analysed image per patient.⁴ These small point shaped haemorrhages have also been described as hemosiderin deposits.⁵

Objectives: To describe the reliability of assessment of two subtypes in capillary haemorrhages by inter-observer agreement.

Methods: Three observers, DS (paediatric rheumatologist with experience in capillaroscopy), AN (fellow paediatric rheumatology without experience in capillaroscopy) and MB (trainee in adult rheumatology with experience in capillaroscopy), scored capillaroscopy images from patients with Raynaud's phenomenon and with cSLE. The observers were blinded for patient name and diagnosis. The number of haemorrhages were scored per subtype. Hemosiderin deposits were defined as small point-shaped extravasations surrounding the capillary apex (see image). Large haemorrhages were defined according to the Atlas of Capillaroscopy.⁶ Reliability was calculated by the intra-class correlation coefficient (ICC) with 95% confidence interval (CI). Statistical analyses was performed by IBM SPSS Statistics version 24.

Results: Two-hundred images from 50 patients (diagnosed with Raynaud's phenomenon and/or cSLE) were scored by the three independent observers. ICC for the number of capillaries with hemosiderin deposits was 0.77 (95% CI 0.69–0.82). ICC for the number of large capillary haemorrhages was 0.97 (95% CI 0.96–0.98).

Abstract AB1088 – Figure 1

Conclusions: Reliability of the observation 'hemosiderin deposits' in nailfold videocapillaroscopy was good with an ICC of 0.77. This study shows that capillary haemorrhages can be described in 2 subtypes: 'large haemorrhages' and 'hemosiderin deposits' which are small point-shaped extravasations surrounding the capillary apex.

REFERENCES:

- [1] Ingegnoli F, Herrick AL. Nailfold capillaroscopy in pediatrics. *Arthritis Care & Research* 2013;65(9): 1393–1400.
- [2] Ingegnoli F, Zeni S, Gerloni V, Fantani F. Capillaroscopic observations in childhood onset rheumatic diseases and healthy controls. *Clinical and experimental rheumatology* 2005;23(6): 905–911.
- [3] Piotto DGP, Len CA, Hilario MOE, Terreri MTRA. Nailfold capillaroscopy in children and adolescents with rheumatic diseases. *Rev Bras Reumatol* 2012;52(5):722–732.
- [4] Schonenberg-Meinema D, van den Berg JM, Nassar-Sheikh-Rashid A, de Bree GJ, Hak AE, van Onna M, Melsen K, Cutolo M, Kuijpers TW, Smith V. Capillaroscopy findings in childhood-onset systemic lupus erythematosus, a Dutch experience of 20 children and adolescents. *EULAR 2017*, poster 4704.
- [5] Meroni M, Pizzorni C, Sulli A, Rossi P, Stobbione P, Cutolo M. Selected nailfold videocapillaroscopy changes are linked to SLE-onset in a cohort of UCTD subjects. *ACR 2017*, poster 698.
- [6] Cutolo M. *Atlas of capillaroscopy in rheumatic diseases*. Milan: Elsevier;2010.

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AB1089

INVESTIGATION OF THE EFFICACY AND SAFETY OF SECUKINUMAB TREATMENT IN JUVENILE IDIOPATHIC ARTHRITIS SUBTYPES OF JUVENILE PSORIATIC AND ENTESITIS-RELATED ARTHRITIS: DESIGN OF A RANDOMISED, DOUBLE-BLIND, PLACEBO CONTROLLED, MULTICENTER STUDY

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Background: Secukinumab (AIN457), a fully human anti-interleukin-17A monoclonal antibody, has demonstrated a significant clinically meaningful efficacy on signs and symptoms, structure and function in adults with ankylosing spondylitis (AS)¹ and psoriatic arthritis (PsA)², both approved indications. These data support the proposed study in children with enthesitis-related arthritis (ERA) and juvenile psoriatic arthritis (JPsA).

Objectives: This phase 3 study will investigate the efficacy and safety of secukinumab in children ≥ 2 to < 18 years with active JPsA or ERA. The primary objective is to demonstrate that the time to flare in a double-blind placebo control treatment withdrawal part of the trial is longer with secukinumab than placebo.

Methods: Eighty biologic-naïve children with active ERA or JPsA (active ≥ 3 active joints and > 1 site of enthesitis at baseline or documented by history) will enrol into treatment period 1 and receive weekly open label s.c. secukinumab 75 or 150 mg, based on their body weight (< 50 kg or ≥ 50 kg) to maintain secukinumab blood levels equivalent to the adult 150 mg dose, for the first month then every 4 weeks thereafter. At week 12, responders (minimum JIA ACR Pedi 30 response) enter treatment period 2 and will be randomised to receive secukinumab or a matching placebo every 4 weeks. Patients enter treatment period 3 if they experience a disease flare or when the treatment period 2 closes for the entire study because the target number of flares has been reached. Upon entering treatment period 3, patients receive open-label secukinumab every 4 weeks until week 100 and then followed until week 112.

Results: The primary efficacy endpoint will be time to flare in treatment period 2. Key secondary endpoints include JIA ACR 30/50/70/90/100 response rate, total dactylitis and enthesitis counts at week 12. Safety and tolerability will be assessed throughout the study.

Conclusions: The efficacy of Secukinumab in the approved adult indications of PsA and AS support the current study design to evaluate the efficacy and safety of secukinumab treatment in children with active JPsA or ERA. The primary efficacy endpoint will be time to flare in treatment period 2. Key secondary endpoints include JIA ACR 30/50/70/90/100 response rate, total dactylitis and enthesitis counts at week 12. Safety and tolerability will be assessed throughout the study.

REFERENCES:

- [1] Baeten D, et al. *Lancet*. 2013;382(9906):1705–13
- [2] McInnes IB, et al. *Lancet*. 2015;386(9999):1137–46

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AB1090

ANALYSIS OF A COHORT OF PATIENTS ATTENDING A COMBINED OPHTHALMOLOGY- RHEUMATOLOGY CLINIC IN A TERTIARY REFERRAL CENTRE IN EGYPT

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Background: Paediatric rheumatologic diseases may have sight-threatening ocular complications including uveitis, scleritis, and retinopathy. Conversely, children presenting with uveitis, scleritis, episcleritis, or optic neuritis may have an underlying rheumatologic disease. Combined ophthalmology-rheumatology clinics can facilitate the comprehensive management of these patients.

Objectives: To describe the demographic characteristics, paediatric rheumatologic diseases distribution, paediatric ocular manifestations distribution, and active treatments in a combined ophthalmology- rheumatology clinic in a tertiary referral centre in Egypt.