doses, but it can cause rare side effects including hematological findings such as lymphopenia, thrombocytopenia and neutropenia.

Objectives: In this study we aimed to define the adverse effect of colchicine on platelet function and its clinical relevance.

Methods: A total of 220 FMF patients between June 2016-2017, followed at Hacettepe University Pediatric Rheumatology Department and were on colchicine treatment for at least one year, were included to the study.

Results: Among the selected 220 FMF patients, 100 of them (54% female) described hematological symptoms when questioned in detail. The mean age of these patients was 11.74 ± 4.86 years. The mean cumulative colchicine exposure was 5.7 ± 3.8 years. The most common referral symptom was frequent epistaxis (79%) followed by easy bruising (69%), and menstrual disorder including prolonged or heavy menstrual bleeding (21.8% among female patients). Among these 100 patients, 36 of them had prolonged bleeding time and impaired platelet aggregation test. Patients who had abnormal platelet function tests (the group with abnormal bleeding time) were receiving higher colchicine doses (median 0.05 vs 0.03 mg/kg/day; $p < 0.001$) compared to the patients who had normal platelet function tests (bleeding time normal group). However there were no significant difference in terms of cumulative colchicine exposure (median 6.5 vs 4.5 years; $p < 0.07$) and total platelet counts (median 288500 vs 279000/mm³; $p < 0.61$). Patients with abnormal platelet function tests also had more epistaxis (47% vs 7%; $p < 0.001$) bruising (51% vs 3%; $p < 0.001$) and dysmenorrhea (among female patients 100% vs 26%; $p < 0.001$). Colchicine was not reduced in these patients and no life-threatening event was observed.

Conclusion: In our study, we have shown prolonged bleeding time for the first time in the literature. Colchicine may cause microtubule inhibition in platelets as well as in other cells and impair platelet function. Further prospective studies are needed to clarify the significance of this side effect.

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NEW CLASSIFICATION CRITERIA FOR RECURRENT AUTOINFLAMMATORY DISEASES APPLIED TO AN INDEPENDENT COHORT: EXPERIENCE FROM THE JIR COHORT DATABASE

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Background: New classification criteria for the inherited periodic fever syndromes (TRAPS, FMF, MKD and CAPS) have recently been developed during a Consensus Conference held in Genoa in March 2017.

Objectives: The aim of our study was to compare these new classification criteria for monogenic recurrent fever syndromes with the diagnoses of clinicians. For this purpose we used the JIRcohort database, an international platform gathering data of patients with pediatric inflammatory disease.

Methods: The Genoa classification criteria were applied to all the patients, then compared to the clinical diagnosis of the treating physician. As patient diagnosis could be confirmed or suspected, the patients could have up to two diagnoses. Classification criteria relied on genetical HRF pathogenicity classification. Finally, criteria performance were assessed by

firstly determining sensitivity and specificity and secondly analyzing true positive, false positive and false negative patients.

Results: 455 patients included to the JIRcohort database with a recurrent fever syndrome were enrolled to the study.

CAPS: The analysis of the performance of the CAPS criteria showed sensitivity of 60% and specificity of 98%. 14 patients fulfilled Genoa CAPS classification criteria, with 6 true positive and 8 false positive patients. Patients with confirmatory genotype always fulfilled classification criteria. 4 patients, who carried heterozygous mutations, were false negative.

TRAPS: The analysis of the performance of the TRAPS criteria showed sensitivity of 100% and specificity of 98%. 22 patients fulfilled Genoa TRAPS classification criteria, all true positive patients with confirmatory and non-confirmatory genotype. 5 were false negative with 4 patients with non-confirmatory genotype.

FMF: The analysis of the performance of the FMF criteria showed sensitivity of 96% and specificity of 89%. 118 patients were true positive while 35 were false positive patients. True positive patients were all patients with confirmatory genotype, patients with non-confirmatory genotype and no mutation. 37 were false positive patients. 5 patients were false negative with 3 patients with non-confirmatory genotype.

MKD: The analysis of the performance of the CAPS criteria showed sensitivity of 64% and specificity of 66%. 7 patients with confirmatory genotype were true positive patients. 148 were false positive patients with 44 patients diagnosed TRAPS, FMF, CAPS while the rest were SURF. 4 were false negative including 3 patients with non-confirmatory genotype.

Conclusion: This study is the first Genoa criteria evaluation among a cohort of patients seen with recurrent fever. This descriptive study shows tremendous performance Genoa criteria for patients with confirmatory genotype and help classifying patients with non-confirmatory genotype. On the other hand, those classification criteria were less performant when patients did not display at least one gene mutation. Therefore, Genoa classification criteria for TRAPS outperformed the others, because mandatory genetical screening. This study also highlights permissive criteria for clinical CAPS, FMF and MKD. The implementation of biological criteria in MKD would improve MKD criteria.

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NATURE AND IMPACT OF THE FRENCH NETWORK RESRIP ON SCHOOLING, FOR CHILDREN WITH CHRONIC INFLAMMATORY RHEUMATISM

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Background: Pediatric chronic inflammatory rheumatism (CIR) has a significant impact on daily life, especially on schooling, that can lead to child's drop-out. In this context, a French paediatric health network, RESRIP (Réseau pour les Rhumatismes Inflammatoires Pédiatriques), has been created in 2014 for children with CIR and living in the Ile-de-France region. Patients are included in this network if they meet certain criteria such as the need to find trained health professionals close to their home or for support because of adverse social conditions or difficulties with their schooling. If the criteria are fulfilled, the patient and his family participate in an intake interview which allows RESRIP to understand the patient's need and to set up targeted actions.

Objectives: In our study, we aim to describe and evaluate RESRIP's role on improving school attendance and tackling absenteeism

Methods: A descriptive retrospective study was performed regarding the support provided by RESRIP with respect to patients' schooling and education professionals. Rates of non-attendance were collected at inclusion