith. The workshop decided that yes, ASIF does need committees and working groups but that they should only be active as needed and linked to ASIF's priorities.

The need for a Secretariat to manage any committees was recognised. The types of committees that may be required were Branding, Social Media, Research and Scientific matters, Funding, Member society support, Professional and other bodies.

Workshop 4. ASIF member sharing. Hedley Hamilton.

The workshop was about making knowledge available about what we (ASIF members) are doing. It was acknowledged that the ASIF website can play a large part here, particularly if it can be readily translated. There was a suggestion of a member's only private section of the website to which members can post direct.

There is a need for slide sets to be made available to each other. The sharing of other materials is useful, but proper acknowledgement of the source must always be given. There was discussion around a central app for AS which could provide for data collection and use, as long as proper security is in place. In terms of scientific news, it would be useful to distribute executive summaries in lay (understandable) language.

Following the workshop summaries, the President called for a close to the Council Meeting.

After lunch in the conference hotel, the social program commenced. Delegates and observers gathered to be bussed to the Kremlin for a tour.

At the Kremlin, everyone was split into two groups, each assigned to a tour guide. Entering the Kremlin (in English, Kremlin means fortress) via the Trinity Tower, we got to see the State Kremlin Palace (originally the Communist Party congress hall), the massive never-used Tsar's Cannon of 1586, the equally massive Tsar's Bell, Cathedral Square and to visit both the Cathedral of the Assumption and the Cathedral of the Annunciation.

Following our tour of the Kremlin, we were taken by bus to the banks of the Moscow River to board a river cruise boat for a cruise up the river and dinner, during which we were entertained by a Russian folk ensemble. Everyone fully enjoyed the cruise, the music, dancing and seeing Moscow at night from the river.



*ASIF Executive Committee, member
Delegates
and Guests in Moscow, 2016*