(76.4% versus 58.4%, $p = 0.001$), although sensitivities were similar at both times. EULAR/ACR criteria score ≥ 10 exhibited greater sensitivity than ACR 1997 (87.7% versus 70.5%, $p < 0.001$) at first visit, but comparable at 1-year, whereas specificity was lower at first visit (67.4% versus 83.2%, $p = 0.004$) and 1-year (58.4% versus 76.4%, $p = 0.002$). A EULAR/ACR score ≥ 13 against a score ≥ 10 , resulted in higher specificity, positive predictive value, and cut-off point accuracy. Compared to SLICC, a EULAR/ACR score ≥ 13 resulted in lower sensitivity at first visit (76.2% versus 89.3%, $p < 0.001$) and 1-year (91% versus 97.5%, $p = 0.008$), but similar specificities at both periods. When compared to ACR 1997, a EULAR/ACR total score ≥ 13 , resulted in no differences in sensitivity and specificity at both times.

Conclusion: In this cSLE population, SLICC criteria performed best at first visit and 1-year-follow-up. The adoption of a EULAR/ACR total score ≥ 13 , against the initially proposed ≥ 10 score, was most appropriate to classify cSLE in our study. Further studies are necessary to address if SLICC might allow cSLE classification earlier in disease course and be more inclusive of cSLE subjects for clinical studies.

REFERENCES

- [1] Tedeschi SK, Johnson SR, Boumpas DA, Daikh D, Dörner T, Jayne D, et al. Developing and Refining New Candidate Criteria for SLE Classification: An International Collaboration. *Arthritis Care Res (Hoboken)* 2018; 70:571-581.
- [2] Leuchten N, Hoyer A, Brinks R, Schoels M, Schneider M, Smolen J, et al. Performance of Anti-nuclear Antibodies for Classifying Systemic Lupus Erythematosus: a Systematic Literature Review and Meta-regression of Diagnostic Data. *Arthritis Care Res (Hoboken)* 2018; 70:428-438.
- [3] Aringer M, Costenbader KH, Brinks R, Boumpas D, Daikh D, Jayne D, et al. Validation of New Systemic Lupus Erythematosus Classification Criteria. In: 2018 ACR/AHNP Annual Meeting; Chicago, Illinois, 20-24 October 2018. <https://acrabstracts.org>. Accessed 24 Oct 2018.

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AB0970

LONG-TERM FOLLOW-UP OF PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS IN A MEXICAN CENTER

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Background: JIA comprises an heterogeneous group of diseases characterized by chronic arthritis, of unknown etiology, and onset age before 16. (1)

Juvenile Idiopathic Arthritis(1) is the most common chronic rheumatic disease in children, being an important cause of disability, affecting quality of life (2).

There are several subtypes of the disease, despite oligoarticular course has been described as the most frequently seen, up to 50% of JIA cases presented a polyarticular disease (4 3).

Data suggest that patients who receive early therapeutic intervention are more likely to reach clinical remission. In a systematic review, Wallace's criteria were used to determine drug remission and inactive disease. They reported 7% and 47% of patients reached remission at 1.5 and 10 years, respectively. Oligoarticular patients had a shorter time to remission, while polyarticular positive rheumatoid factor were the least likely to achieve it (5).

Mexico belongs to a group of developing countries where there is limited information about incidence, prevalence, clinical features, age and time to diagnosis, treatment, and remission of JIA patients.

Objectives: The aim of the study is to describe demographics, clinical data and long-term follow-up of a cohort of juvenile idiopathic arthritis patients in a Mexican center.

Methods: The study design was observational with no intervention, ambispective, among patients with JIA, according to ILAR criteria of pediatric rheumatology clinic from University Hospital "Dr. José Eleuterio González" over a 2-year period (2016-2018). Medical records of patients were retrospectively reviewed and collected information as demographics, age at diagnosis, disease activity, joints involved, treatment, adverse events, clinical inactivity and remission.

Figure 1

Statistical analysis was descriptive with measure of central tendency. For continuous variables, mean, median, interquartile range and standard deviation were used to present data.

Results: We enrolled 70 patients with JIA, 52 (74%) female, with a median age at diagnosis of 11.7 years. The most frequent subtype was polyarticular positive rheumatoid factor (25, 36%). Eighty adverse events were reported; 45 of special interest.

The median time to remission observed was 61 months (95% CI 43.3-78.6); 33 (47%) patients reached inactive disease (Figure 1).

Conclusion: The rates of adverse events was low, demonstrating a good safety profile of the treatment, however time to remission is greater than reported in literature.

REFERENCES

- [1] Ravelli A, Martini A. Juvenile idiopathic arthritis. *Lancet*. 2007;369(9563):767-78.
- [2] Ruperto N, Ravelli A, Levinson JE, Shear ES, Murray K, Link Tague B, et al. Long-term health outcomes and quality of life in American and Italian inception cohorts of patients with juvenile rheumatoid arthritis. II. Early predictors of outcome. *J Rheumatol [Internet]*. 1997;24(5):952-8. Available from: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=9150088
- [3] Thierry S, Fautrel B, Lemelle I, Guillemin F. Prevalence and incidence of juvenile idiopathic arthritis: A systematic review. Vol. 81, *Joint Bone Spine*. 2014. p. 112-7.
- [4] Minden K, Horneff G, Niewerth M, Seipelt E, Aringer M, Aries P, et al. The time of DMARD start in Juvenile Idiopathic Arthritis determines the likelihood of a drug-free remission in young adulthood. *Arthritis Care Res (Hoboken) [Internet]*. 2018; Available from:
- [5] Shoop-Worrall SJW, Kearsley-Fleet L, Thomson W, Verstappen SMM, Hyrich KL. How common is remission in juvenile idiopathic arthritis: A systematic review. Vol. 47, *Seminars in Arthritis and Rheumatism*. 2017. p. 331-7.

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AB0971

A CASE OF PEDIATRIC IDIOPATHIC CALCINOSIS

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Background: Calcinosis includes a rare group of disorders characterized by abnormal intracutaneous, subcutaneous, fascial or intramuscular calcium deposits. Idiopathic calcinosis is diagnosed after the exclusion of secondary forms related to trauma, abnormal calcium/phosphorus metabolic disorders, inflammatory processes, neoplasms, connective tissue diseases or renal insufficiency. There are very few cases reported, especially in childhood.

Objectives: We report the case of idiopathic calcinosis cutis in a young girl.

Methods: A 15-year-old female presented an abrupt onset of 2 painful swollen lesions on the left trochanteric region and over the posterior side