

and participatory [39]. Using this perspective, what we have to develop for management of rheumatoid arthritis is: better prediction of disease onset, progression, and response to treatment; a personalized therapeutic strategy; prevention of disease onset, worse outcomes, and side-effects; and participation of all rheumatologists and patients. In the future, use of genomic information [39–47] from individual patients should become important for predicting the disease and its course in each patient.

Furthermore, when thinking about the characteristics of medicine in 2020, we should include the developments of a postgenomic society, and of nanotechnology, smart IT, and enhanced performance [48]. It has been suggested that both medicine and healthcare should be incorporated into the big wave of technology investment.

In conclusion, management of RA has progressed remarkably over the last 10 years. However, there remains much for us rheumatologists to do for our patients.

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Conflict of interest H.Y. has been received speaking fee and/or consulting fee from Abbott, AstraZeneca, Bristol-Myers, Chugai Pharmaceutical, Daiichi Sankyo, Eisai, Janssen Pharmaceutical, Mitsubishi Tanabe, Otsuka Pharmaceutical, Pfizer Japan, Takeda Pharmaceutical, Teijin, and UCB. All other authors have declared no conflicts of interest.

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