Conclusion: We conclude that RTX is efficacious for use in severe spectrum of pSLE and is relatively safe to use even in a developing country like ours with huge infectious disease burden.

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AB1025

HARMONIZING JAPANESE VERSION OF THE CHILDHOOD HEALTH ASSESSMENT QUESTIONNAIRE (CHAQ) WITH CHAQ

Takako Miyamae^{1,2}, Yumi Tani^{1,2}, Takayuki Kishi^{1,2}, Hisashi Yamanaka³, Gurkirpal Singh^{4,5}. ¹Tokyo Women's Medical University, Pediatric Rheumatology, Institute of Rheumatology, Tokyo, Japan; ²Tokyo Women's Medical University, Department of Pediatrics, Tokyo, Japan; ³Tokyo Women's Medical University, Institute of Rheumatology, Tokyo, Japan; ⁴Stanford University, Division of Gastroenterology and Hepatology, Stanford, CA, United States of America; ⁵Institute of Clinical Outcomes Research and Education, Woodside, CA, United States of America

Background: Juvenile idiopathic arthritis (JIA) is one of the most common rheumatic diseases of childhood. The Childhood Health Assessment Questionnaire (CHAQ) is one of the most widely-used self-report questionnaires to measure patient disability and discomfort (1). The American English version of the CHAQ was previously translated into Japanese, cross-culturally adapted and validated in a cohort of healthy Japanese children and Japanese patients with JIA (2).

Objectives: To revise the Japanese version of the CHAQ (JCHAQ) to meet requirements of clinical international trials that pool data from various centers in different countries which need the same number of questions in each functional area of the CHAQ and to validate the harmonized JCHAQ with JIA patients.

Methods: The questionnaire in the JCHAQ consisted of 36 items, measuring eight functional areas: dressing and grooming, arising, eating, walking, hygiene, reach, grip, and activities, was changed to 30 items of questionnaire as each functional area has same number of questions as the original American English version after a conference among pediatric rheumatologists in US and Japan. The revised version was professionally translated from English to Japanese and reviewed by the rheumatologists for accuracy. Then, it was validated with Japanese JIA patients.

Results: A total of 42 JIA patients were enrolled in the validation: 7 systemic, 30 polyarticular/oligoarticular and 5 enthesitis related. Most patients were well controlled and the median disability index (DI) scores was 0.0, however, significant correlation was seen with VAS (Visual Analog Scale) of pain, VAS overall well-being, physician VAS, DAS (Disease Activity Score)28-ESR, and JADAS (Juvenile Arthritis Disease Activity Score)-27. All variables in the questionnaire were shown to be significant ($P < 0.001$). In comparison of two groups of disease activity, remission/mild vs. moderate/severe, both DAS28-ESR and JADAS27 showed significant correlation with DI.

Conclusion: The Harmonized JCHAQ was a reliable and valid tool for the functional assessment of children with JIA. It is more suitable for international comparison.

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AB1026

CLINICAL PRACTICE GUIDANCE FOR THE TRANSITIONAL CARE OF YOUNG PEOPLE WITH JUVENILE-ONSET RHEUMATIC DISORDERS IN JAPAN

Takako Miyamae¹, Shinji Akioka², Toru Igarashi³, Yuzaburo Inoue⁴, Motomu Hashimoto⁵, Toshihiro Matsui⁶, Susumu Nishiyama⁷, Shiro Ohshima⁸, Hiroaki Umebayashi⁹, Takahiro Yasumi¹⁰, Masaaki Mori¹¹. ¹Tokyo Women's Medical University, Pediatric Rheumatology, Institute of Rheumatology, Tokyo, Japan; ²Kyoto Prefectural University of Medicine, Department of Pediatrics, Graduate School of Medical Science, Kyoto, Japan; ³Nippon Medical School, Department of Pediatrics, Tokyo, Japan; ⁴Chiba Children's Hospital, Department of Allergy and Rheumatology, Chiba, Japan; ⁵Kyoto University, Department of Advanced Medicine for Rheumatic Diseases, Graduate School of Medicine, Kyoto, Japan; ⁶Sagamihara National Hospital, National Hospital Organization, Department of Rheumatology, Kanagawa, Japan; ⁷Kurashiki Medical Center, Rheumatic Disease Center, Okayama, Japan; ⁸Osaka Minami Medical Center, Department of Rheumatology and Allergology, Osaka, Japan; ⁹Miyagi Children's Hospital, Department of General Pediatrics, Sendai, Japan; ¹⁰Kyoto University, Department of Pediatrics, Graduate School of Medicine, Kyoto, Japan; ¹¹Tokyo Medical and Dental University, Department of Lifetime Clinical Immunology, Graduate School of Medical and Dental Sciences, Tokyo, Japan

Background: The transition from pediatric to adult healthcare systems has recently received worldwide attention, and it is "the purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented healthcare systems." In Japan, 1,000 patients with childhood-onset chronic disease reach adulthood every year, and many of them survive without serious sequelae or disabilities. The Japan Pediatric Society convened a committee of healthcare transition, summarized their statements, and the working group launched its activities in 2013.

Objectives: A clinical practice guidance for the transitional care of young people with childhood-onset rheumatic disorders has been established in Japan.

Methods: The guidance was designed to support pediatric and non-pediatric rheumatologic health care professionals make decisions about appropriate transitional health care for childhood-onset rheumatic disorders. It offered statements and recommendations addressing key clinical questions regarding transitional care proposed by leading pediatric and non-pediatric rheumatology medical experts and consisted of general core and disease-specific guidance.

Results: Category of clinical questions in the general core guidance involved the following: (1) initial statement of transitional care in rheumatology; (2) management of social life environment and public funded health care; (3) issues specific to adolescence; (4) risk management in childhood-onset rheumatic disorders; and (5) decision-making, privacy and consent, access to information, adherence to care, and preferred methods of communication, including attending to health literacy needs. In the disease-specific guidance, issues focused on each rheumatic disorder such as juvenile idiopathic arthritis, childhood-onset systemic lupus erythematosus, juvenile dermatomyositis, and Sjögren's syndrome were brought up.

Conclusion: The guidance informs policy and strategies to reach optimal outcomes in transitional care for both pediatric and non-pediatric rheumatologists based on available evidence and expert opinion.

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