Background: Standardized and validated outcome measures of disease activity are lacking in the treatment and assessment of uveitis, making it difficult to compare efficacy and response to treatment. In 2014, this working group developed a composite index of ocular inflammatory activity, UVEDAI, which includes 7 variables. The index was validated in a subsequent study conducted in 2019.

Objectives: To determine the interobserver reliability and to demonstrate the sensitivity to change of the UVEDAI index in patients with anterior and non-anterior uveitis who undergo pharmacological treatment.

Methods: The design is an observational, longitudinal, prospective, multicentre study in 7 Spanish hospitals. Patients over 18 years of age diagnosed with active uveitis were included. A complete baseline visit was performed by two ophthalmologists who determined ocular inflammatory activity with the UVEDAI index independently and without contact between them. Ophthalmologist 1 made a new visit at 4 weeks to determine the change in the level of uveal inflammatory activity using the UVEDAI index. The interobserver reliability analysis was performed by calculating the Intraclass Correlation Coefficient (ICC), with the values of the variables and the UVEDAI index obtained by ophthalmologist 1 and ophthalmologist 2 in the most inflamed eye at the baseline visit. Sensitivity to change in the UVEDAI index was assessed at 4 weeks from the start of pharmacological treatment by determining the Clinically Relevant Change (CCR) defined as a change in UVEDAI of 0.8 points between the baseline visit and the 4-week visit.

Results: A total of 111 patients were included, 54.1% were male and the mean age at the time of the visit was 49.9 years. 36.9% of uveitis were idiopathic uveitis, and 58.6% were anterior uveitis. The UVEDAI value was calculated from the score obtained in the 7 variables of the index. The mean value recorded in the most inflamed eye at the baseline visit by ophthalmologist 1 was 1.9, being 1.2 points for anterior uveitis and 2.6 points for intermediate/posterior uveitis. In the interobserver reliability analysis, the ICC for the UVEDAI index was 0.9, and when compared to the mean UVEDAI values obtained by the two ophthalmologists for the most inflamed eye at the baseline visit by ophthalmologist 1 was 1.9, being 1.2 points for anterior uveitis and 2.8 points for intermediate/posterior uveitis. In all cases, the index value decreased significantly by more than 1 point at the 4-week visit after pharmacological treatment.

Conclusion: The interobserver reliability of the UVEDAI was high in the total sample and in the different variables. Furthermore, the index was sensitive in determining the change in inflammatory activity after treatment in both anterior uveitis and intermediate/posterior uveitis/panuveitis. We believe it is an index of activity that could be used both in routine clinical practice and in clinical studies and trials to compare results objectively.

REFERENCE:

Figure Interobserver Reliability: Differences obtained in the UVEDAI index score by ophthalmologist 1 and 2 at the baseline visit.
Table Sensitive to Change: Mean value and difference in UVEDAI index value measured by ophthalmologist 1 in the active eye at baseline and at 4 weeks.

<table>
<thead>
<tr>
<th>Anatomical Location</th>
<th>Anterior</th>
<th>Intermediate/Posterior/Paranetis</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>UVEDAI INDEX baseline</td>
<td>1.2 ± 1.6</td>
<td>2.8 ± 1.8</td>
<td>1.9 ± 1.8</td>
</tr>
<tr>
<td>UVEDAI INDEX visit 4 wks.</td>
<td>0.2 ± 0.5</td>
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<td>0.6 ± 1.1</td>
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<tr>
<td>UVEDAI difference</td>
<td>1.04</td>
<td>1.54</td>
<td>1.25</td>
</tr>
<tr>
<td>p-value</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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*mean ± standard deviation

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.1088

**Table 1**

**Figure 1.**

**Table Sensitive to Change:** Mean value and difference in UVEDAI index value measured by ophthalmologist 1 in the active eye at baseline and at 4 weeks.

**Table 1.**

**Anatomical Location** | **Anterior** | **Intermediate/Posterior/Paranetis** | **Total** |
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Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.5879

**POS0655**

**HLA-B27 POSITIVITY IN A LARGE MISCEGENATED POPULATION OF 5,389,143 HEALTHY BLOOD MARROW DONORS IN BRAZIL**

**Keywords:** Genetics/epigenetics, Spondyloarthritis, Epidemiology


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**Background:** The prevalence of HLA-B27 gene positivity in healthy Caucasian communities varies between 8-14%. However, there is a lack of information in countries with a high rate of miscegenation, such as Brazil.  

**Objectives:** To estimate the prevalence of HLA-B27 positivity in the Brazilian general population using a large national registry.  

**Methods:** This is a cross-sectional ecological study using the Brazilian Registry of Volunteer Bone Marrow Donors (REDOME) database on HLA-B27 allele frequency and proportion of positives from healthy donors (18-60 years old). Data were analyzed according to race (by self-reported skin color, according the predetermined five terms used by Brazilian Institute of Geography and Statistics [IBGE]), and geographic region of residence.  

**Results:** From 1994 to 2022, a total of 5,389,143 healthy bone marrow donors were included. The overall positivity for HLA-B27 was 4.35% (CI 95% 4.32-4.37%). There was a difference according to race (Table 1): 4.85% in Whites; 2.92% in Blacks; 3.76% in Pardos (Browns i.e. miscegenated between blacks and whites); 3.95% in Amarelos (Yellows i.e. Asian Brazilians, predominantly of Japanese descent); and 3.18% in Indigenous, p<0.0001. There was also a difference regarding geographic region as shown in Figure 1 (North: 3.62%; Northeast: 3.63%; Southeast: 4.29%; Midwest: 4.5% and 5.25% in South, p<0.0001). The homozigosity rate for the HLA-B27 was 1.92% of all the positives and only 0.06% in the general population.  

**Conclusion:** Our findings provide the first Brazilian national prevalence for HLA-B27 in 4.35%, with differences between races, similar to previously published in another miscegenated population [1]. There is a positivity gradient from North to Southeast, North to Northeast, South to Southeast. We suggest that the genetic background related colonization and internal migratory flows, could explain our findings.  

**REFERENCE:**