Abstract AB1072 Table 1. Clinical features of patients according to the anatomical classification of uveitis.

		Anterioruveitis 21 cases (56.8%)	Intermediateuveitis 12 cases (32.4%)	Posterioruveitis 1 case (2.7%)	Panuveitis 3 cases (8.1%)	Total 37 cases (100%)
Gender	Female	9(24.3%)	6 (16.2%)	1(2.7%)	1(2.7%)	17(45.9%)
	Male	12(32.4%)	6(16.2%)	0	2 (5.4%)	20 (54%)
Ocular involvement	Unilateral	3 (8.1%)	3(8.1%)	0	1(2.7%)	7 (18.9%)
	Bilateral	18 (48.6%)	9 (24.3%)	1(2.7%)	2(5.4%)	30 (81%)
Etiology	Idiopathic	13 (35.1%)	11(29.7%)	0	2(5.4%)	26 (70.2%)
	JIA	5 (13.5%)	0	0	0	5(13.5%)
	BehcetDisease	0	1(2.7%)	0	1(2.7%)	2(5.4%)
	Sarcoidosis	1(2.7%)	0	1(2.7%)	0	2(5.4%)
	TINU	2(5.4%)	0	0	0	2(5.4%)

Disclosure of Interests: None declared

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AB1072B

THE CONSEQUENCES OF THE PROVISIONAL PAEDIATRIC RHEUMATOLOGY INTERNATIONAL TRIALS ORGANISATION JUVENILE IDIOPATHIC ARTHRITIS CLASSIFICATION CRITERIA

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Background Last year the International League of Associations for Rheumatology (ILAR) classification criteria for juvenile idiopathic arthritis (JIA), [1] were challenged by the provisional Paediatric Rheumatology International Trials Organisation (PRINTO) classification criteria.[2] Four disorders were proposed: (a) systemic JIA; (b) rheumatoid factor (RF)-positive JIA; (c) enthesitis/spondylitis-related JIA; and (d) early-onset antinuclear antibody (ANA)-positive JIA. Early-onset ANA-positive JIA is defined by: arthritis for ≥ 6 weeks, and early-onset (≤ 6 yrs), and presence of 2 positive ANA tests with a titer $\geq 1/160$ at least 3 months apart with the exclusions of having systemic JIA, RF-positive arthritis, or enthesitis/spondylitis-related JIA.

Objectives To evaluate the shifts from the original subtypes of JIA in the new disorder of early-onset ANA-positive JIA.

Methods This study used data from the international PRINTO based registry regarding pharmacovigilance in JIA called Pharmachild.[3] For this analysis we used the data of 4,165 patients completely categorized following the ILAR 'oligoarthritis', 'RF-negative polyarthritis', 'psoriatic arthritis' and 'undifferentiated JIA' (UJIA) subtypes and with complete determination of ANA status. These patients were if possible reclassified in the early-onset ANA-positive JIA according to the provisional PRINTO classification criteria.

Results Table 1 shows the characteristics of all 4,165 patients according to the ILAR criteria. Of this final set of 4165 patients, 1279 (30.7%) were ANA-positive and 957 (74.8%) classified into the PRINTO 'early onset ANA-positive JIA' category. Of these 957, 2 patients were RF-positive, which is an exclusion criterion for the 'early onset ANA-positive JIA' category and therefore were not categorized as early onset ANA-positive JIA. The female proportion was higher than in any ILAR subtype being 83.0% (793/955). The origin (ILAR categories) of the 955 patients in the 'early onset ANA-positive JIA' category consisted of 33.7% patients with persistent oligoarthritis (322/955), 24.7% (236/955) with extended oligoarthritis, 28.0% with RF-negative polyarthritis (267/955), 4.2% with psoriatic arthritis (40/955) and 9.4% with UJIA (90/955).

	Persistent OJIA	Extended OJIA	RF negative PJIA	Psoriatic arthritis	UJIA
Total number of patients, n (%)	1283 (30.8%)	663 (15.9%)	1665 (40.0%)	210 (5.0%)	344 (8.3%)
Age of disease onset, years (IQR)	4.5 (2.5-8.3)	3.7 (2.3-1.7)	6.7 (2.9-11.3)	8.6 (3.4-13.3)	5.7 (2.6-10.8)
Female, n (%)	968 (77.6%)	541 (81.6%)	1283 (77.1%)	145 (69.0%)	228 (66.3%)
ANA positive, n (%)	424 (33.0%)	293 (44.2%)	384 (23.1%)	51 (24.3%)	127 (26.9%)

Table 1. Patient characteristics (4165 patients) divided in ILAR 2001 categories; correctly determined (taking all exclusion criteria into account).
OJIA= oligoarticular JIA, PJIA= polyarticular JIA

Conclusion This study shows that of all ANA-positive JIA patients belonging to the 'oligoarthritis', 'RF-negative polyarthritis', 'psoriatic arthritis' and 'UJIA' ILAR

subtypes, 74.8% met the criteria for the PRINTO 'early onset ANA-positive' category. The female proportion was higher than in any ILAR subtype being 83.0%. This new category consists largely of 3 ILAR subtypes: persistent oligoarthritis (34%), extended oligoarthritis (25%) and RF negative polyarthritis (28%). Further studies on these provisional criteria are ongoing.

REFERENCES

- [1] Petty RE, Southwood TR, Manners P et al. International League of Associations for Rheumatology Classification of Juvenile Idiopathic Arthritis: Second Revision, Edmonton, 2001. J Rheumatol. 2014
- [2] Martini A, Ravelli A, Avcin T et al. Toward New Classification Criteria for Juvenile Idiopathic Arthritis: First Steps, PRINTO International Consensus. J Rheumatol. 2018 Oct 1
- [3] Swart J, Giancane G, Horneff G et al. Pharmacovigilance in juvenile idiopathic arthritis patients treated with biologic or synthetic drugs: combined data of more than 15,000 patients from Pharmachild and national registries. Arthritis Res Ther. 2018 Dec 27

Disclosure of Interests Vera Mars: None declared, Joost F. Swart: None declared, Gabriella Giancane: None declared, Sytze De Rooock: None declared, Anne Estmann: None declared, Marija Jelusic: None declared, Estefania Moreno Ruzafa: None declared, Jaime de Inocencio: None declared, Jelena Vojinovic: None declared, Agustin Remesal: None declared, M Laday: None declared, Rolando Cimaz: None declared, A V Cochino: None declared, Inmaculada Calvo Grant/research support from: received research grants from Pfizer, Roche, Novartis, Clementia, Sanofi, MSD, BMS and GSK, Consultant for: Advisory boards: Novartis, AbbVie, Speakers bureau: AbbVie, Roche, Novartis, SOBI, M Harjacek: None declared, Nico Wulffraat: None declared, Nicolino Ruperto Grant/research support from: The Gaslini Hospital, where NR works as full-time public employee, has received contributions (> 10.000 USD each) from the following industries in the last 3 years: BMS, Eli-Lilly, GlaxoSmithKline, F Hoffmann-La Roche, Janssen, Novartis, Pfizer, Sobi. This funding has been reinvested for the research activities of the hospital in a fully independent manner, without any commitment with third parties., Consultant for: Received honoraria for consultancies or speaker bureaus (< 10.000 USD each) from the following pharmaceutical companies in the past 3 years: Ablynx, AbbVie, Astrazeneca-Medimmune, Biogen, Boehringer, Bristol-Myers Squibb, Eli-Lilly, EMD Serono, GlaxoSmithKline, Hoffmann-La Roche, Janssen, Merck, Novartis, Pfizer, R-Pharma, SanofiServier, Sinergie, Sobi and Takeda., Speakers bureau: Received honoraria for consultancies or speaker bureaus (< 10.000 USD each) from the following pharmaceutical companies in the past 3 years: Ablynx, AbbVie, Astrazeneca-Medimmune, Biogen, Boehringer, Bristol-Myers Squibb, Eli-Lilly, EMD Serono, GlaxoSmithKline, Hoffmann-La Roche, Janssen, Merck, Novartis, Pfizer, R-Pharma, SanofiServier, Sinergie, Sobi and Takeda.

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AB1072C

CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS THE CORRELATION BETWEEN CAROTID INTIMA-MEDIA THICKNESS AND MARKERS OF INFLAMMATION TO DETERMINE PRE-CLINICAL ATHEROSCLEROSIS

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Background: Juvenile idiopathic arthritis (JIA) is the most common chronic rheumatic disease in childhood. JIA is a heterogeneous group of disorders with different disease progression and prognosis. Cardiovascular