When focus on RD patients, patients with older age, ANA (Anti-nuclear antibody) 80, higher Cre and TSH, and baseline positive anti-thyroïd peroxidase(TPO-Ab) or anti-thyroglobulin antibodies(Tg-Ab) have higher risk of hypothyroidism requiring treatment after adjusting confounders in Cox’s proportional hazards model (Table 2).

Table 2. Multivariate analysis in RD patients

<table>
<thead>
<tr>
<th></th>
<th>Adjusted HR [95%CI]</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.01 [1.00-1.03]</td>
<td>0.047</td>
</tr>
<tr>
<td>ANA 80</td>
<td>1.91 [1.19-3.06]</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Cre</td>
<td>1.78 [1.13-2.80]</td>
<td>0.013</td>
</tr>
<tr>
<td>Baseline TSH</td>
<td>1.12 [1.10-1.15]</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Baseline TPO-Ab or Tg-Ab</td>
<td>2.21 [1.25-3.93]</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Conclusion: Hypothyroidism with therapeutic indication is more frequent in RD patients, even if screening TSH is within normal range. We encourage active routine measurement of thyroid function tests in patients with RD, especially with above risk factors.

REFERENCES

Disclosure of Interests: Sho Fukui: None declared, Yukihiko Ikeda: None declared, Haruki Sawada: None declared, Mitsuhiro Watanabe: None declared, Ayako Koido: None declared, Rui Imai: None declared, Masayoshi Suda: None declared, Haruyuki Yanaoka: None declared, Hiromichi Tamaki: None declared, Otakar Kozela: None declared, Kenichi Yamaguchi: None declared, Mitsumasa Kishimoto Consultant for: Kyowa Hakko Kirin Co., Ltd.

Antiphospholipid syndrome (APS), Sjögren syndrome (SS), Systemic lupus erythematosus (SLE), Systemic sclerosis (SSc), Rheumatoid arthritis (RA), Psoriatic arthritis (PsA), Inflammatory bowel disease (IBD), Autoimmune hypothyroidism (AHyp), Cellul disease (CD), Diabetes mellitus type 1 (DM-1), Autoimmune hepatitis (AHeP). The most frequent PAI cases registered were RA-SS (N=23), SLE-APS (N=17), SLE-SS (N=11), RA-IBD (N=7), RA-SLE (N=5), RA-CD (N=5), SSc-SSc (N=4) and PaAIDA (N=4). In the total group of 1854 patients with AIDs, SLE with PAI was present in 41 (2.21%) patients, SS with PAI in 42 (2.26%), RA with PAI in 46 (2.48%) and APS with PAI in 23 (1.2%). Moreover, SS was present in the 4.21% of SLE patients and in the 2.48% of RA patients. In contrast, APS was present in the 6.51% of SLE patients, being de of 7.64 (17.62) years the difference between the onset of the first AID and the second AID.

In the MAS group an AHyp-SLE-APS in 2 patients was observed, as well as 1 patient with SLE-SS-AHeP, 1 with SS-RA-AHeP, 1 with RA-vasculitis-AHeP and 1 with SS-AHeP.

Conclusion: A 5.17% frequency of patients with PAI in our group of AID patients was observed, mostly women. APS, SS and SLE respectively were the diseases that most PAI showed. The most frequent association of AID diseases in PAI cases were RA-SS, APS-SLE and SS-SLE. We
CHANGING TREATMENTS AND OUTCOMES FOR JUVENILE IDIOPATHIC ARTHRITIS: INITIAL FINDINGS FROM A NEW CANADIAN INCEPTION COHORT

Jaime Guzman, Michelle Bathish, Roberta Berard, Roxana Bolaria, David Cabral, Gaëlle Chédéville, Ciaran Duffy, Kerstin Gerhold, Tommy Gerschman, Adam Huber, Jean-Philippe Proulx-Gauthier, Alan Rosenberg, Dax Rumsey, Heinrike Schmeling, Natalie Shift, Gordon Soon, Lori Tucker, Canadian Alliance of Pediatric Rheumatology Investigators, Vancouver, Canada

**Background:** Treatments for juvenile idiopathic arthritis (JIA) are changing rapidly. Healthcare providers and families require up-to-date knowledge of current treatment practices and expected outcomes to inform their decisions.

**Objectives:** To assess changes in treatment practices and outcomes for children in a new Canadian inception cohort diagnosed with JIA in 2017-2018, compared to children in the Research in Arthritis in Canadian Children emphasizing Outcomes cohort (ReACCh-Out) diagnosed in 2005-2010.

**Methods:** A new investigator-driven Canadian Alliance of Pediatric Rheumatology Investigators (CAPRI) JIA Registry was started in February 2017 to prospectively collect information on children enrolled within 3 months of JIA diagnosis. Information about disease activity, treatments, outcomes and adverse events is collected at all clinic visits. Registry data were extracted in October 2018 and clinical characteristics at presentation, use of anti-rheumatic medications, attainment of inactive disease, cJADAS10 scores and adverse events were described. Selected findings were compared to those observed in the ReACCh-Out cohort.

**Results:** A total of 166 patients enrolled a median of 6 weeks after diagnosis at 10 centres were included. Median age at diagnosis was 9 years (IQR 3, 13), 61% were female and 51% had oligoarthritis. At enrolment, 81% of current patients now attaining inactive disease within one year of diagnosis. Short-term outcomes have improved, possibly due to the putative bias of retrospective studies and the geographical differences of PAI patients.

**Disclosure of Interests:** None declared

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DOES DRUG EFFECTIVENESS OF 2ND AND 3RD TNF INHIBITORS IN PATIENTS WITH PSORIATIC ARTHRITIS DEPEND ON THE REASON FOR WITHDRAWAL FROM THE PREVIOUS TREATMENT? – RESULTS FROM THE EUROSPA RESEARCH COLLABORATION

Cecile Heegaard Brahe1, Lykke Ombjerg1, Lennart T.H. Jacobsson1, Michael Nissen1, Eirik Kristianslund1, Helman Mann1, Maria Jose Santos1, Manuel Pombo-Suarez1, Dan Nordström1, Ziga Rotar1, Björn Gudbjornsson1, Edz Dalkil1, Catalin Coderue1, Anne Gitte Loft1, Ulf Lindström1, Burkhard Moeller1, Jose Sexton1, Kare Pavelka1, Anaabela Barreiros1, Carlos Sánchez-Piedra1, Kari Eklund1, Matjaš Tomsić1, Thoravard Jon Love1, Ismael San1, Ruxandra Ionescu1, Mareen van de Sande1, Irene van der Horst-Bruinisma1, Gareth T. Jones1, Florenzo Iannone1, Brigitte Michels1, Lise Hyldstrup1, Niels Steen Krogh1, Mikkel stergaard1, Merete L. Hetland1.

**Disclosure of Interests:** None declared, Gordon Soon: None declared, Dax Rumsey: None declared, Heinrike Schmeling: Grant/research support from: F. Hoffmann-La Roche Ltd, Natalie Shift: None declared, Alan Rosenberg: None declared, Tommy Gerschman: None declared, Jean-Philippe Proulx-Gauthier: None declared, Roberta Berard: None declared, Roxana Bolaria: None declared, David Cabral: None declared, Gaëlle Chédéville: None declared, Ciaran Duffy: None declared, Kerstin Gerhold: None declared, Tommy Gerschman: None declared, Adam Huber: None declared, Jean-Philippe Proulx-Gauthier: None declared, Alan Rosenberg: None declared, Dax Rumsey: None declared, Heinrike Schmeling: Grant/research support from: F. Hoffmann-La Roche Ltd, Natalie Shift: None declared, Gordon Soon: None declared, Lori Tucker: None declared


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Table 1:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Previously reported ReACCh-Out findings</th>
<th>New CAPRI JIA registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASELINE CHARACTERISTICS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at diagnosis, median (25th, 75th)</td>
<td>9 (4, 13)</td>
<td>9 (3, 13)</td>
</tr>
<tr>
<td>PGA at enrolment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGA at enrolment</td>
<td>3 (1.7, 6.2)</td>
<td>3 (1.4, 4.0)</td>
</tr>
</tbody>
</table>

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2019-eular.5582

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**REFERENCES**


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**Figure 1:** Time to inactive disease across Canada in the new CAPRI cohort (2017-2018) and the ReACCh-Out cohort (2005-2010).
for Psoriatic Arthritis (DAPSA28) ≤4. Group comparisons were performed by Chi-square test.

**Results:** A total of 4971 patients initiating their 2nd TNFi and 1768 patients initiating their 3rd TNFi were included. Baseline characteristics are shown in the Table.

The overall retention rates for 2nd and 3rd TNFi at 12 months were 69% (67-70%) and 66% (64-68%), respectively (Figure). Corresponding retention rates for the individual registries ranged from 48-100% and 49-91%, respectively. If patients had stopped the 1st TNFi due to AE or LOE, 12-month retention rates for the 2nd TNFi were 66% and 65%, respectively. In patients who stopped the 2nd TNFi due to AE or LOE, 12-month retention rates for the 3rd TNFi treatment were 65% and 63%, respectively.

For the 2nd and 3rd TNFi, 6 months LUNDEx adjusted DAS28 remission rates were 35% and 27% (p<0.001), respectively, and for DAPSA28 remission 14% and 10% (p=0.008) (Table).

**Conclusion:** The EuroSpA Collaboration demonstrated decreasing retention and remission rates with increasing number of previous TNFi, although with only minor difference between 2nd and 3rd. Patients who had withdrawn from the previous TNFi due to LOE had retention rates and remission rates similar to those who had withdrawn due to AE.

**REFERENCES**


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