Hacia una nueva clasificación de AIJ

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Madrid, 8 mayo 2015

Años 40: ARJ

AMERICAN COLLEGE OF RHEUMATOLOGY
EDUCATION • TREATMENT • RESEARCH

ARJ

< 16 a, exclusión otras causas

6 semanas

Sistémica
Pauciarticular
Poliarticular

Cassidy JT, et al. A study of classification criteria for the diagnosis of juvenile rheumatoid arthritis. Arthritis rheum 1986.

eular the european league against rheumatism

ACJ

< 16 a, exclusión otras causas

3 meses

- Sistémica
- Pauciarticular
- Poliarticular
- AR juvenil (FR+)
- AS juvenil
- APs juvenil

European League Against Rheumatism. EULAR Bulletin No. 4: nomenclature and classification of arthritis in children. 1977

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eular

ARJ

ACJ

Comité Permanente de Reuma Pediátrica
→ Elaborar criterios comunes de clasificación de las artritis crónicas infantiles

The Journal of Rheumatology

1994 Santiago

Fink CW and the ILAR Task Force. A proposal for the development of classification criteria for the idiopathic arthritides of childhood. J Rheumatol 1995

1997 Durban

Petty RE et al. Revision of the proposed classification criteria for juvenile idiopathic arthritis: Durban, 1997. J Rheumatol 1998

2001 Edmonton

Petty RE et al. ILAR classification of juvenile idiopathic arthritis: second revision, Edmonton 2001. J Rheumatol 2004

< 16 a	6 semanas	Exclusión otras causas

Sistémica
Oligoartritis
Poliarticular FR +
Poliarticular FR -
Psoriásica
ARE
Indiferenciada

Homogeneidad

Excluyentes

Investigación

En proceso de validación

The Journal of Rheumatology

Hofer MF et al. Juvenile idiopathic arthritides evaluated prospectively in a single center according to the Durban criteria. J Rheumatol 2001.

Foeldvari I et al. Validation of the proposed ILAR classification criteria for juvenile idiopathic arthritis. J Rheumatol 2001.

Merino R, De Inocencio J, García-Consuegra J. Evaluation of Revised ILAR classification criteria for juvenile idiopathic arthritis in Spanish children. J Rheumatol 2005.

Los criterios Edmonton hacen la clasificación de ILAR más transparente y fácil. La **historia familiar de psoriasis** es responsable de la mayoría de las caídas en indiferenciada

The Journal of Rheumatology

Letters

Fantini F. 2001

Classification of Chronic Arthritides of Childhood (Juvenile Idiopathic Arthritis): Criticisms and Suggestions to Improve the Efficacy of the Santiago-Durban Criteria

Editorial

Growing Pains: The ILAR Classification of Juvenile Idiopathic Arthritis

Ross Petty. 2001

Classification of Juvenile Idiopathic Arthritis: 2003 Should Family History Be Included in the Criteria?

PRUDENCE MANNERS, JANE LESSLIE, DEIRDRE SPELDEWINDE, and DEBORAH TUNBRIDGE

Arthritis & Rheumatism, 2005

Nomenclature and Classification in Chronic Childhood Arthritis

Time for a Change?

Ciaran M. Duffy,[1] Robert A. Colbert,[2] Ronald M. Laxer,[3] Laura E. Schanberg,[4] and Suzanne L. Bowyer[5]

25% → indiferenciada

Criterios exclusión amplios

Término AIJ no aceptado en NA

ARE → inespecífica, incompleta

No uso nomenclatura adultos

Arthritis & Rheumatism, 2005

Nomenclature and Classification in Chronic Childhood Arthritis

Time for a Change?

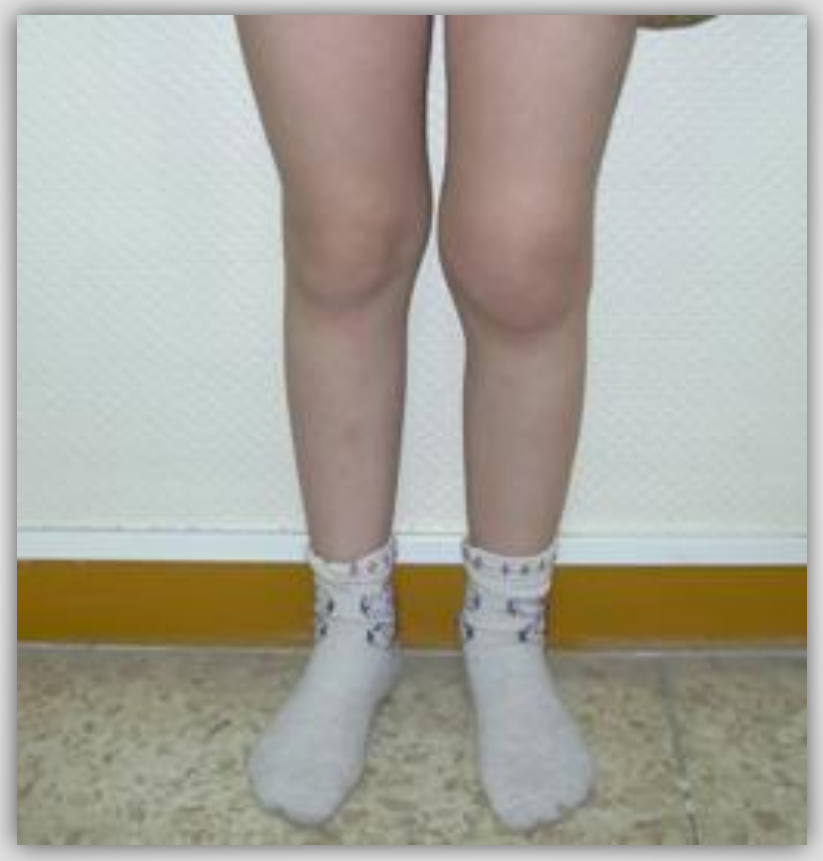
Ciaran M. Duffy,[1] Robert A. Colbert,[2] Ronald M. Laxer,[3] Laura E. Schanberg,[4] and Suzanne L. Bowyer[5]

Futuro: papel de la Genética

and validate current classification systems for the juvenile-onset arthritides. Perhaps by the time issues of classification are resolved, our understanding of the pathogenesis will be sufficiently advanced that both the terms "idiopathic" and "rheumatoid" will be obsolete.

Evolución de la clasificación según cada categoría

Oligoartritis



Criterios

Artritis de una 1-4 articulaciones en los primeros 6 meses. Subcategorías:

- Persistente
- Extendida

Criterios de exclusión:

- Psoriasis (paciente o familiar 1ºgrado)
- Artritis en varón >6 años B27(+)
- EA, sacroilitis asociada con EII, ARE, Reiter, UAA (paciente o familiar 1ºgrado)
- FR(+)
- AIJ sistémica

The Journal of Rheumatology

Alberto Martini, 2003

Are the Number of Joints Involved or the Presence of Psoriasis Still Useful Tools to Identify Homogeneous Disease Entities in Juvenile Idiopathic Arthritis?

Premisa: Oligoartritis = forma bien definida de AIJ

Exclusiva de niños

- asimétrica
- < 5 años
- niñas
- ANA +
- UAC

The Journal of Rheumatology

Alberto Martini, 2003

Oligo	ARE	AIJs	Poli FR-
Poli FR+	Psoriás	Indiferenc	

The Journal of Rheumatology

Alberto Martini, 2003

Oligo | ARE | AIJs | Poli FR-

Poli FR+ | Psoriás | Indiferenc

Sugiere:

Psoriasis / número articulaciones:

→dificulta homogeneización

¿Evidencia científica?

ANA (+)

Arthritis & Rheumatism

2005

Patients With Antinuclear Antibody–Positive Juvenile Idiopathic Arthritis Constitute a Homogeneous Subgroup Irrespective of the Course of Joint Disease

Angelo Ravelli,[1] Enrico Felici,[1] Silvia Magni-Manzoni,[2] Angela Pistorio,[1] Cristina Novarini,[1] Elena Bozzola,[2] Stefania Viola,[1] and Alberto Martini[1]

2011

Antinuclear Antibody–Positive Patients Should Be Grouped as a Separate Category in the Classification of Juvenile Idiopathic Arthritis

Angelo Ravelli,[1] Giulia C. Varnier,[2] Sheila Oliveira,[2] Esteban Castell,[2] Olga Arguedas,[2] Alessandra Magnani,[2] Angela Pistorio,[2] Nicolino Ruperto,[2] Silvia Magni-Manzoni,[3] Roberta Galasso,[2] Bianca Lattanzi,[2] Sara Dalprà,[2] Antonella Battagliese,[2] Sara Verazza,[2] Maddalena Allegra,[2] and Alberto Martini[1]

2011

Antinuclear Antibody–Positive Patients Should Be Grouped as a Separate Category in the Classification of Juvenile Idiopathic Arthritis

n= 971
711 ANA (+)

Niñas

< edad

Uveítis

< B27

Asimétrica

< nº articulaciones

> rodilla, < otras (carpo, ca ra)

< cambios Rx

G

We therefore suggest the need to revise some of the present JIA classification categories in order to better identify homogeneous patient populations for future genetic and immunopathogenetic investigations, outcome studies, and clinical trials. This effort should be

Annals of the Rheumatic Diseases

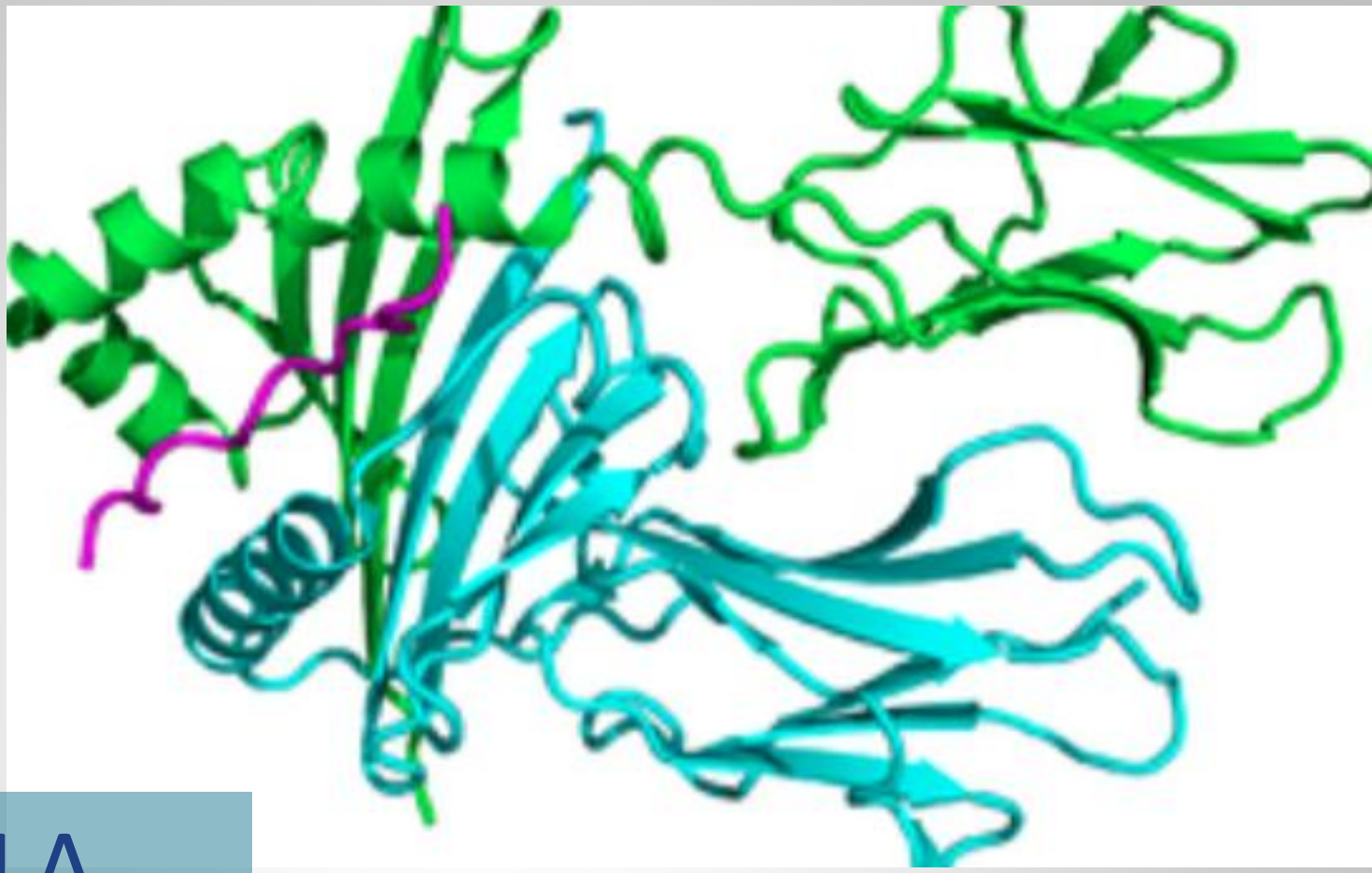
Cytokine profiling at disease onset: support for classification of young antinuclear antibody-positive patients as a separate category of juvenile idiopathic arthritis

Van den Broek T, et al

2015

Determinación proteínas en debut AIJ oligo

- Niveles bajos de SAA1
- Niveles altos de sIL-2R



HLA

Arthritis & Rheumatism, 2010

Juvenile Idiopathic Arthritis and HLA Class I and Class II Interactions and Age-at-Onset Effects

Jill A. Hollenbach,[1] Susan D. Thompson,[2] Teodorica L. Bugawan,[3] Mary Ryan,[2] Marc Sudman,[2] Miranda Marion,[4] Carl D. Langefeld,[4] Glenys Thomson,[5] Henry A. Erlich,[3] and David N. Glass[2]

Similitudes entre:

- pacientes con oligoartritis,
- y pacientes con poliartritis FR- de corta edad

Genética

Arthritis & Rheumatism, 2010

Biologic Similarities Based on Age at Onset in Oligoarticular and Polyarticular Subtypes of Juvenile Idiopathic Arthritis

Michael G. Barnes, Alexei A. Grom, Susan D. Thompson, Thomas A. Griffin, Lorie K. Luyrink, Robert A. Colbert, and David N. Glass

Expresión genética PBMC en poli y oligoartritis → firma específica céls B en inicio temprano de artritis independientemete del nº articulaciones

Edad al comienzo = parámetro importante

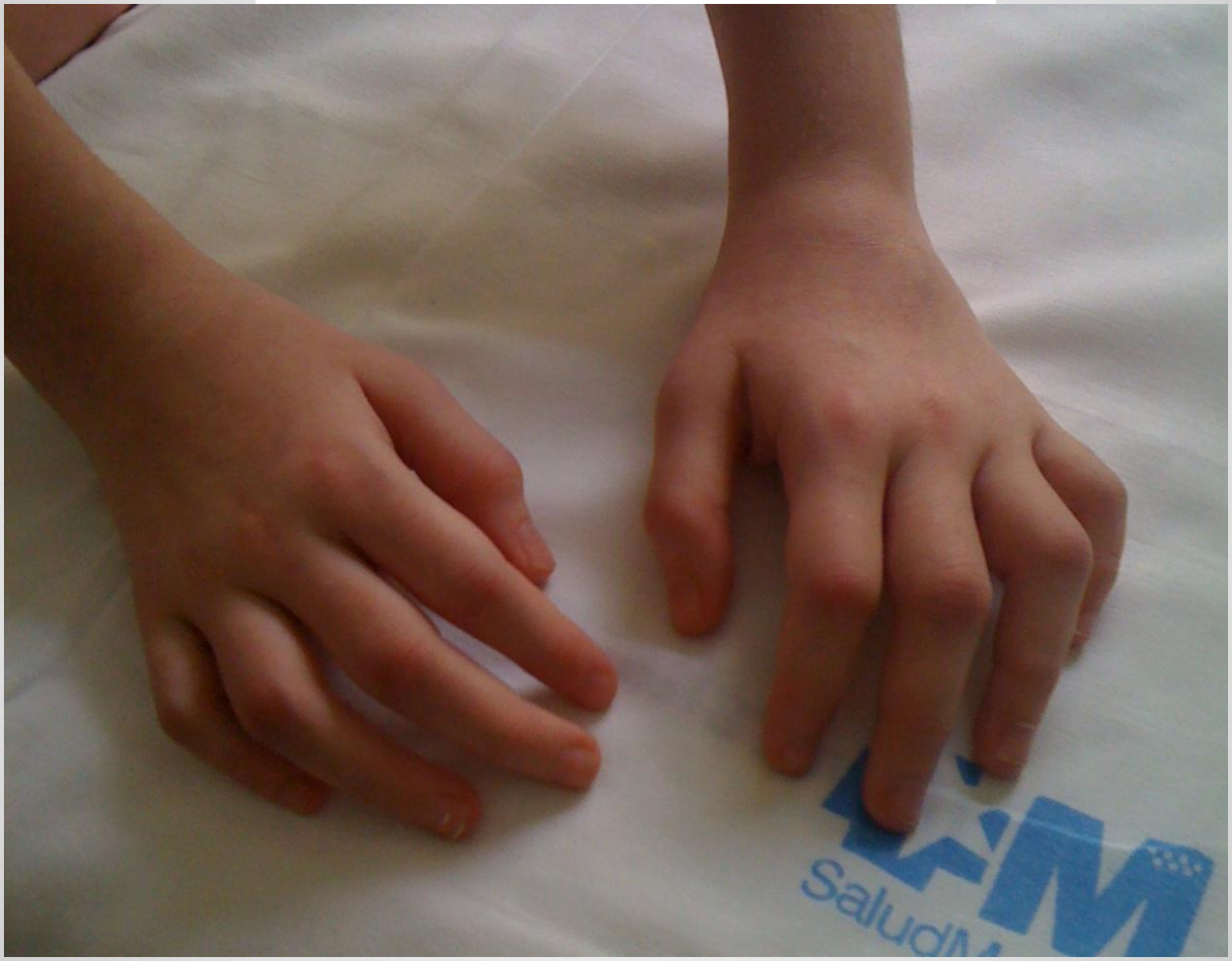
nature genetics 2013

Dense genotyping of immune-related disease regions identifies 14 new susceptibility loci for juvenile idiopathic arthritis

Anne Hinks[1,2,22], Joanna Cobb[1,2,22], Miranda C Marion[3,4,22], Sampath Prahalad[5,6], Marc Sudman[7], John Bowes[1,2], Paul Martin[1,2], Mary E Comeau[3,4], Satria Sajuthi[3,4], Robert Andrews[8], Milton Brown[5], Wei-Min Chen[9], Patrick Concannon[9], Panos Deloukas[8], Sarah Edkins[8], Stephen Eyre[1,2], Patrick M Gaffney[10], Stephen L Guthery[11,12], Joel M Guthridge[10], Sarah E Hunt[8], Judith A James[10], Mehdi Keddache[13], Kathy L Moser[10], Peter A Nigrovic[14,15], Suna Onengut-Gumuscu[9], Mitchell L Onslow[7], Carlos D Rosé[14,15], Stephen S Rich[9], Kathryn J A Steel[1,2],

GWAS mostró 17 loci susceptibles de asociación con AIJ, **no diferenciando** entre oligoartritis y poliartritis FR-

Poliartritis FR -



Criterios

Artritis de 5 o más articulaciones durante los primeros 6 meses, con FR (IgM) negativo.

Criterios de exclusión:

- Psoriasis paciente o familiar 1º g
- Artritis en varón >6 años B27 +
- EA, sacroilitis asociada con EII, ARE, Reiter, UAA en paciente o familiar 1º g
- FR +
- AIJ sistémica

Problema: grupo heterogéneo

Juvenile idiopathic arthritis: state of the art and future perspectives

Annals of Rheumatic Diseases 2010

Alberto Martini,[1] Daniel J Lovell[2]

Dos grupos:

1. ANA -, artritis simétrica de grandes y pequeñas articulaciones, niños >5 años
2. ANA +, artritis asimétrica, niñas pequeñas, UAC

Genética

HLA

Geografía

ECO

Comparison of Clinical Versus Ultrasound-Determined Synovitis in Juvenile Idiopathic Arthritis

SILVIA MAGNI-MANZONI,[1] OSCAR EPIS,[1] ANGELO RAVELLI,[2] CATHERINE KLERSY,[1] CHIARA VISCONTI,[1] STEFANO LANNI,[1] VALENTINA MURATORE,[1] CARLO ALBERTO SCIRÉ,[1] SILVIA ROSSI,[1] AND CARLOMAURIZIO MONTECUCCO[3]

Perspectivas clasificación:

Oligoartritis

Poliartritis FR -

It is time to rethink juvenile idiopathic arthritis classification and nomenclature

Alberto Martini

Annals of Rheumatic Diseases 2012

Nueva categoría: **debut precoz + ANA**

Independientemente de:

- Nº articulaciones afectadas
- psoriasis

Exclusiva de niños

Restantes → grupo homogéneo

Eisenstein E et al. Diagnosis and classification of Juvenile idiopathic arthritis. J Autoimmunity 2014

PReS Belgrado 2014

I3

Juvenile idiopathic arthritis classification

Alberto Martini[1,2]

[1]Department of Pediatrics, University of Genoa, Genoa, Italy; [2]Pediatria II e Reumatologia, Istituto G Gaslini, Genoa, Italy

Pediatric Rheumatology 2014, **12(Suppl 1):**I3

I2

JIA pathogenesis - genetics

Wendy Thomson

Arthritis Research UK Centre for Genetics and Genomics, University of Manchester, Manchester, UK

Pediatric Rheumatology 2014, **12(Suppl 1):**I2

"Polygo"

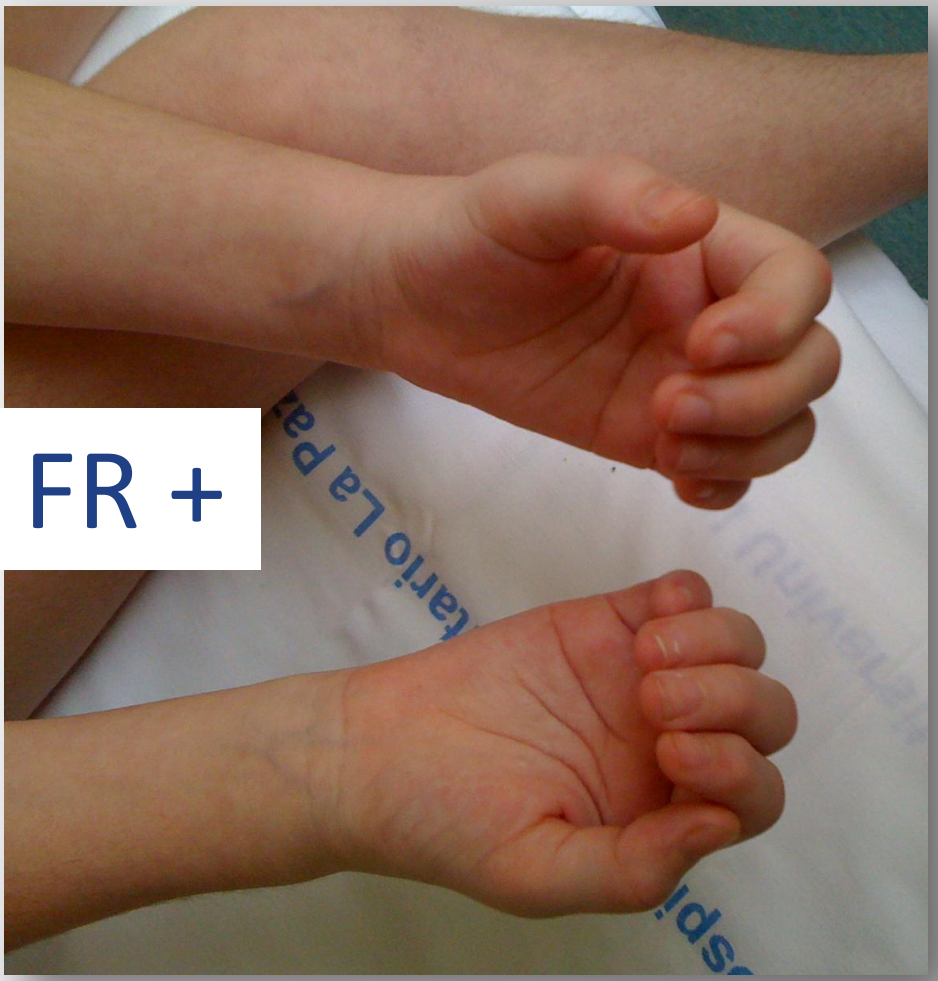
ACR Boston 2014

Casi 20% de los niños NO ESTÁN correctamente clasificados de acuerdo a la actual clasificación de ILAR

Falta de 2 determinaciones FR
Inconsistencia referir psoriasis

Consolaro A et al. Nearly 20% of Children ARE NOT correctly classified according to current ILAR classification in a PRINTO dataset of more than 12,000 Juvenile Idiopathic Arthritis Patients

Poliartritis FR +



Criterios

Artritis de 5 o más articulaciones durante los primeros 6 meses, con al menos dos determinaciones de FR (IgM) positivas, con al menos 3 meses de intervalo.

Criterios de exclusión:

- Psoriasis paciente o familiar 1ºg
- Artritis en varón >6 años B27 +
- EA, sacroilitis asociada con EII, ARE, Reiter, UAA en paciente o familiar 1º g
- AIJ sistémica

≈ AR

ÚNICA con Anticcp +

Consenso

Juvenile idiopathic arthritis

Lancet 2011

Berent Prakken, Salvatore Albani, Alberto Martini

Anti-Cyclic Citrullinated Peptide (Anti-CCP) Antibodies in Children with Juvenile Idiopathic Arthritis

J Rheum 2003

MARION VAN ROSSUM, RENÉE VAN SOESBERGEN, SANDRA DE KORT, REBECCA TEN CATE, AEILKO H. ZWINDERMAN, BEN DE JONG, BEN DIJKMANS, and WALTHER J. VAN VENROOIJ

Profiling anti-cyclic citrullinated peptide antibodies in patients with juvenile idiopathic arthritis

Anne E Tebo[1,2], Troy Jaskowski[1], K Wayne Davis[1], April Whiting[3], Bronte Clifford[3], Andrew Zeft[3], Bernadette McNally[3], Harry R Hill[1,2,3,4], John Bohnsack[3] and Sampath Prahalad[5,6*]

2012

No es infrecuente encontrar AntiCCP+ en pacientes FR -
→ AntiCCP deberían influir en la clasificación

The Journal of Rheumatology

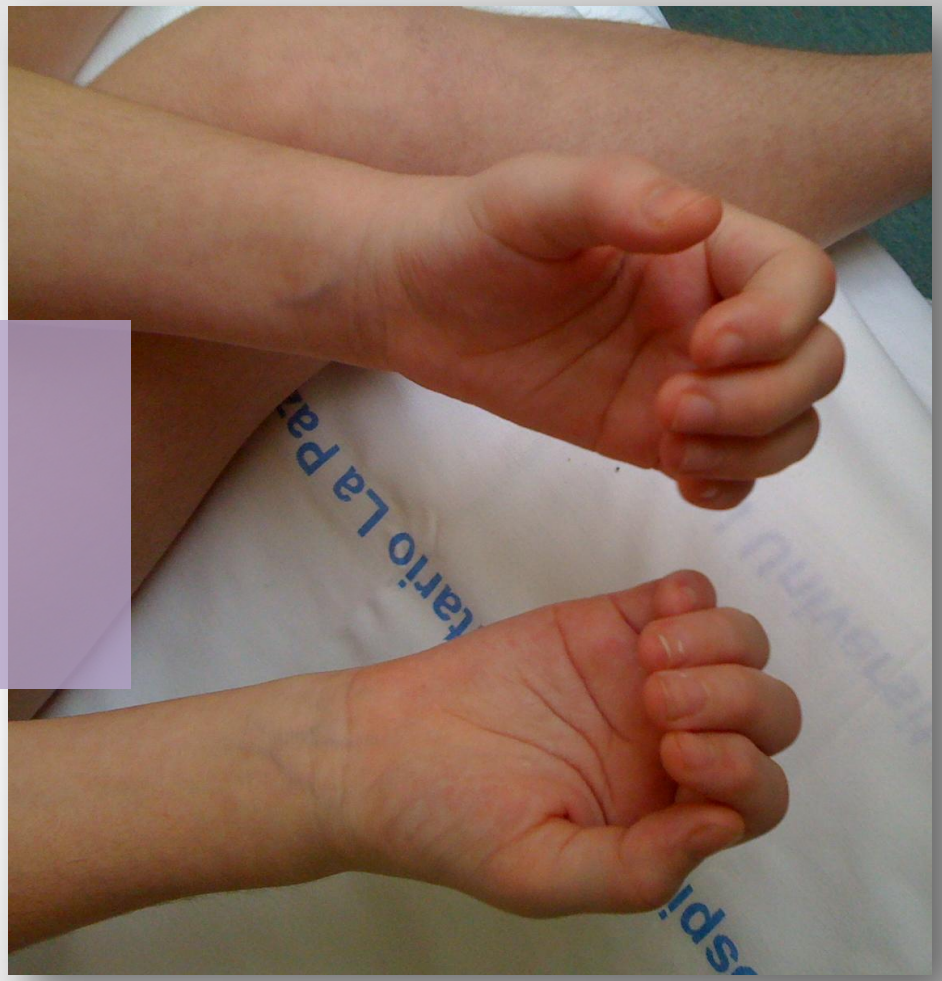
Limitations in the Classification of Childhood-onset Rheumatoid Arthritis

Emily G. Ferrell, Lori A. Ponder, Lauren S. Minor, Sheila T. Angeles-Han, Christine W. Kennedy, Kelly A. Rouster-Stevens, Mina Rohani-Pichavant, Larry B. Vogler, and Sampath Prahalad

2014

Con la clasificación ILAR se PIERDEN pacientes

Perspectivas clasificación Poliartritis FR +



It is time to rethink juvenile idiopathic arthritis classification and nomenclature

Alberto Martini

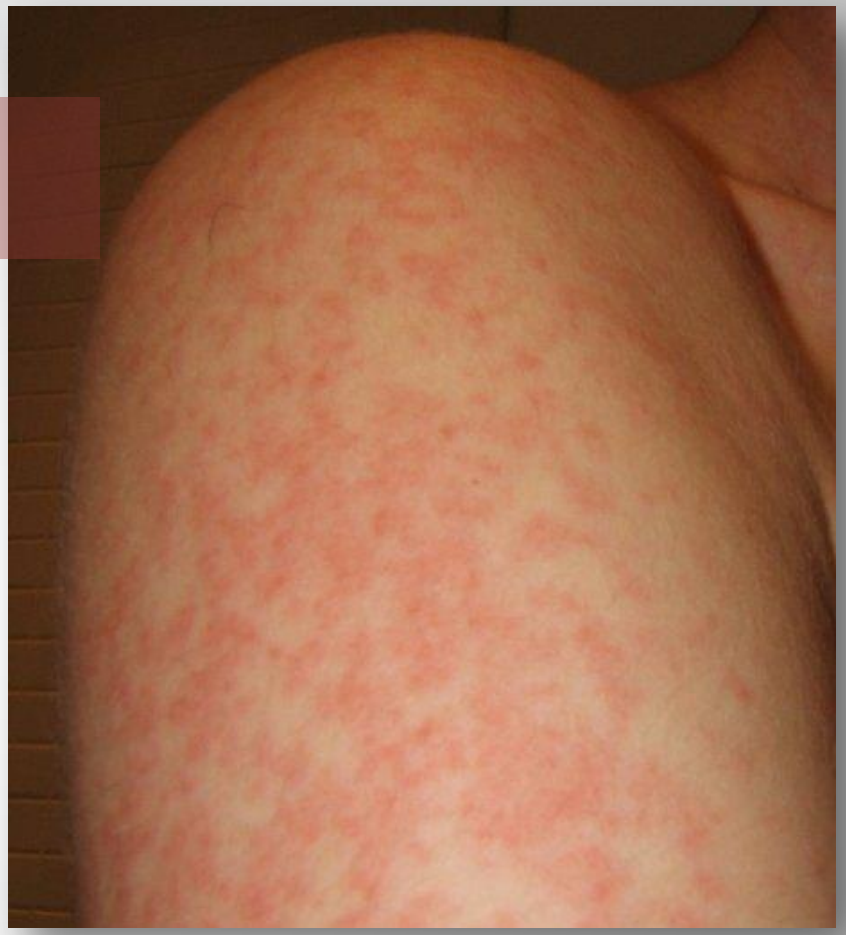
Annals of Rheumatic Diseases 2012

Equivalente a la AR del adulto

→ ABANDONAR el término AIJ: NO ES UNA ÚNICA enfermedad

Tugal I, Quartier P, Bodaghi B. Disease of the Year: Juvenile Idiopathic Arthritis-associated Uveitis-Classification and Diagnostic Approach. Ocullar Immunology & inflammation, 2014

Sistémica



Criterios

Artritis de una articulación o más, fiebre alta diaria en picos 2 semanas, y objetivada 3 días, y uno de:

- Exantema eritematoso evanescente
- Adenopatías
- Hepato y/o esplenomegalia
- Serositis

Criterios de exclusión:

- Psoriasis paciente o familiar 1ºg
- Artritis en varón >6 años B27+
- EA, sacroilitis asociada con EII, ARE, Reiter, UAA en paciente o familiar 1º g
- FR+

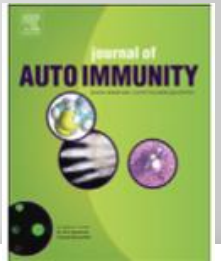
Problemas:

- Sin artritis **no se puede clasificar** como AIJ
- **Etiopatogenia** diferente

Role of interleukin-1 (IL-1) in the pathogenesis of systemic onset juvenile idiopathic arthritis and clinical response to IL-1 blockade

JEM 2005

Virginia Pascual,[1,2] Florence Allantaz,[1] Edsel Arce,[1] Marilynn Punaro,[2,3] and Jacques Banchereau[1]



Diagnosis and classification of juvenile idiopathic arthritis

2014

Eli M. Eisenstein*, Yackov Berkun

Inmunología

Respuesta a bloqueo IL1, IL6

AIJs: 2 subpoblaciones según respuesta a bloqueo de IL1

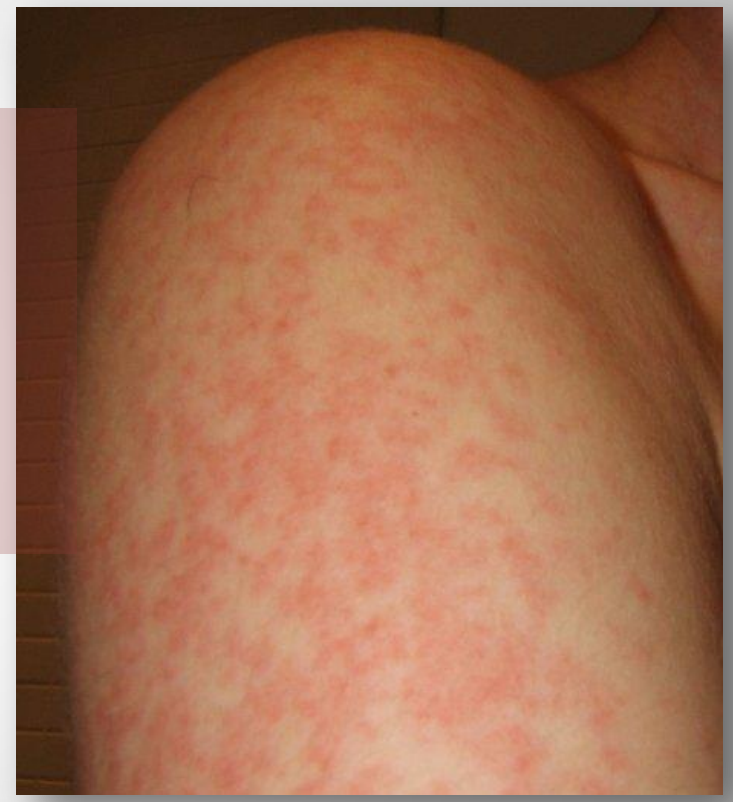
Arthritis & Rheumatism 2008

The Pattern of Response to Anti–Interleukin-1 Treatment Distinguishes Two Subsets of Patients With Systemic-Onset Juvenile Idiopathic Arthritis

Marco Gattorno,[1] Alessandra Piccini,[2] Denise Lasigliè,[1] Sara Tassi,[2] Giacomo Brisca,[1] Sonia Carta,[2] Laura Delfino,[2] Francesca Ferlito,[1] Maria Antonietta Pelagatti,[1] Francesco Caroli,[3] Antonella Buoncompagni,[1] Stefania Viola,[1] Anna Loy,[1] Marina Sironi,[4] Annunciata Vecchi,[4] Angelo Ravelli,[1] Alberto Martini,[1] and Anna Rubartelli[2]

Respuesta		No Respuesta
<	nº articulaciones	>
>	Cifra neutrófilos	<

Perspectivas clasificación AIJ sistémica



Juvenile idiopathic arthritis classification

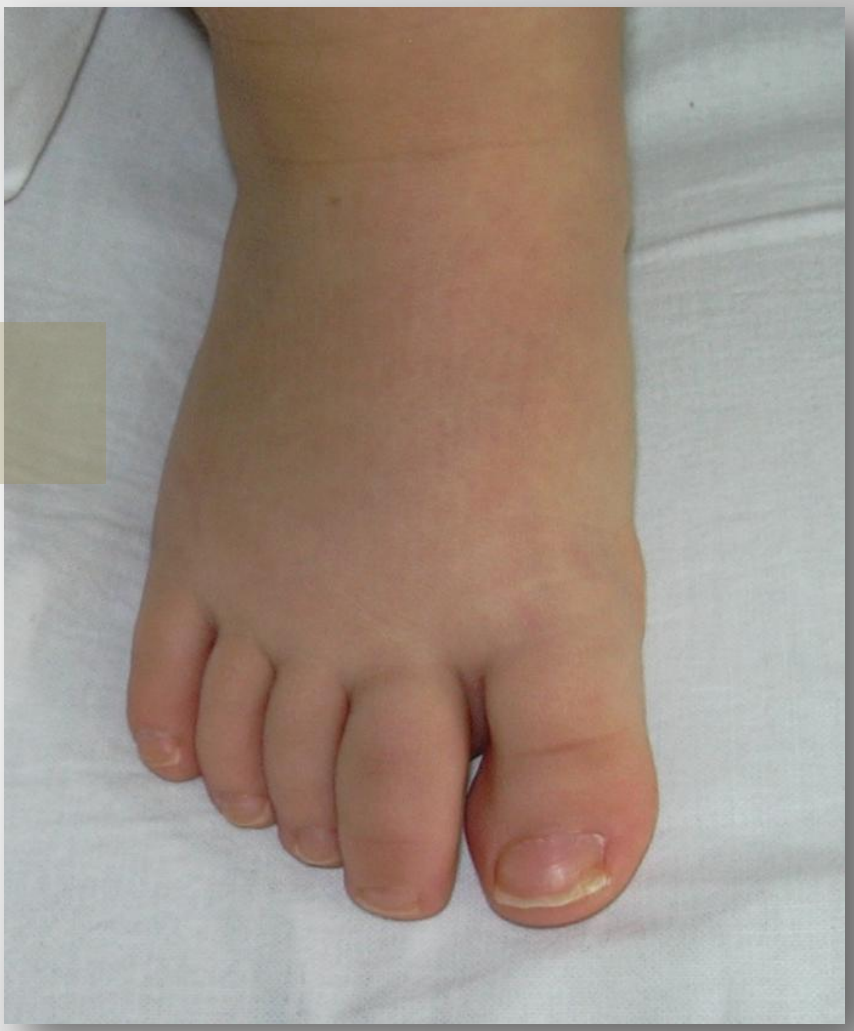
Alberto Martini[1,2]

- **Síndrome** que incluye un grupo de desórdenes autoinflamatorios.
- Pacientes sin artritis **deben incluirse** en este grupo
- Nombre… ¿**enfermedad de Still**?

Prakken B et al. Juvenile idiopathic arthritis. Lancet 2011

Martini A. It is time to rethink juvenile idiopathic arthritis classification and nomenclature. Ann Rheum Dis 2012

Psoriásica



Criterios

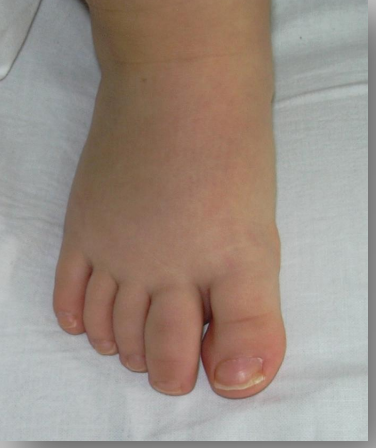
Artritis + psoriasis, o:

Artritis + dos de:

- Dactilitis
- Piqueteado ungueal u onicopatía
- Psoriasis en padres/hermanos

Criterios de exclusión:

- Artritis en varón >6 años B27 +
- EA, sacroilitis asociada con EII, ARE, Reiter, UAA en paciente o familiar 1º g
- FR+
- AIJ sistémica



Previamente: Criterios Vancouver (1989)

Problemas:

- Datos espondiloartrop→criterio exclusión
- Categoría heterogénea

→ 2 subpoblaciones

Stoll M et al. Comparison of Vancouver and International League of Associations for Rheumatology Classification Criteria for juvenile psoriatic arthritis. Arthritis & Rhem 2008

Patients With Juvenile Psoriatic Arthritis Comprise Two Distinct Populations

Arthritis & Rheumatism 2006

Matthew L. Stoll,[1] David Zurakowski,[1] Lise E. Nigrovic,[1] David P. Nichols,[2] Robert P. Sundel,[1] and Peter A. Nigrovic[3]

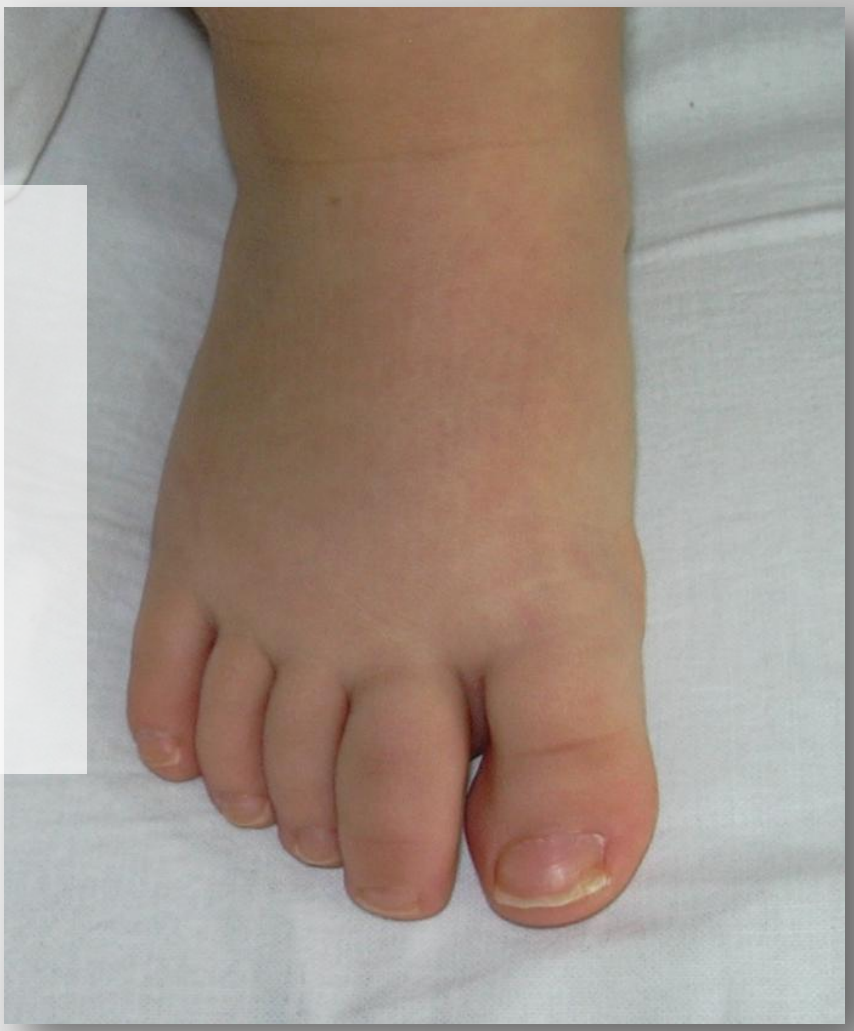
ANA +, < edad, niñas, uveítis, dactilitis

Espondiloartropatía

= oligoartritis

Butbul Y et al. Comparison of patients with Juvenile Psoriatic Arthritis and Nonpsoriatic Juvenile Idiopathic Arthritis: How different are they? J Rheum 2009

Perspectivas clasificación Artritis Psoriásica



Current Opinion in Rheumatology

2011

Psoriatic juvenile idiopathic arthritis: a tale of two subgroups

Matthew L. Stoll[a,b] and Marilynn Punaro[a,b]

ANA +, < edad, niñas, uveítis, **dactilitis**

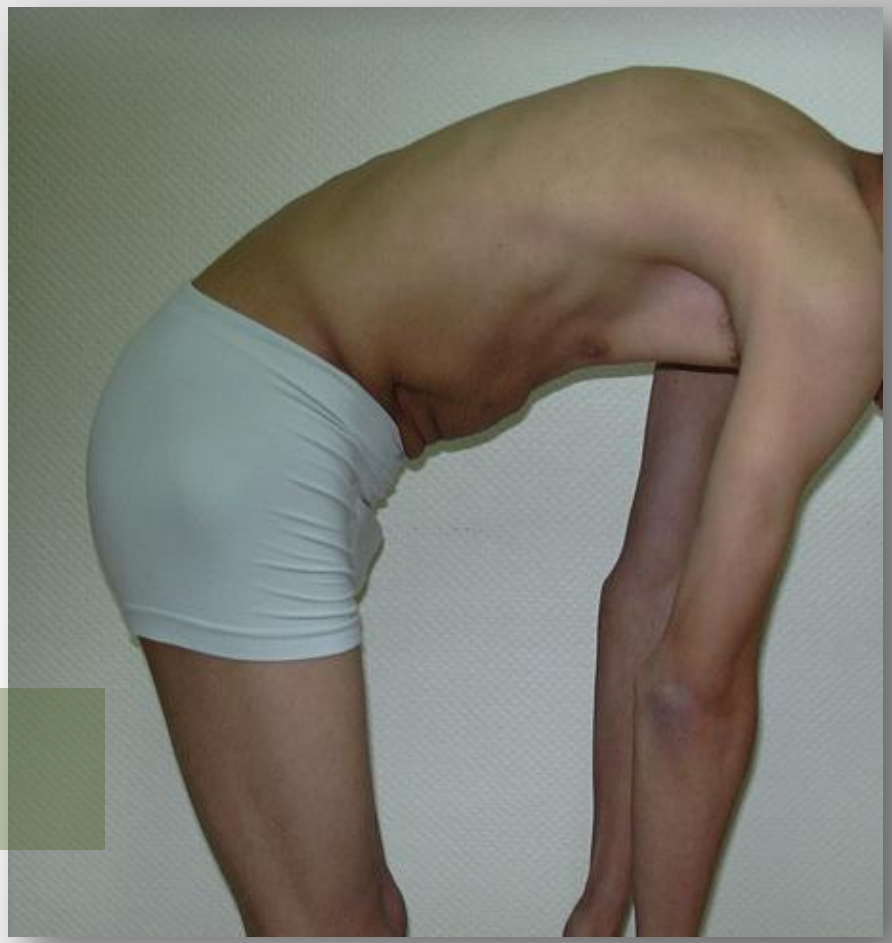
HLA DR5
Autoinmunidad

Espondiloartropatía

HLA B27
Disregulación autoinflamatoria complejo sinovio-entesis

similar to that seen in adults. Accordingly, if patients with early-onset, ANA-positive arthritis were removed from the PsA category the rest of the patients would mainly be represented by patients with the same characteristics as those of adult PsA.

ARE



Criterios

Artritis + entesitis, o:

Artritis + 2 de:

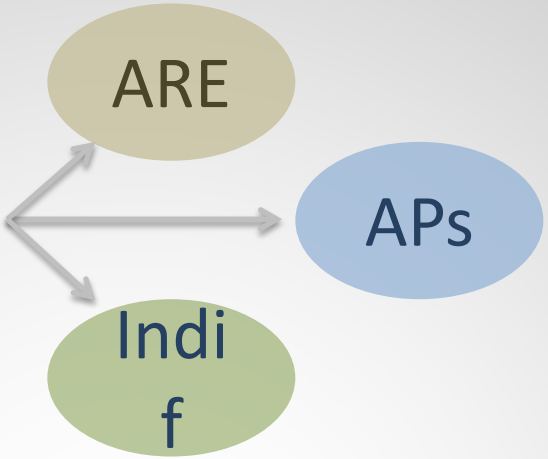
- Dolor sacroiliaco/raquídeo inflamatorio
- HLA B27 +
- Comienzo artritis en varón > 6 años
- UAA
- Familiar 1º g con EA, sacroilitis asociada a EII, ARE, Reiter, UAA

Criterios de exclusión:

- FR(+)
- AIJ sistémica
- Psoriasis en paciente o familiar 1º grado

Problemas

Niño con SpA



Psoriasis: criterio de exclusión

SpA EII / reactiva

No especifica afectación axial

No usa clasificación de SpA del adulto

Enthesitis-Related Arthritis: Time to Re-define?

Angela R. Bryan · C. Egla Rabinovich

Curr Rheumatol Rep 2014

Antecedentes clasificación

Niños → SEA

Adultos → Amor, SSGS, **ASAS**

Mayor afectación axial

Detectarla precozmente

ASAS Classification criteria for **axial** SpA

Sacroilitis on imaging* + ≥1 SpA feature**

HLA-B27 plus ≥ 2 other SpA features**

* - Active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA or Definite radiographic sacroiliitis according to modified New York criteria

** SpA features:

- - Inflammatory back pain
- - Arthritis
- - Enthesitis (heel)
- - Uveitis
- - Dactylitis
- - Psoriasis
- - Crohn's disease/ulcerative colitis
- - Good inflammatory response to NSAIDs
- - Family history for SpA
- - HLA-B27
- - Elevated CRP

From Rudwaleit M, et al., The development of Assessment of SpondyloArthritis international Society classification criteria for axial spondyloarthritis (part II): validation and final selection. *Ann Rheum Dis* 2009; 68:777–783.

ASAS Classificación criteria for **peripheral** SpA

Arthritis* or **enthesitis** or **dactylitis**, PLUS either

One or more of the following:

- - Uveitis (anterior)
- - Psoriasis
- - Crohn's disease or ulcerative colitis
- - Preceding infection (within 1 month)
- - HLA-B27
- - Sacroiliitis on imaging

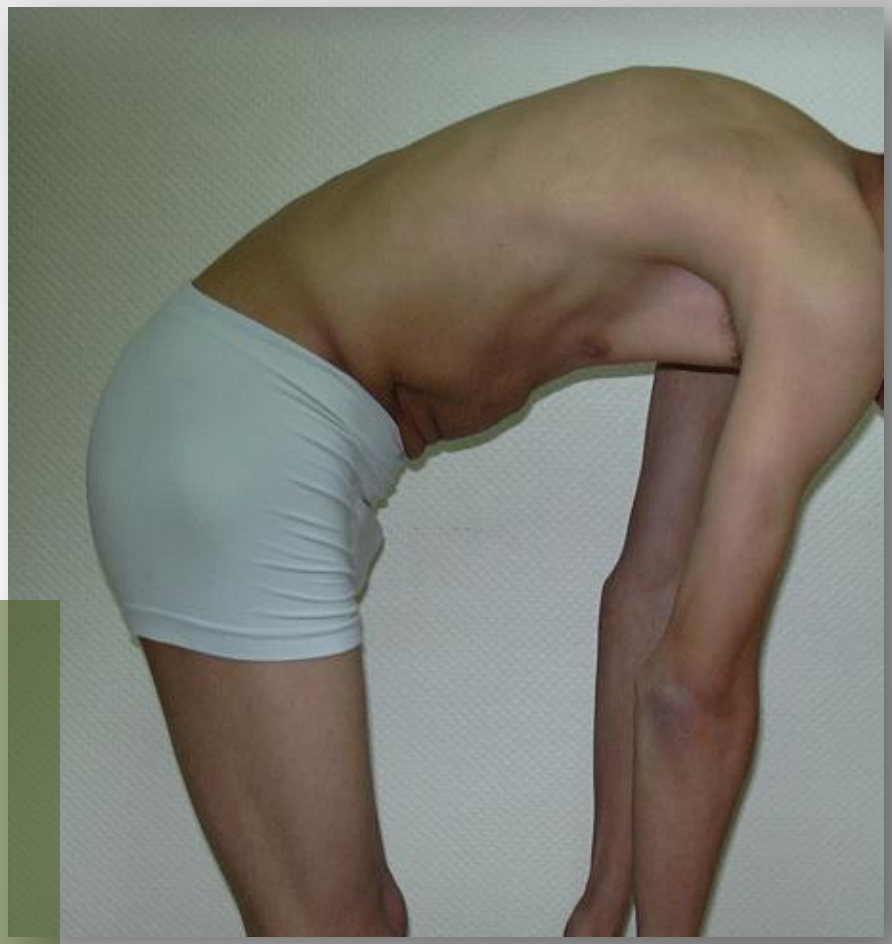
Two or more of the following:

- - Arthritis
- - Enthesitis
- - Dactylitis
- - Inflamamtory back pain (ever)
- - Family history of SpA

*Peripheral arthritis; predominantly lower limb and/or asymmetric

Adapted from Rudwaleit M, et al., The Assessment of SpondyloArthritis International Society classification criteria for peripheral spondyloarthritis and for spondyloarthritis in general. *Ann Rheum Dis* 2011; 70:25–31.

Perspectivas clasificación ARE



Annals of Paediatric Rheumatology

Enthesitis Related Arthritis; a New Era of Understanding

2012

Corinne Fisher[1], Yiannis Ioannou[1], Margaret Hall-Craggs[2], Debajit Sen[1]

DOS subpoblaciones dentro de ARE

Axial	Periférica
> Edad	< Edad
> B27	< B27
Cadera	Entesitis
UAA	Tobillo
EII	

Afectación axial más precoz

Nunca afectación axial?

PEDIATRIC RHEUMATOLOGY

2012

The assessment of the spondyloarthritis international society concept and criteria for the classification of axial spondyloarthritis and peripheral spondyloarthritis: A critical appraisal for the pediatric rheumatologist

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SpA adultos / niños: necesarios conceptos y criterios comunes

ASAS

sence of back pain. Certainly, the logical criteria for children and adolescents is the ASAS peripheral SpA criteria since they include the most important signs and symptoms in patients with juvenile-onset SpA.

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PReS Belgrado, Ricardo Russo presentó su experiencia aplicando los ASAS a los

O10

Classification of juvenile spondyloarthropaties according to asas criteria

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Introduction: The juvenile spondyloarthropathies (JSpA) are a group of related seronegative rheumatic diseases characterized by involvement of the axial joints, peripheral large joints and entheses. JSpA and adult SpA are probably parts of the same disease continuum. JSpA are represented by enthesitis related arthritis (ERA). juvenile psoriatic arthritis (JPsA) and probably undifferentiated arthritis (UA) in the ILAR criteria. Sets of classification criteria have been developed in adult patients with SpA. The ASAS classification criteria for axial and peripheral SpA have not been validated in pediatric populations.
Objectives: To assess the sensibility and specificity of the ASAS criteria for identification of patients with JSpA (ERA, JPsA and UA) among the different Juvenile idiopathic arthritis (JIA) categories. To compare the performance of the ASAS criteria with that of ESSG classification criteria in JIA patients. To identify associations between criteria fulfillment and disease features.
Methods: Consecutive patients with JSpA followed in our center with complete records were included. Clinical charts and databases were retrospectively reviewed. Randomly selected patients with oligoarthritis, polyarthritis RF negative and systemic arthritis from our cohort served as controls. Demographic and clinical characteristics as well as disease duration at first visit and follow up time were recorded. Items corresponding to the ASAS, ESSG, Amor, seronegative enthesopathy and arthropathy (SEA) syndrome and Modified New York (NY) criteria were obtained from first visit and during disease course. Descriptive , summary statistics (sensitivity [sen], specificity [sp], positive predictive value [PPV] and negative predictive value [NPV]) and Wilcoxon Rank sum test were used.
Results: 106 patients with JSpA (103 ERA, 2JPsA, 1UA) were included (M:92), age at onset: 10 (1-15) years, disease duration at first visit 10 (1-15) months, follow-up time 4 (1-12) years. Controls: 65 patients with other JIA (24 oligoarthritis, 21 polyarthritis RF negative, 20 systemic) (M: 27). At first visit cases showed: 103 (97%) arthritis, 87 (82%) asymetrical oligoarthritis, 67 (63%) elevated CRP, 52 (49%) limitation of lumbar spine motion, 51 (48%) HLA-B27, 45 (42%) enthesitis, 39 (37%) low back pain, 32 (30%) good response to NSAIDS, 26 (25%) positive family history, 20 (19%) radiographic bilateral sacroiliitis grade 2-4, 13 (12%) dactylitis, 8 (8%) uveitis, 7 (7%) unilateral sacroiliitis grade 3-4, 7 (7%) diarrhea, 5 (5%) previous infectious disease, 2 (2%) urethritis, 2 (2%) inflammatory bowel disease, 2 (2%) buttock pain, 1 (1%) psoriasis. At first visit (106 patients): 79 (75%) patients fulfilled ASAS criteria, 78 (74%) peripheral ASAS, 78 (74%) ESSG, 69 (65%) Amor (58 definite, 11 probable), 32 (30%) SEA, 25 (24%) NY (22 definite, 3 probable), 24 (23%) axial ASAS. During disease course (102 patients): 100 (98%) patients fulfilled ESSG criteria, 97 (95%) ASAS, 97 (95%) peripheral ASAS, 94 (92%) Amor (82 definite, 12 probable), 75 (74%) NY (63 definite, 12 probable), 42 (41%) SEA, 41 (40%) axial ASAS. ASAS sen 95%, sp 83%, PPV 90%, NPV92%. ESSG sen 98% sp 89% PPV 93%, NPV 97%. Unilateral and bilateral sacroiliitis were associated only with axial ASAS (p=0,0066 and 0,04 respectively).
Conclusion: In our cohort ASAS criteria performed similarly to ESSG criteria in the classification of JSpA. Both sets of criteria allow the inclusion of JSpA patients under one unified category to facilitate research and communication. Peripheral ASAS criteria allow the classification of all patients with JSpA who meet axial ASAS criteria.
Disclosure of interest: None declared.

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Serious infections in JIA patients upon MTX, TFN inhibitors and combinations

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Introduction: Serious infections are a major concern in JIA patients treated with immunosuppressants and biologics. Effect of TNF inhibitors on the risk for serious infections and further factors are studied here.