of time, the highest numbers of signals were detected by FOI with 32% of joints, especially in phase 2 while by US/PD 20.7% and by clinical examination 17.5% were active. A high number of joints (21.1%) had FOI signals but were clinically inactive. 20.1% of joints with signals in FOI did not show effusion, synovial thickening or hyperperfusion by US/PD. Due to the high number of negative results specificity of FOI compared to clinical examination/US/PD was high (84–95%), sensitivity was moderate only.
Conclusions: Improvement upon treatment with either methotrexate or a biologic can be visualized by FOI. FOI and US/PD could detect clinical but also subclinical inflammation. FOI detected subclinical inflammation in higher extent than US.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.2293

OP0058 IMPROVEMENT IN PATIENT-REPORTED OUTCOMES IN PATIENTS WITH POLYARTICULAR-COURSE JUVENILE IDIOPATHIC ARTHRITIS AND INADEQUATE RESPONSE TO BIOLOGIC OR NON-BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS TREATED WITH SC ABATACEPT

N. Ruperto[1], H. Brunner[2], N. Tzaribachev[1], G. Vega-Cornejo[1], I. Louw[1], J. Anton[1], D. Viola[1], I. Foeldvari[1], V. Keltsev[1], D. Kingsbury[2], C. Wouters[1], B. Lauwerys[1], E. Alemao[3], R. Wong[3], M. Nys[4], S. Banerjee[3], A. Martini[1], D. Lovell[2]. *[1]PRINTO, Istituto Gaslini, Genoa, Italy; [2]PRCSG, CHMC, Cincinnati; [3]Bristol-Myers Squibb, Princeton, United States; [4]Bristol-Myers Squibb, Braine L'Alleud, Belgium*

Background: In patients (pts) with polyarticular-course juvenile idiopathic arthritis (pJIA), SC abatacept (ABA) 125 mg weekly has a similar pharmacokinetic profile, therapeutically equivalent efficacy and comparable safety to IV ABA 10 mg/kg every 4 weeks.[1] Although some data on paediatric pt-reported outcomes (PRO) have been published for IV ABA,[2] PRO data following treatment with SC ABA have not.
Objectives: This analysis examined the effect of SC ABA treatment on PROs (activities of daily living [ADL] limitation questionnaire of parent/caregiver, childhood HAQ [CHAQ]-DI, and parent global assessment of overall pt well-being [PaGA]) in 6–17-year pts with active pJIA in a Phase III trial (NCT01844518).
Methods: Pts with pJIA aged 2–17 years with an inadequate response/intolerance to $\geq$1 DMARD were enrolled in this single-arm, open-label study and received SC ABA weekly for 4 months based on body weight tier (10–<25 kg [50 mg ABA], 25–50 kg [87.5 mg ABA] and >50 kg [125 mg ABA]). JIA-ACR 30 criteria (ACR Pediatric 30) responders at Month 4 could receive ABA for another 20 months. For the 6–17-year cohort reported here, ADL limitation questionnaire of parent/caregiver (mean [SD] number of days [D] of parental/caregiver missed activity, paid care and missed school [absolute values per month and percentage of D missed per month relative to an assumed average of 20 school D/month]); CHAQ-DI (0–3 scale across 8 domains of disability component); and PaGA (0–100 mm visual analogue scale) were evaluated.
Results: Baseline characteristics of the 173 pts with pJIA from the 6–17-year cohort were: median (min, max) age, 13.0 (6.0, 17.0) years; median (min, max) number of active joints, 10.0 (2.0, 42.0); 78.6% of pts used MTX (median dose: 11.6 mg/m^2/week); and 26.6% were with prior biologic failure. All ADL limitation components improved from baseline to D113 (Month 4); these improvements were largely maintained at D309 (Figure). Relative percentage D missed from school decreased from 15% (D1) to 5.5% (D309, Figure D). CHAQ-DI and PaGA improved from baseline to D309 (Table). Further 2-year data are pending.

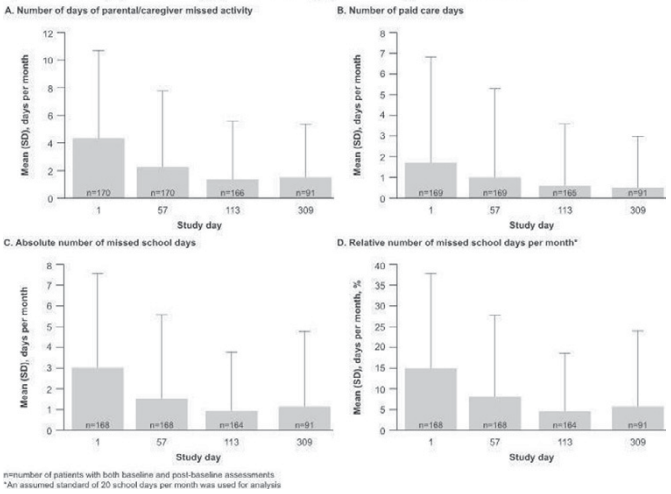
Table 1. CHAQ-DI and PaGA scores over time in the 6–17-year cohort

	Day						
	1 (n=170)	29 (n=170)	57 (n=170)	85 (n=167)	113 (n=166)	197 (n=144)	309 (n=89)
CHAQ-DI	0.99 (0.69)	0.82 (0.71)	0.73 (0.65)	0.63 (0.65)	0.61 (0.64)	0.52 (0.57)	0.46 (0.56)
PaGA (mm)	45.6 (25.97)	32.2 (24.56)	28.7 (24.58)	23.8 (23.59)	23.6 (24.32)	20.0 (23.04)	21.7 (23.58)

Data are mean (SD). For CHAQ-DI (scale 0–3) and PaGA (0–100 mm visual analogue scale), higher scores indicate greater dysfunction and lower well-being, respectively.

Conclusions: In this analysis of patients with pJIA aged 6–17 years, SC abatacept demonstrated a beneficial effect on PROs including reductions in activity limitation and disability (CHAQ-DI) and improvement in well-being (PaGA) up to D309.
References:
[1] Lovell D, et al. Arthritis Rheumatol 2016;68(suppl 10): Abstract 948.
[2] Ruperto N, et al. Arthritis Care Res 2010;62:1542–51.
Disclosure of Interest: N. Ruperto Grant/research support from: The G. Gaslini Hospital has received contributions from the following industries for the coordination activity of the PRINTO network: Bristol-Myers Squibb, GlaxoSmithKline, Hoffman-La Roche, Novartis, Pfizer,sanofi-aventis, Schwarz Biosciences, Abbott, Francesco Angelini S.P.A., Sobi, Merck Serono, Consultant for: AbbVie, Amgen, Biogen Idec, Alter, AstraZeneca, Baxalta Biosimilars, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Crescendo Bioscience, EMD Serono, Hoffman-La Roche, Italfarmaco, Janssen, MedImmune, Medac, Novartis, Novo Nordisk, Pfizer, sanofi-aventis, Servier, Takeda, UCB Biosciences GmbH, Speakers bureau: AbbVie, Amgen, Biogen Idec, Alter, AstraZeneca, Baxalta Biosimilars, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Crescendo Bioscience, EMD Serono, Hoffman-La Roche, Italfarmaco, Janssen, MedImmune, Medac, Novartis, Novo Nordisk, Pfizer, sanofi-aventis, Servier, Takeda, UCB Biosciences GmbH, H. Brunner: None declared, N. Tzaribachev: None declared, G. Vega-Cornejo: None declared, I. Louw: None declared, J. Anton Grant/research support from: Bristol-Myers Squibb, Novartis, Pfizer, AbbVie, GSK, Sobi, Roche, Alexion, Sanofi, Genzyme, Consultant for: Novartis, Sobi, Roche, Gebro, Pfizer, AbbVie, Alexion, Speakers bureau: Novartis, AbbVie, Pfizer, Sobi, Roche, Gebro, D. Viola: None declared, I. Foeldvari: None declared, V. Keltsev: None declared, D. Kingsbury: None declared, C. Wouters: None declared, B. Lauwerys: None declared, E. Alemao Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, R. Wong Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, M. Nys Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, S. Banerjee Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, A. Martini: None declared, D. Lovell Grant/research support from: National Institutes of Health, NIAMS, Consultant for: AstraZeneca, Bristol-Myers Squibb, AbbVie, Pfizer, Roche, Novartis, UBC, Forest Research Institute, Horizon, Johnson & Johnson, Biogen, Takeda, Genentech, GlaxoSmithKline, Boehringer Ingelheim, Celgene, Janssen, Speakers bureau: Genentech
DOI: 10.1136/annrheumdis-2017-eular.2236

Figure. Change Over Time in Activities of Daily Living Limitation (A, Days of Parental/Caregiver Missed Activity; B, Paid Care Days; C, Missed School Days [Absolute Values]; D, Missed School Days [Relative Values]) in 6–17-Year Patients



n=number of patients with both baseline and post-baseline assessments
*An assumed standard of 20 school days per month was used for analysis

OP0059 GOLIMUMAB VERSUS TOCILIZUMAB FOR SEVERE AND REFRACTORY JUVENILE IDIOPATHIC ARTHRITIS-UVEITIS. MULTICENTER STUDY OF 33 PATIENTS

L. Domínguez Casas[1], V. Calvo-Río[1], I. Calvo[2], M. González-Fernández[2], B. López-Montesinos[2], M. Mesquida[3], A. Adán[3], M. Hernández[3], O. Maíz[4], A. Blanco[4], A. Atanes[5], B. Bravo[6], C. Modesto[7], G. Díaz-Soriano[8], M. Cordero Coma[9], D. Díaz-Valle[10], C. Fernández-Cid[11], J. Cruz[11], O. Ruiz Moreno[12], M. González-Vela[1], R. Demetrio-Pablo[1], N. Vegas-Revenga[1], C. Fernández-Díaz[1], J. Hernández[1], M. González-Gay[1], N. Palmou-Fontana[1], R. Blanco[1]. *[1]HUMV, Santander; [2]H Fe, Valencia; [3]H Clinic, Barcelona; [4]H, Donostia; [5]HUAC, A Coruña; [6]H Nieves, Granada; [7]H V d'Hebron, Barcelona; [8]H Regional Universitario, Málaga; [9]H, León; [10]H S Carlos, Madrid; [11]H, Pontevedra; [12]H Servet, Zaragoza, Spain*

Background: Uveitis is a severe manifestation of Juvenil Idiopathic Arthritis (JIA). Anti-TNFa are recommended in refractory cases, mainly infliximab (IFX) or adalimumab (ADA) (Levy-Clarke et al. Ophthalmology 2014; 121: 785–796). However, sometimes they are ineffective, contraindicated or not tolerated. The next therapeutic step is not defined.
Objectives: To compare the efficacy of Golimumab (GLM) and Tocilizumab (TCZ) in related AIJ uveitis refractory to conventional immunosuppressive drugs and anti-TNFα.
Methods: Multicenter study of 33 patients with uveitis associated-JIA. They were refractory to conventional treatment with high dose of corticosteroids and at least a) one conventional immunosuppressive drug and b) one anti-TNFa. For this reason it was decided to iniciate TCZ or GLM. TCZ was used in 25 patients: 8 mg/kg/4 w iv (n=21), 8 mg/kg/2 w (n=2); 8 mg/kg/8 w (n=1) and 2.9 mg/kg sc/w (n=1). GLM was used in 8 patients (50 mg/sc/month). We assessed visual acuity (VA), degree of intraocular inflammation, vitreous inflammation and macular thickening (with OCT). Quantitative variables were expressed with mean±SD or median [IQR], according to its distribution. They were compared with the Student t or the Mann-Whitney U test, respectively. Dichotomous variables were expressed as percentages and compared by the chi-square test.
Results: We studied 33 patients/61 affected eyes. There were no significant differences between TCZ and GLM at baseline in sex (♂/♀;4/21 vs 3/5; p=0.19), mean age (18.5±8.3 vs 19.9±8.7; p=0.55), positive ANA (95% vs 100%; p=0.7), uveitis duration before TCZ or GLM onset (116.4±93.6 vs 142.3±74.7