HR Consulting, действующий от имени "Johnson&Johnson Innovative Medicine"

Juvenile Idiopathic Arthritis

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ТОО «Johnson & Johnson Kazakhstan»
Материал предназначен для медицинских и фармацевтических работников

LLP "Johnson & Johnson Kazakhstan"
This material is intended for healthcare and pharmaceutical professionals

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Content

- Disease measurement scores
- Treatment and guidelines

Pediatric Response Criteria

Pediatric response criteria	
ACR Pedi 30 (PedACR30)	Minimum of 30% improvement from baseline in at least three of the six core set criteria, with a worsening of 30% in no more than one variable
ACR Pedi 50, 70, 90, and 100 (PedACR50/70/90/100)	Minimum improvement of 50%, 70%, 90%, and 100%, respectively, from baseline in at least three of the six core set criteria with a worsening of 30% in no more than one variable
ACR pediatric core set criteria	1. Physician global assessment of disease activity (10 cm visual analog scale) 2. Parent/patient assessment of disease activity (10 cm visual analog scale) 3. Functional ability (CHAQ) 4. Number of joints with active arthritis 5. Number of joints with limited range of motion 6. ESR
JADAS	Composite score based on the arithmetic sum of the four following measures: 1. Physician global assessment of disease activity (VAS) 2. Parent/patient assessment of disease activity (VAS) 3. Number of joints with active arthritis based on 27-joint count 4. ESR

JIA: Juvenile idiopathic arthritis; ACR: American College of Rheumatology; JADAS: Juvenile Arthritis Disease Activity Score; CHAQ: Childhood Health Assessment Questionnaire; VAS: Visual analog scale; ESR: Erythrocyte sedimentation rate

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Adapted from Kessler et al. Best Pract Res Clin Rheumatol 2014;28:293-313.

Pediatric Response Criteria (Cont'd)

Pediatric response criteria	
Clinical inactive disease (all six conditions must be met)	1. No joints with active arthritis 2. No fever, rash, serositis, splenomegaly, or generalized lymphadenopathy related to JIA 3. No active uveitis 4. ESR or CRP level (or both if tested) within normal limits or, if elevated, not related to JIA 5. Physician global assessment of disease activity of lowest possible on the scale used 6. Duration of morning stiffness ≤15 min
Clinical remission on medication	Inactive disease on medication must persist for ≥6 months
Clinical remission off medication	Inactive disease for ≥12 months after discontinuation of all JIA therapy
CHAQ	A disease-specific instrument that measures functional ability in activities of daily living
PedsQL	Measures health-related quality of life via both child self-report and parent proxy report scales using both generic and rheumatology-specific measures
CHQ	Generic instrument that contains 14 domains to evaluate the physical, emotional, and social components of health and provides physical and psychosocial summary scores

CHAQ, Childhood Health Assessment Questionnaire; ESR: erythrocyte sedimentation rate; CRP: C-reactive protein; JIA: Juvenile idiopathic arthritis; PedsQL: Pediatric Quality of Life; CHQ: Child Health Questionnaire

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Treatment Goals in Juvenile Rheumatoid Arthritis

- Disease remission
- Maximize function
- Optimize growth and development
- Improve quality of life
- Minimize medication toxicity

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Gowdie et al. Pediatr Clin N Am 2012;59:301-27.

Treatment Options in JIA – ACR 2019

≤ 4 involved joints	≥ 5 involved joints	Sacroilitis	Enthesits
• NSAIDs • Intra-articular corticosteroids • Methotrexate	• NSAIDs • Methotrexate • TNF inhibitors	• NSAIDs • TNF inhibitors • Sulfasalazine	• NSAIDs • TNF inhibitors • Sulfasalazine

Golimumab is indicated for the treatment of polyarticular JIA (European Medicines Agency)

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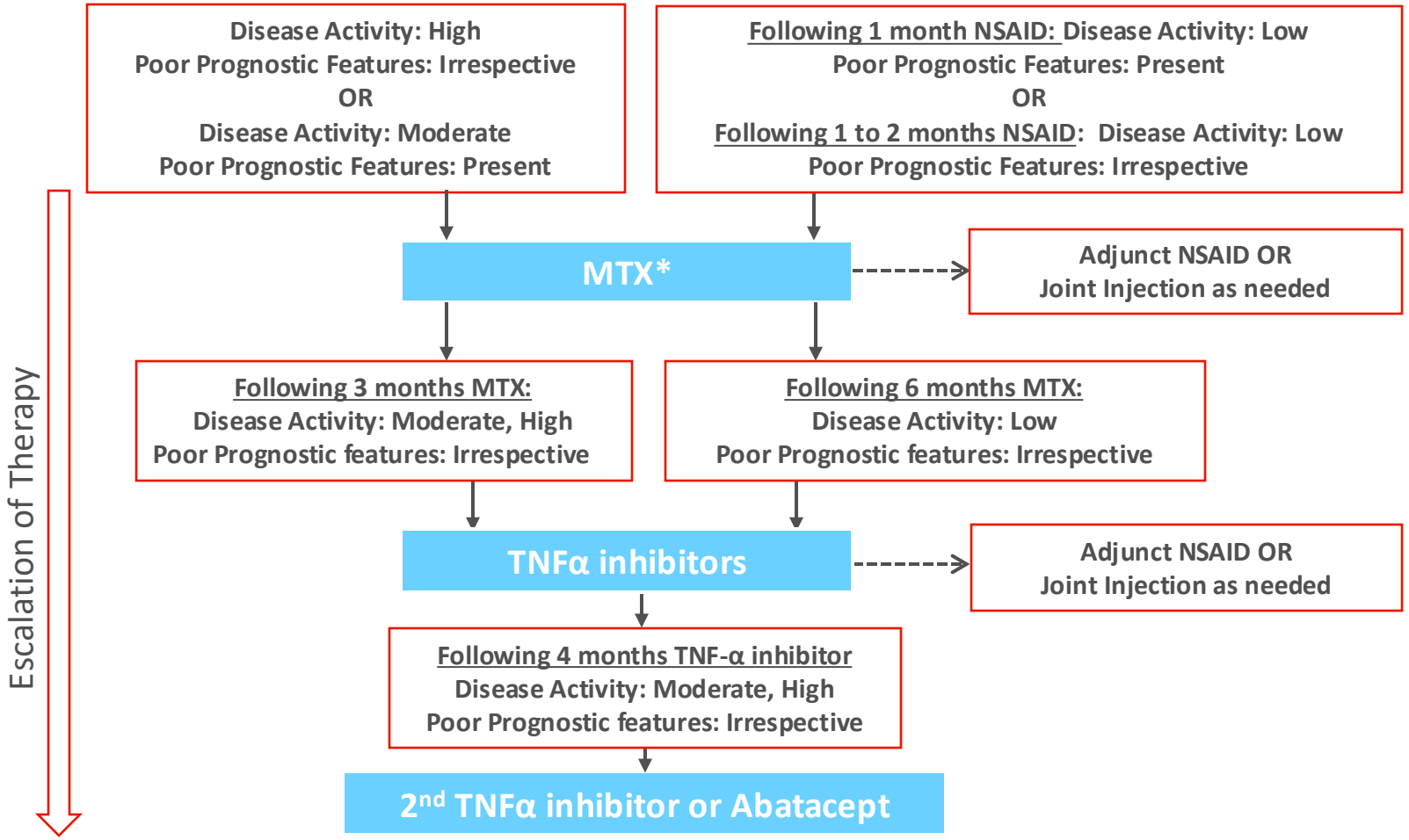
Sarah Ringold et al. Arthritis Care & Research 2019;71:717-734.
Golimumab Summary of Product Characteristics (SmPC); dated 24JUN2016.

ACR Recommendations for the Treatment of JIA

Treatment recommendations for patients with a history of arthritis of ≥5 joints



*Leflunomide may be an appropriate treatment alternative; NSAID: non-steroidal anti-inflammatory drugs; MTX: methotrexate; TNF: tumor necrosis factor

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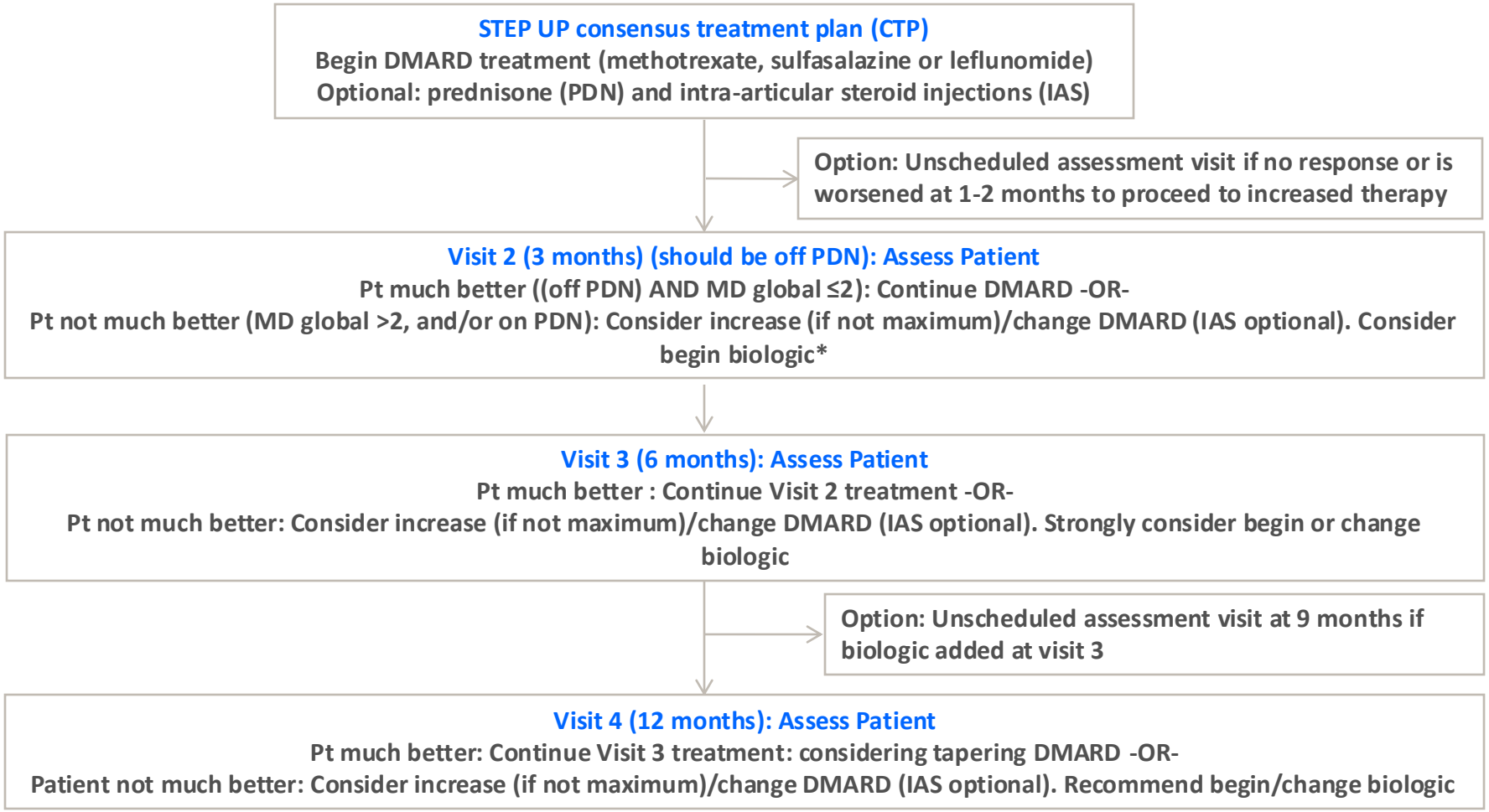
Sarah Ringold et al. Arthritis Care & Research 2019;71:717-734.

CARRA Recommendations for the Treatment of New-Onset Polyarticular JIA



*Any inhibitor of tumor necrosis factor, T cell costimulation, interleukin-6, or B cell; DMARD: Disease modified anti-rheumatic drug; MD: physician; CARRA: Childhood Arthritis and Rheumatology Research Alliance

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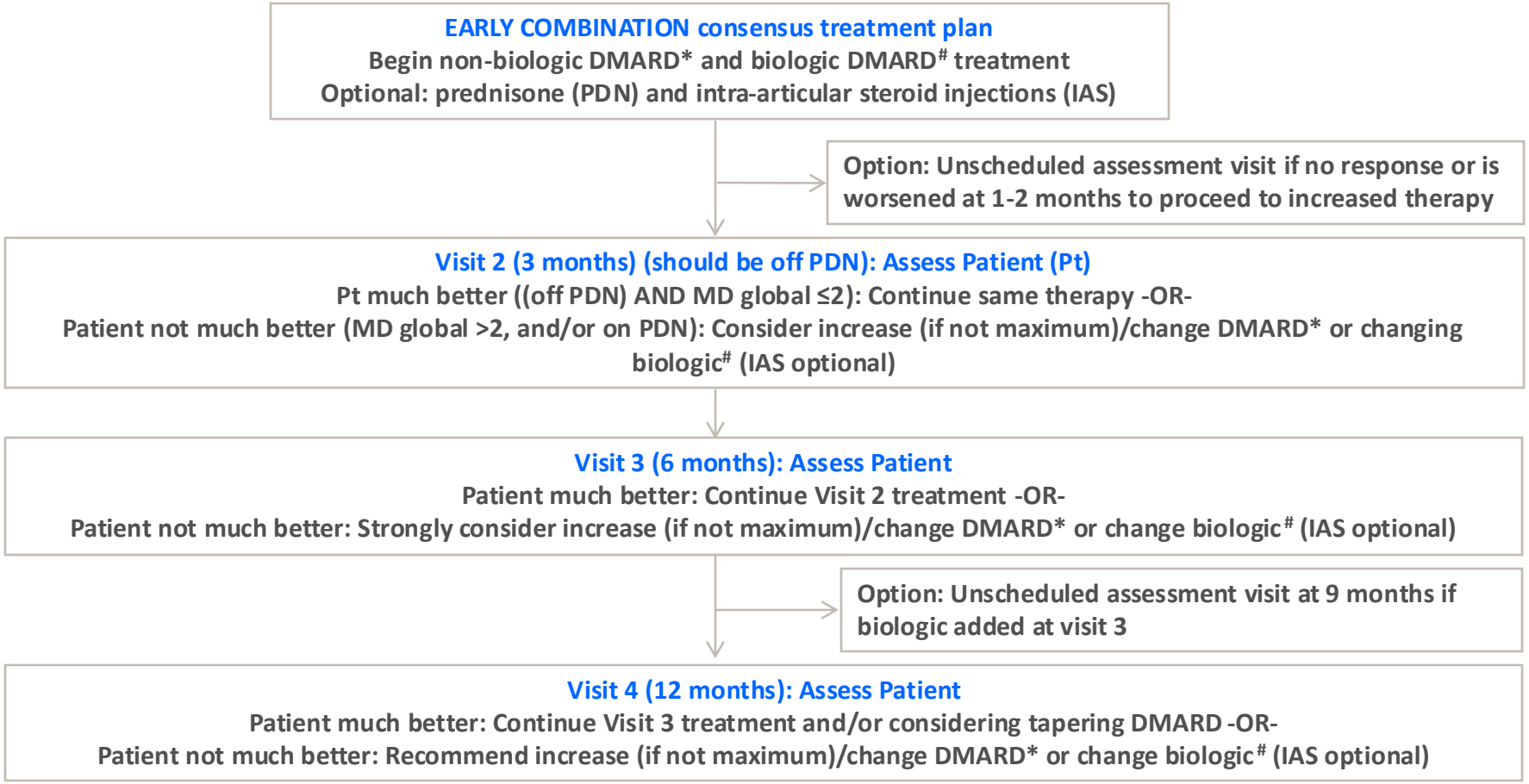
Adapted from Ringold et al. Arthritis Care Res 2014;66:1063-72.

CARRA Recommendations for the Treatment of New-Onset Polyarticular JIA (Cont'd)



*Methotrexate, sulfasalazine, or leflunomide; #any inhibitor of tumor necrosis factor, T cell costimulation, interleukin-6, or B cell
DMARD: Disease modified anti-rheumatic drug; MD: physician. Pt: patient

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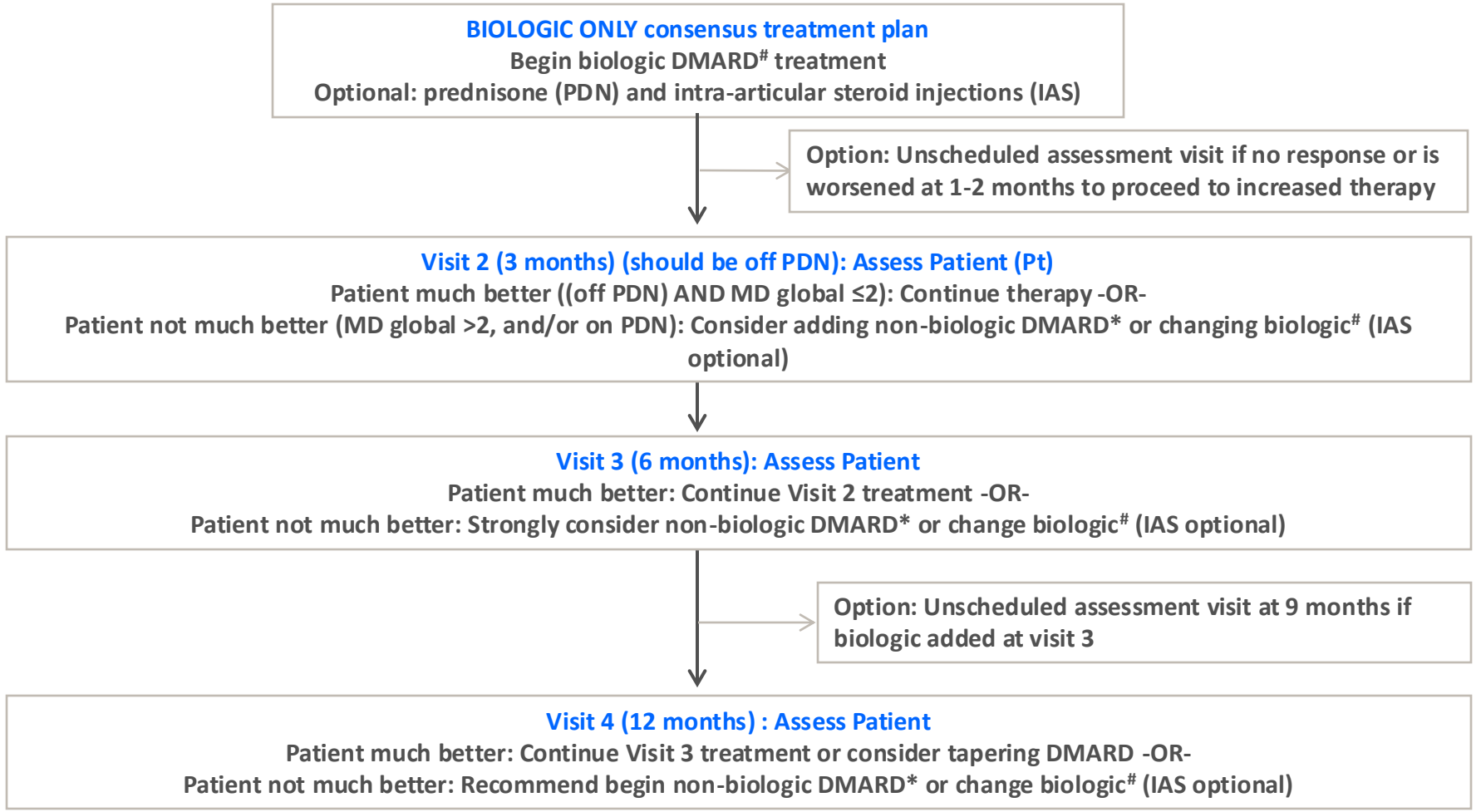
Adapted from Ringold et al. Arthritis Care Res 2014;66:1063-72.

CARRA Recommendations for the Treatment of New-Onset Polyarticular JIA (Cont'd)



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