The implementation of this profile of auto-antibodies in patients without ILD and those without clinical and/or analytical characteristics associated with MII, did not provide any.

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Disclosure of Interests None declared

DOI: 10.1136/annrheumdis-2019-eular.6314

AB1316

AGREEMENT BETWEEN SUBJECTIVE AND OBJECTIVE DEFINITIONS OF INACTIVE DISEASE IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS

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Background: The choice of an appropriate definition of inactive disease (ID) is important because ID has been identified as the ideal therapeutic goal in the treat-to-target strategy in juvenile idiopathic arthritis (JIA).¹ Several criteria for ID in JIA have been proposed, including Wallace 2004 and 2011 criteria and JADAS10 and clinical JADAS10 (cJADAS10) criteria. However, a recent study² has shown that these criteria do not always identify the same group of patients. In addition, it is unknown whether and to what extent the formal definitions of ID agree with the subjective perception of disease remission by the physician and the parent.³

Objectives: To investigate the concordance between current criteria for ID and subjective judgment of disease remission by physicians and parents in children with JIA.

Methods: We evaluated the clinical data of the last visits made in 669 children with JIA from March 2007 to December 2010 to identify all visits in which the caring physician and a parent judged subjectively and independently the child's disease state as remission or non-remission and the parent declared whether he/she was satisfied or non-satisfied with current illness state (i.e. Parent Acceptable Symptom State, PASS).⁴ All visits judged subjectively by the physician and the parent as remission or judged in PASS by the parent were examined to identify those which met the Wallace 2004 and 2011 criteria and the JADAS10 and cJADAS10 criteria for ID. Visits which met both subjective and objective definitions were defined as concordant.

Results: Of the 246 visits in which the physician judged subjectively the disease state as remission, 34.6% and 27.6% met the 2004 and 2011 Wallace criteria, respectively, and 38.6% and 54.5% met the JADAS10 and cJADAS10 criteria for ID, respectively. (Figure 1) Of the 338 visits in which the parent judged subjectively the disease state as remission, 19.8% and 18% met the 2004 and 2011 Wallace criteria, respectively, and 34.9% and 48.8% met the JADAS10 and cJADAS10 criteria for ID, respectively. (Figure 2) In 76.4% of visits judged as remission by the physician, the parent provided the same evaluation. In 55.6% of visits judged as remission by the parent, the physician provided the same evaluation. (Figure 1-2) Of 467 visits judged in PASS by the parent, 17.6% and 14.8% met the 2004 and 2011 Wallace criteria, respectively, and 26.6% and 37.5% met the JADAS10 and cJADAS10 criteria for ID, respectively.

Conclusion: The JADAS10 and cJADAS10 criteria for ID were more concordant with physician's and parent's subjective judgment of remission and with parent's satisfaction with current illness state than Wallace criteria. The cJADAS10, which lacks the acute phase reactant, revealed the best concordance with both physician's and parent's subjective assessments. Physician-parent agreement was greater for remission judged by the physician than for remission judged by the parent.

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Figure 1. Physician-centered inactive disease state evaluation.

Figure 2. Parent-centered inactive disease state evaluation.

Disclosure of Interests: Gabriella Giancane: None declared, Maria Francesca Gicchino: None declared, Alessandra Alongi: None declared, Chiara Campone: None declared, Alessandro Consolaro Grant/research support from: AbbVie, Pfizer, Angelo Ravelli Grant/research support from: Angelini, AbbVie, Bristol-Myers Squibb, Johnson & Johnson, Novartis, Pfizer, Reckitt Benkiser, and Roche, Consultant for: Angelini, AbbVie, Bristol-Myers Squibb, Johnson & Johnson, Novartis, Pfizer, Reckitt Benkiser, and Roche, Speakers bureau: Angelini, AbbVie, Bristol-Myers Squibb, Johnson & Johnson, Novartis, Pfizer, Reckitt Benkiser, and Roche

DOI: 10.1136/annrheumdis-2019-eular.2618

AB1317

WHAT IS A TOTAL KNEE OR TOTAL HIP ARTHROPLASTY FAILURE? A PATIENT PERSPECTIVE USING NOMINAL GROUPS

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Background: Total joint replacements (TJR) are commonly performed elective surgeries for people with end-stage arthritis. However, there is relative lack of qualitative research to define the patient perspective of what constitutes a failure of TJR

Objectives: To discover when a TJR is considered a failure from the patients' perspective using nominal group technique (NGT).

Methods: Patients who had undergone elective total hip (THR) and/or knee replacements (TKR) met in nominal groups to answer the question "When would you consider a knee or hip replacement to be a failure?". Patients completed questionnaires including demographics, pain, function, and satisfaction, independently listed their ideas and then ranked them with the group after clarification.