related with the introduction of biologic Disease-Modifying Antirheumatic Drugs (bDMARDs) and the uninterrupted monitoring following the transition of young patients to adult rheumatology settings.

**Objectives:** To capture contemporary ERA profile in Northern Greek patients by analyzing the characteristics and treatment outcome in the era of bDMARDs.

**Methods:** This retrospective cohort study included patients who had been monitored on a 3-month schedule for ≥12 months, from 2000 to 2017. The periodic metric assessment included the disease status and burden by applying contemporary tools in respect to activity, clinical remission (CR) and damage (cJADAS, JSpADA, Wallace criteria for CR and JADI, respectively).

**Results:** Forty-three patients, mainly male (60%) with a mean age at disease onset of 10.75 (SD:2.75) years were enrolled. The predominant joints were the hip, ankle and sacroiliac (56%, 49% and 46%, respectively). Median lag time from diagnosis to bDMARDs initiation was 8.5 months. Patients with sarcoïdosis were more likely to receive bDMARDs (hazard ratio [HR]:3.26, 95% confidence interval [CI]:1.35, 7.88). Thirty six patients (84%) achieved clinical remission (CR) on medication (CRONOMI), within a median time of 11 months and correlated with compliance (HR:3.62, 95% CI: 1.34, 9.76). Twenty patients (47%) experienced a flare following CR, mainly as a single episode (75%). The median flare-free survival following remission on and off medication (CROFFM) was 42 and 34 months, respectively. At the last evaluation, both median baseline cJADAS (6), and JSpADA (2) dropped to 0, while 13 patients (30%) were in CROFFM, 17 (40%) in CRONMI, and 13 (30%) had persistent disease activity. The median percentage of CR per patient was 54% and no patient had JADI >0.

**Conclusion:** Early administration of bDMARDs and compliance to monitoring and treatment improved the long-term outcome in ERA. Axial involvement emerged as a negative prognostic factor with an increased need for bDMARDs and diminished rates of CR.

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**AB0976 Efficacy of Anakinra Treatment in Pediatric Rheumatic Diseases: A Single-Center Experience**

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**Background:** Systemic lupus erythematosus (SLE) is a chronic autoimmune inflammatory disease that may cause morbidity and mortality by affecting multiple systems. The 10-20% of patients have juvenile onset and this cluster have may more severe kidney, neuropsychiatric or hematological involvement.

**Objectives:** The aim of this study was to assess the clinical and laboratory characteristics, disease activity, and treatment response of patients with juvenile SLE (JSL).

**Methods:** This is a retrospective study involving patients between 1 July 2016 and 1 January 2020. The data of these patients were collected retrospectively. The disease activity of the patients one month, between 1 July 2016 and 1 January 2020. The data of these patients were collected retrospectively. The disease activity of the patients at 3rd month and 12th month after the treatment were assessed. We aim to report our experiences of pediatric rheumatic diseases treated with anakinra.

**Results:** There were 28 patients treated with anakinra for the different pediatric rheumatic diseases. The diagnoses of these patients were as follows: eight were macrophage activation syndrome (MAS) complicating Sjögren, six were HIDS, four were CAPS, four were FMF, four were idiopathic recurrent pericarditis, one was deficiency of interleukin-36 receptor antagonist (DIRA), and one was undefined systemic autoinflammatory disease. 46.4% of the patients were male and 53.6% were female. The median age of diagnosis of the patients was 6.5 ((interquartile range (IQR): 4-12.7) years. The median follow-up duration of the patients was 14 (IQR: 3.7-28) months. The patients median anakinra treatment duration was 3 (IQR: 1-4) months. Fever reduced and C-reactive protein normalized within median 2 (IQR: 1-3) and 5 (IQR: 5-7) days, respectively. In the 3rd month after treatment; It was observed that 53.6% of patients achieved a complete remission (no attack was seen or MAS was improved). The frequency of attacks were decreased more than 50% in 35.7% of patients and less than 50% in 7.1%. 3.6% of patients were unresponsive to treatment. In the 12th month assessment after the initiation of treatment, it was observed that 28.6% of patients were still under anakinra treatment and in remission, 10.7% of them were in remission without anakinra treatment. In 60.7% of patients, anakinra was switch to other biological treatments for different reasons (35.7% partial response or unresponsiveness, 17.6% injection site reactions and 7.1% daily-injection difficulty). Biologic drug switch to canakinumab and tocilizumab was observed in 88.2% and 11.8% of patients, respectively. One patient developed recurrent MAS episodes when the anakinra dose was tapered, and one another patient was unresponsive to anakinra and died due to secondary to MAS.

**Conclusion:** Anakinra seems to be a successful treatment to achieve inactive disease in a significant portion of patients in the early period. The recurrence of disease attacks while drug tapering and injection site reactions were appears the main causes of treatment switch or discontinuation.