period (FUP, <12 months), while the corresponding response rates at long-term FUP (≥12 months) were 45%, 51%-53%, 58%-100% and 60%-100%. For ADA and ADA or ETN or INF (patients were on either therapy), while the JIA-ACR response rates at short term FUP were not reported, the response rates at long-term FUP were 100% and 78% respectively. Additionally, juvenile arthritis disease activity score (JADAS)-10 ≤ 1 scores were reported for ANA or CAN, CAN, ETN and TCZ as 52%, 48%-91%, 20% and 36% at short-term FUP. The mean changes in JADAS-71 scores at short-term FUP for ANA and TCZ were 10% and 11% respectively while the corresponding scores at long-term FUP were 13% and 14% (p<0.001).

All interventions were generally well tolerated by SJIA patients; infections, injection site reactions and macrophage activation syndrome were reported for all biologics. Other complications included gastrointestinal disorders, pharyngitis, skin disorders, increase in liver enzymes etc.

Conclusion: The current interventions especially ANA, CAN, ETN and TCZ were found to be effective and generally well tolerated in SJIA. However, the lack of head-to-head studies limits a rigorous comparison.

REFERENCES:

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REFERENCES: