ranged between 0.79 and 0.87 for parents and 0.81 and 0.88 for children.
Conclusion: The four tested PCROs showed good criterion validity and excellent reliability. These tools can be considered for remote patient assessment, when in person evaluation might not be possible.

Disclosure of Interest
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Longitudinal effectiveness of abatacept in Juvenile Idiopathic Arthritis (JIA): results from an ongoing JIA registry
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Introduction: Abatacept (ABA) is a selective T-cell co-stimulation modulator approved for use in JIA. Efficacy and safety of ABA in patients (pts) with JIA has been demonstrated previously in two Phase III studies.[1,2]
Objectives: Provide data from a real-world setting for longitudinal effectiveness of IV and SC ABA in pts with JIA.
Methods: By protocol, clinical sites in the Pediatric Rheumatology Collaborative Study Group and Paediatric Rheumatology International Trial Organization enrolled pts with JIA currently taking or starting IV or SC ABA. Planned duration of follow-up (FU) is 10 yrs; data were collected up to 31 Mar 2018. Effectiveness was assessed at day of entry into registry (baseline; BL), 3 and 6 mos and 1, 2, 3, 4 and 5 yrs. Safety data were collected at each visit.
Results: 438 were enrolled; 435 were included in the analysis, 346/435 (80%) were female. At BL, 17 (4%) pts were aged 2–5 yrs and median age was 13.6 yrs; JIA disease duration was 4.4 yrs; ABA treatment duration 6.5 mos, number of active joints 1 (mean 2.7). JIA categories were systemic (2%), oligo (23%), poly RF– (55%), poly RF+ (10%), psoriatic (3%), enthesitis-related (3%) and undifferentiated (4%). Total ABA exposure was 474.0 pt-yrs. At 1-yr FU, pts had low MD Global Disease Activity, low Juvenile Arthritis Multidimensional Assessment Report scores and improved joint assessments (Table 1). A higher percentage of pts achieved clinically inactive disease after 1 yr FU vs BL (32 vs 45; Table 1). This trend continued despite low numbers of pts with 4 and 5 yrs of FU. There were 5 serious infections reported (incidence rate [IR] 0.66 /100 pt-yrs of FU, 95% CI: 0.22, 1.55; IR 0.79/100 pt-yrs on treatment, 95% CI: 0.26, 1.84). There were 15 autoimmune events (9 new onset) in 14 patients (IR 1.98/100 pt-yrs of FU, 95% CI: 0.66, 4.65; IR 2.37/100 pt-yrs on treatment, 95% CI: 0.78, 5.52). No malignancies or TB reported. There was 1 death (unrelated pre-existing cardiac problems).
Conclusion: In this real-world JIA cohort, abatacept was safe and well-tolerated with no new safety risks identified. This longitudinal analysis further supports the persistent effectiveness of abatacept in pts with JIA.

References
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2. Ruperto N, et al. Lancet. 2008;372:383-91.

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Disclosure of Interest
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