The trade-off of methods corresponding to ASDAS
-CRP 1.3, 2.1 and 3.5 were 1.6, 3.1, and 3.7, respectively. The optimal
methods to the modified cut-off value 1.3, 2.1 and 3.5 were 2.0,
Methods: ASDAS-ESR 3.5
The main objective of this study is to determine the reliability
of the estimated optimal value of ASDAS cut-off for biological therapy initiation was
ranging from 31 to 138 among the readers when the x-ray evaluation was performed by only
Conclusion: Reliability of X-Ray SIJ in an early SpA cohort was weak among
nine experimented readers and the diagnosis of AS was subject
to a high variability. At least in doubtful cases, a central evaluation per-
formed by highly qualified readers is advisable.

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Readers as gold standard was applied, 61 patients were classified as AS
and 229, as nr-axSpa. Nevertheless, this scenario varied from 31 to 138
among the readers when the x-ray evaluation was performed by only
one reader.

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Eva Galindez:2, Eugenio de Miguel: None declared, Esperanza working group (GRESSER).
Patients with axSpa were classified as having AS if the radiographic criteria of the modified
NY criteria (presence of radiographic changes in the SIJ of at least grade II bilaterally or
as nr-axSpa. However, this scenario varied from 31 to 138 among the readers when the x-ray evaluation
was performed by only one reader.

Conclusion: The estimated optimal value of ASDAS cut-off for biological therapy initiation was
lower than the recommended BASDAI cut-off of 0.146 - 0.652 and the mean agreement was 73.7% (range: 58.7% to
90%). When the categorical opinion of X-ray sacroiliitis of at least 5
readers was gold standard was applied, 61 patients were classified as AS
and 229, as nr-axSpa. Nevertheless, this scenario varied from 31 to 138
among the readers when the x-ray evaluation was performed by only
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REFERENCES
(ASDAS): defining cut-off values for disease activity states and improve-

AB0707
RELIABILITY OF SACROILIAC JOINT RADIOGRAPHS IN THE EARLY SPONDYLOARTHRITIS ESPERANZA COHORT
Carolina Tomero1, Claudia Urrego-Laurin2, Maria Luz Garcia-Vivar2, Cristina Fernandez-Carballo1, Xavier Juanola-Roura2, Jose Francisco Garcia
Llortente3, Maria del Carmen Castro Villegas2, Beatriz Joven-Ibáñez2, Eva Galindez2, Eugenio de Miguel1.
Method: This study included 290 radiographs of the SI joints from
patients of the Esperanza early spondyloarthritis cohort. Nine readers,
blinded for the diagnosis, participated in the reliability exercise, all of
them experienced rheumatologists and members of the Spanish spondi-
larthritides working group (GRESSER). Patients with axSpa were classified
as having AS if the radiographic criteria of the modified NY criteria (pres-
ence of radiographic changes in the SIJ of at least grade II bilaterally or
as nr-axSpa. Nevertheless, this scenario varied from 31 to 138
among the readers when the x-ray evaluation was performed by only
one reader.

Conclusion: The estimated optimal value of ASDAS cut-off for biological therapy initiation was
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and 229, as nr-axSpa. Nevertheless, this scenario varied from 31 to 138
among the readers when the x-ray evaluation was performed by only
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IDENTIFYING AXIAL SPONDYLOARTHROPSIS IN THE UNITED STATES: A POSSIBLE ROLE FOR CHIROPRACTORS
Atul Deodhar1, Shireesh Bhalerao2, 1Oregon Health and Science University, Portland, United States of America; 2Equilibrium, Portland, United States of America
Background: Approximately 19% of the general population in the United States has chronic back pain (CBP), with 5%-6% of these cases classified
as inflammatory back pain (IBP).1 According to the US National Health and Nutritional Examination Survey, 15% of patients with IBP
have axial spondyloarthropathies (axSpa),2,3 which can cause irreversible struc-
tural damage in the spine, loss of function, and a decreased quality of life. The diagnosis of axSpa is commonly missed, as patients seek
care for back pain (BP) from a variety of non-rheumatology providers, including
chiropractors.4 Overall, nearly 50% of patients seek chiropractic care for BP.5 However, not much is known about the prevalence of different
types of BP (acute, chronic, IBP, and BP due to axSpa) in patients
seeking chiropractic care in the United States. A secondary objective was to investigate how frequently chiropractors refer patients with
BP to a rheumatologist.
Methods: PubMed literature searches were performed for all English lan-
guage articles published through December 2017 to determine which pro-
viders are sought by patients with BP as well as the percentage of
patients with BP being referred to a rheumatologist following chiropractic consultation. Search terms included “chiropractic,” “chiropractor,”
“axial spondyloarthropathy,” “ankylosing spondylitis,” “inflammatory back pain,”
“chronic back pain,” “acute back pain,” “low back pain,” “sacroilitis joint,”
“sacroiliac pain,” “back pain epidemiology,” “rheumatologist,” and “rheuma-
tology.” The full text of relevant articles was evaluated for specific data
and BP statistics in this care setting.