found a rather lower frequency compared with those published in the literature, possibly due to the putative bias of retrospective studies and the geographical differences of PAI patients.

Disclosure of Interests: None declared


SAT0613 CHANGING TREATMENTS AND OUTCOMES FOR JOUVENILE IDIOPATHIC ARTHRITIS: INITIAL FINDINGS FROM A NEW CANADIAN INCEPTION COHORT

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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.


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. The proportion of patients (cumulative incidence) receiving various treatments and their outcomes were estimated with Kaplan Meier survival methods.

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, subjects had a median of 2 active joints (IQR 1, 3), a Physician Global Assessment of 3 (1.5, 4) and a Parent Global Assessment of 1 (0, 3). The median cJADAS10 score was 6.5 (4, 10). Table 1 compares baseline characteristics and the cumulative incidence of medication use and inactive disease at one year after diagnosis with those observed in the ReACCh-Out cohort, diagnosed on average 10 years earlier. Figure 1 shows the Kaplan Meier curves for attainment of inactive disease.

Conclusion: In Canada, treatments for newly diagnosed patients with JIA have intensified in the last 10 years, and 35% will now start their first treatment. Little is known about the effectiveness of each TNFi because of adverse events (AE) or lack of effect (LOE). The EuroSpA Collaboration has previously demonstrated a 1-year retention rate of 77% and 6 months LUNDEx adjusted 28-joint count Disease Activity Score (DAS28) remission rates of 45% in patients with PsA initiating the first TNFi treatment. Little is known about the effectiveness of switching to a second and third TNFi in patients with PsA.

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Table 1: Characteristic Previously reported PaACCh-Out findings1 New CAPRI JIA registry

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Previously reported PaACCh-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 centiles)</td>
<td>9 (4, 13)</td>
<td>9 (3, 13)</td>
</tr>
<tr>
<td>Female sex, %</td>
<td>64</td>
<td>61</td>
</tr>
<tr>
<td>JIA categories, %</td>
<td>38</td>
<td>51</td>
</tr>
<tr>
<td>Oligoarthritis</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>RF-negative polyarthritis</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Enthesitis related arthritis</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Systemic arthritis</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Psoriatic arthritis</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>RF-positive polyarthritis</td>
<td>10</td>
<td>5</td>
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</tbody>
</table>

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Disclosure of Interests: Jaime Guzman: None declared, Michelle Ballfisch: None declared, Bobbiive, Roberta Berard: None declared, Roxana Bolaria: None declared, David Cabral: None declared, Gaëlle Chédeville: 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: None declared, Natalie Shiff: None declared, Gordon Soon: None declared, Lori Tucker: None declared


SAT0614 DOES DRUG EFFECTIVENESS OF 2ND AND 3RD TNF INHIBITORS IN PATIENTS WITH PSORIATIC ARTHRITIS DEPEND ON THE REASON FOR WITHDRAWAL FROM THE PREVIOUS TNFI – RESULTS FROM THE EUROSPA RESEARCH COLLABORATION

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1EuroSpA Research Collaboration, On behalf of the DANBIO (Denmark), ARTIS (Sweden), SCQM (Switzerland), NOR-DMARD (Norway), ATTRA (Czech Republic), Reuma.pt (Portugal), BIOBADASER (Spain), ROB-FIN (Finland), biors.si (Slovenia), ICEBIO (Iceland), TURKBIO (Turkey), RBRB (Romania), ARC (Netherlands), BSRBR-AS (United Kingdom), GISEA (Italy), Denmark

Background: Tumour necrosis factor inhibitors (TNFi) are efficacious in patients with psoriatic arthritis (PsA), but some patients switch to a different TNFi because of adverse events (AE) or lack of effect (LOE). The EuroSpA Collaboration has previously demonstrated a 1-year retention rate of 77% and 6 months LUNDEx adjusted 28-joint count Disease Activity Score (DAS28) remission rates of 45% in patients with PsA initiating the first TNFi treatment. Little is known about the effectiveness of switching to a second and third TNFi in patients with PsA.

Objectives: Firstly, to investigate retention and remission rates at 6, 12 and 24 months in patients with PsA initiating the 2nd and 3rd TNFi in clinical practice across Europe. Secondly, to investigate whether the outcomes are associated with the reason for withdrawal (AE or LOE) from the previous TNFi treatment.

Methods: Prospectively collected data on PsA patients in routine care from 12 European registries were pooled. Kaplan-Meier estimation was used to investigate TNFi retention rates. LUNDEx adjusted remission rates were calculated for DAS28<2.6 and 28 joint Disease Activity index

Disclosure of Interests: None declared, Gordon Soon: None declared, Lori Tucker: None declared


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Scientific Abstracts

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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)

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