which 88% had onset of JIA before the age of 6 (all girls). Complete remission of uveitis was achieved in two patients treated with topical corticosteroids, with non-steroid anti-inflammatory medication and methotrexate used in one of the patients. Inactive uveitis was most frequently achieved with a combined therapy which included biologics. A patient suffering from uveitis and JIA was found to be significantly more likely to suffer from oligoarthritic subtype (64.5%, CI 45.4-80.8%, $p<0.001$). We determined that a positive ANA titer occurred statistically significantly more frequent in females (OR inf., CI 3.18-inf., $p=0.001$). No significant statistical difference in ANA titer was found between groups of patients who were diagnosed with rheumatologic or ocular disease before and after the age of 6 (OR 1.85, CI 0.12-29.57, $p=0.6111$) nor between different subtypes of JIA. There was no difference in time passed between the occurrence of rheumatologic and ocular manifestations (median difference =1.75 years, $W=131$, $p=0.2597$), nor between ANA titer (OR 0.57, CI 0.09-3.12, $p=0.4775$) between groups with and without ocular complications. Patients who first presented with ocular manifestations did not have a greater likelihood to develop ocular complications (OR 5.59, CI 0.51-299.98, $p=0.175$).

Conclusion: A group of female patients suffering from RF negative subtypes of JIA and uveitis, with onset occurring before the age of 6 and positive ANA was prominent. These patients were traditionally classified as different subtypes of JIA, but together, they are best described as "early onset ANA positive JIA", concurring the need for reclassification of JIA. Limited by a small number of patients, this was partly confirmed with significant statistical findings, a recurrent positive ANA titer in females with JIA and uveitis and a more frequent occurrence of uveitis in oligoarthritis. The occurrence of ocular complications was not dependent upon ANA titer, nor upon the time difference between rheumatic and ocular symptoms or their order of appearance.

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AB0996

APPLICATION OF YAMAGUCHI CRITERIA FOR CLASSIFICATION OF SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

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Background: The ILAR criteria require the presence of arthritis to classify a patient as having sJIA. The sJIA patients prior to the onset of arthritis (suspected sJIA) appeared clinically similar to patients fulfilling the ILAR criteria for sJIA.

Objectives: Children with sJIA may have a delayed onset of arthritis and it fail to fulfill the ILAR criteria for sJIA. This study was undertaken to determine whether the Yamaguchi criteria is useful in classification of child with sJIA particularly in pre-arthritis phase of illness.

Methods: Retrospective chart review all patients with a diagnosis of sJIA in Hallym University Medical Center from Feb. 2002 through April 2016.

Results: Total 73 patients were diagnosed by ILAR classification criteria. 38 boys and 35 girls formed the study cohort. There are only 20 patients who are fulfilled of ILAR criteria in sJIA.

Characteristics sJIA (n=20) suspected (n=53) Total (n=73)

Evanescent Rash 19 24

Sore throat 1 5

Lymphadenopathy 2 11

Hepatomegaly 1 11

Splenomegaly 4 10

37 patients were diagnosed with suspected sJIA due to have not an arthritis. 36 patients were presented the arthritis at the onset of sJIA. The Yamaguchi criteria was fulfilled in a higher number of patients in the study (n=44) as compared to the ILAR criteria (n=20). Among the

patients with the absence of arthritis (n=37), 25 patients fulfilled the Yamaguchi criteria. (67.5%).

ILAR criteria Yamaguchi criteria

Yamaguchi criteria fulfilled 16 28

Yamaguchi criteria not fulfilled 4 25

Total cohort 20 53

Conclusion: Overall the Yamaguchi criteria was fulfilled in a higher number of patients in the study (60.2%) as compared to the ILAR criteria (27.3%). The failure of ILAR criteria was mainly due to the absence of arthritis. The Yamaguchi criteria is more helpful to diagnosis of sJIA. The Yamaguchi criteria may be useful on early diagnosis and treatment for patient with delayed onset arthritis at onset of disease.

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AB0997

MATCHED CONTROLLED SURVEILLANCE OF TOCILIZUMAB TREATMENT FOR POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS—AN INTERIM ANALYSIS

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Background: Tocilizumab (TOC) is approved for treatment of polyarticular juvenile idiopathic arthritis (poly-JIA). Real world data are limited.

Objectives: Long-term surveillance of patients newly initiating tocilizumab treatment for at least five years compared to a cohort of patients newly initiating a comparator biologic using the BIKER-registry.

Methods: Baseline demographics, clinical characteristics and disease activity parameters as well as efficacy and safety parameters were compared between patients using TOC and a control cohort using alternative biologics. The cohorts were matched for region and date of therapy start. Efficacy outcome variables were JADAS10 and joint counts. Functional status was determined with the Childhood Health Assessment Questionnaire disability-index (CHAQ-DI). Safety assessments were based on adverse events (AE) reports.

Results: Patients starting on TOC had a longer disease duration (5.2y vs. 2.9 y; $p=0.0001$) and had TOC significantly more often as second line biologic than patients in the comparator group (80% vs 14%, $p<0.0001$). No differences could be observed regarding disease activity parameters (JADAS 10 14.7 +/- 6.4 vs 15.8 +/- 6.0) or disability (CHAQ DI 0.65 +/- 0.63 vs 0.66 +/- 0.66) at baseline. Patients treated with TOC showed a substantial response to treatment with a significant reduction in JADAS 10 from 14.7 to 5.4 ($p<0.0001$). After 6 months of TOC treatment, 40% of patients had reached JADAS minimal disease activity (MDA), 22% of patients had reached JADAS remission. Tolerability was comparable between the two cohorts, with 31 in the TOC versus 34 patients in the control cohort experiencing AE; serious AE (SAE) were documented in 3 patients in the TOC and one patient in the control cohort. The SAE in the TOC cohort were medication intoxication with suicidal intent, JIA flare, gastrointestinal infection and abdominal pain in 1 patient each. In the control cohort there were JIA flare in 2 patients and gastrointestinal infection in 1 patient. No significant differences regarding infectious AEs, cytopenias or elevated transaminases were observed. No other AE were reported more than once; no deaths occurred.

Conclusion: Comparability of efficacy was limited due to the fact that patients in the TOC cohort had longer disease duration and were more often second line biologic users. Tolerability was comparable in both cohorts. Long-term observation is ongoing.