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POS1295

PERFORMANCE OF 2019 EULAR/ACR CLASSIFICATION CRITERIA FOR SYSTEMIC LUPUS ERYTHEMATOSUS IN A PEDIATRIC POPULATION – A MULTICENTER STUDY

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Background: The "European League Against Rheumatism" and "American College of Rheumatology" 2019 (EULAR/ACR-19) criteria for the diagnosis of Systemic Lupus Erythematosus (SLE) were recently published, with the stated goal of maintaining the level of sensitivity and raising the level of specificity for classification of SLE in adults.

Objectives: We aimed to examine the function of the new EULAR/ACR-19 criteria in a population of children and compare them to the SLICC-12 and ACR-97 criteria.

Methods: In this multicenter study the charts of jSLE patients from three tertiary medical centers were reviewed and compared to patients with non-jSLE diagnosis. Pediatric rheumatologists, blinded to the original diagnosis, reviewed and diagnosed all cases. Pediatric patients' clinical and laboratory data were retrospectively extracted and then examined with regard to how they met the new and old criteria.

Results: Included were 225 patients (112 jSLE, 113 non-SLE). When applied to juvenile SLE classification, the sensitivity of the new EULAR/ACR-19 criteria was 0.96 (0.9–0.99) and the specificity was 0.89 (0.82–0.94). These were comparable to the Systemic Lupus International Collaborating Clinics (SLICC) criteria. The sensitivity of the EULAR/ACR-19 criteria improves over time and was 0.83 twelve months following disease onset, reaching 0.96 after longer than 24 months.

Conclusion: Among a cohort of jSLE patients, sensitivity of the new EULAR/ACR-19 criteria was found to be high and specificity may have improved slightly compared to the SLICC-12 criteria. We support the use of the new classification criteria for pediatric patients in future jSLE studies, but it should be noted that its specificity is lower than for adults.

	ACR-97	SLICC-12	EULAR/ACR-19
Sensitivity (95% CI)	0.79 (0.70-0.86)	0.96 (0.9-0.99)	0.96 (0.9-0.99)
Specificity (95% CI)	0.94 (0.88-0.97)	0.85 (0.77-0.91)	0.89 (0.82-0.94)
Accuracy (95% CI)	0.86 (0.81-0.9)	0.9 (0.86-0.94)	0.92 (0.88-0.96)
Positive Likelihood Ratio (95% CI)	12.7(6.1-26.2)	6.35(4.1-9.9)	9.0 (5.3-15.4)
Negative Likelihood Ratio (95% CI)	0.23(0.16-0.33)	0.05(0.02-0.12)	0.05(0.02-0.12)
Diagnostic odds ratio (95% CI)	55.5(22.80-135.0)	120.85(43.0-340.0)	180.1(61.3-529.4)

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POS1296

JIA PATIENTS DO NOT HAVE MORE OSTEOPOROSIS THAN HEALTHY AGE AND SEX-MATCHED CONTROLS BUT LOWER BONE MASS DENSITY IS FOUND AT TOTAL HIP AND CORTICAL COMPARTMENT

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Background: Achievement of a normal peak bone mass is an especially important consideration in young adults with juvenile idiopathic arthritis (JIA), because interference with attainment of peak bone mass may not be repaired later in life. It has been suggested that children with JIA cortical appendicular skeletal bone is more affected by disease activity than axial trabecular bone. To evaluate bone mineral density (BMD) DXA measurements are widely used. Although, DXA is limited to two-dimensional evaluation of integral BMD and cannot differentiate between trabecular and cortical bone compartments. Alternatively, 3D-DXA analysis is a new method based on DXA scans of proximal femur that provides accurate estimates of trabecular and cortical volumetric BMD.

Objectives: The aim of the study was to analyze the trabecular and cortical bone using 3D-DXA in young adults with JIA compared to age-matched healthy controls.

Methods: This cross-sectional study was aimed to analyze the differences in 3D-DXA proximal femur compartments. The patients were recruited from the specialized transitional unit of the Vall d'Hebron University Hospital. JIA patients older than 18 yo without previous bisphosphonates intake were included. Age and sex-matched healthy controls were selected. DXA scans (Lunar Prodigy, General Electric Medical Systems, v.15) were acquired. OP was defined according to the WHO criteria. The 3D-DXA software was used to assess in 3D the trabecular density and cortical thickness from DXA scans as reported previously