

Definition of the 2020 JADAS cutoffs based on subjective assessment of disease activity state by international pediatric rheumatologists

APPENDIX

Comparative validation of 2012-2014 JADAS10 and cJADAS10 cutoffs

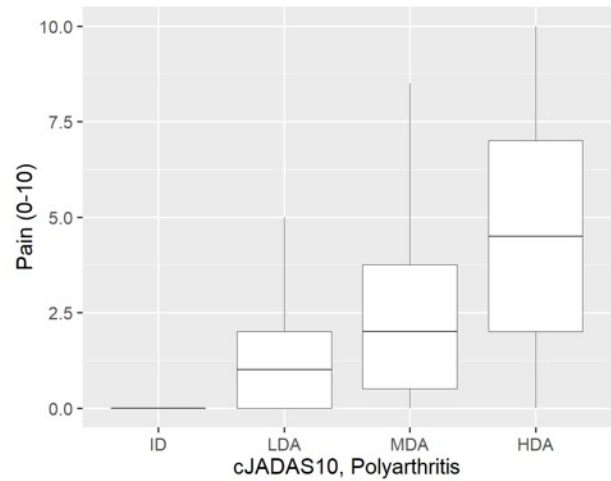
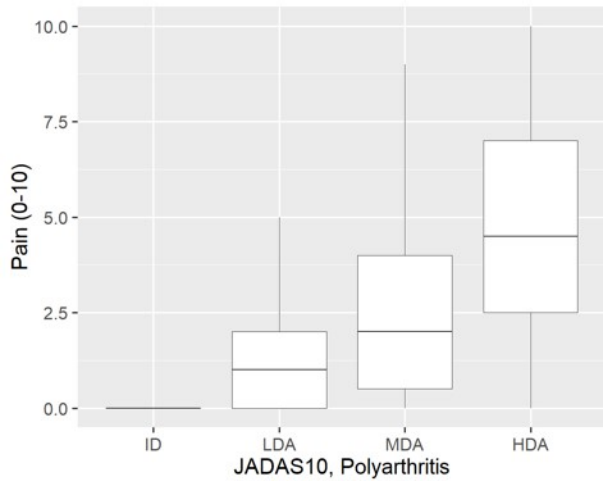
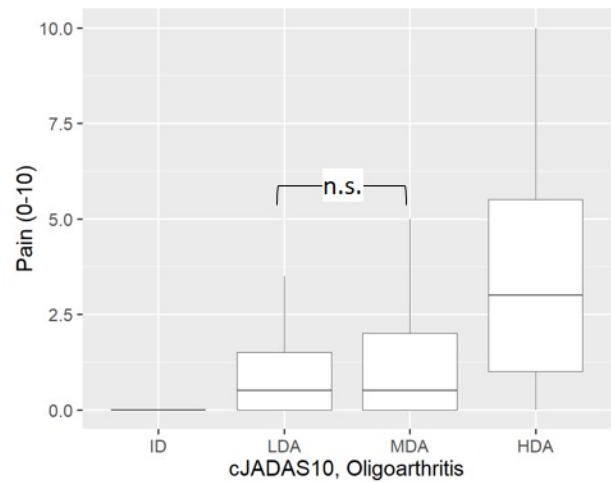
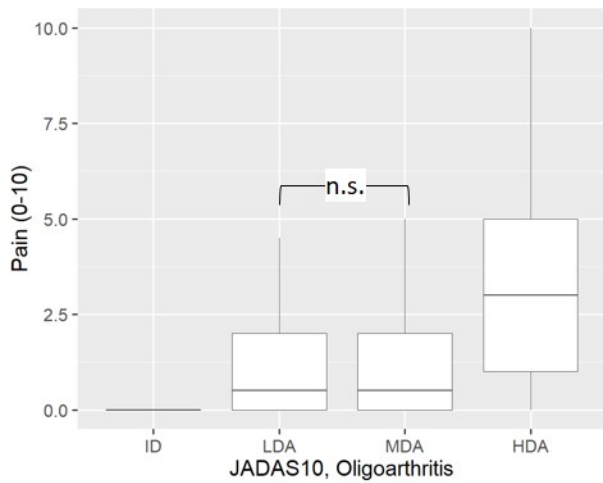
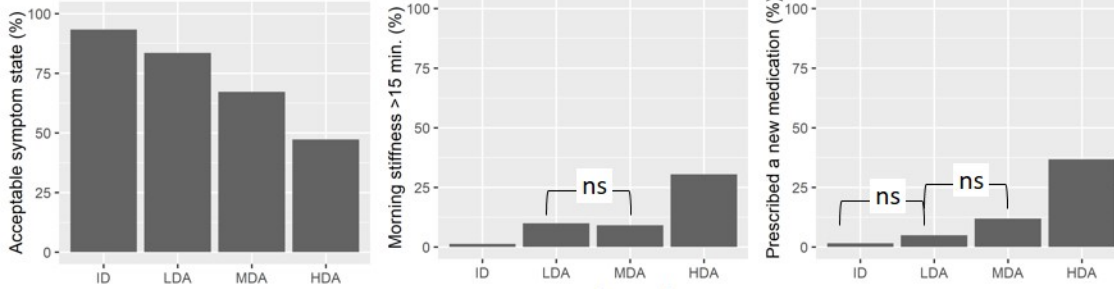
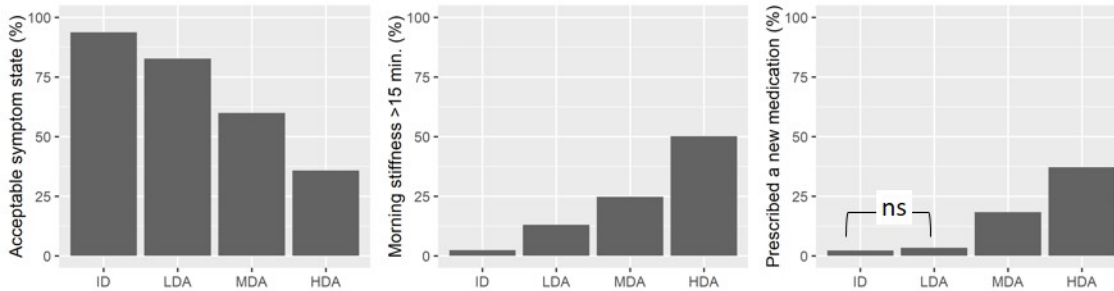


Figure I Comparison of the level of pain, measured with a 0 to 10 21-point Likert scale, among visits (n = 1908 for oligoarthritis and 2489 for polyarthritis, from the EPOCA study) in which patients had JADAS10 and cJADAS10 below the 2012-2014 cutoff value for ID or low disease activity, in the interval corresponding to moderate activity, or above the cutoff value for high disease activity. Graphs show median, interquartile range and range. $P < 0.05$ for all comparisons of disease states and post-hoc analysis with Bonferroni correction, except when indicated (n.s.).

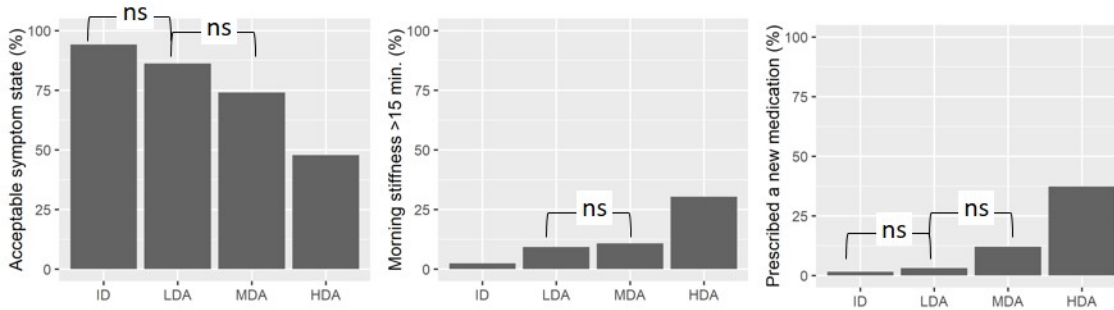
JADAS10 - Oligoarthritis



JADAS10 - Polyarthritis



cJADAS10 - Oligoarthritis



cJADAS10 - Polyarthritis

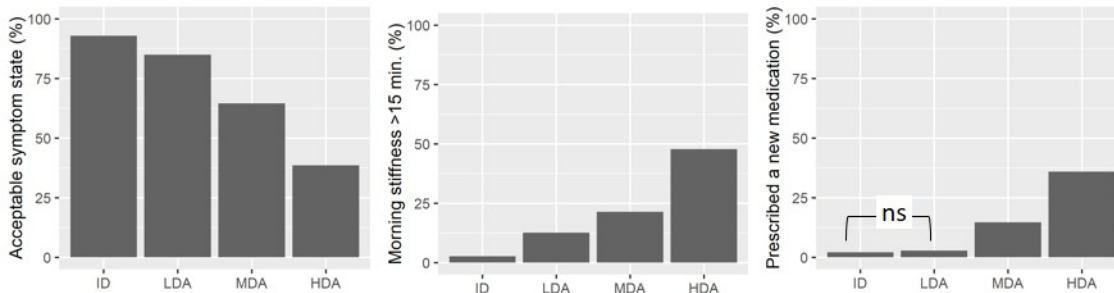


Figure II Percentage of patients who declared to be in acceptable symptom state, who have morning stiffness \leq 15 minutes and who were prescribed a new medication for JIA by the attending physician at visit in the EPOCA study ($n = 1908$ for oligoarthritis and 2489 for polyarthritis) among those who had JADAS10 and cJADAS10 below the 2012-2014 cutoff value for ID or low disease activity, in the interval corresponding to moderate activity, or above the cutoff value for high disease activity. $P < 0.05$ for all comparisons of disease states and post-hoc analysis with Dunn's test, except when indicated (n.s.).

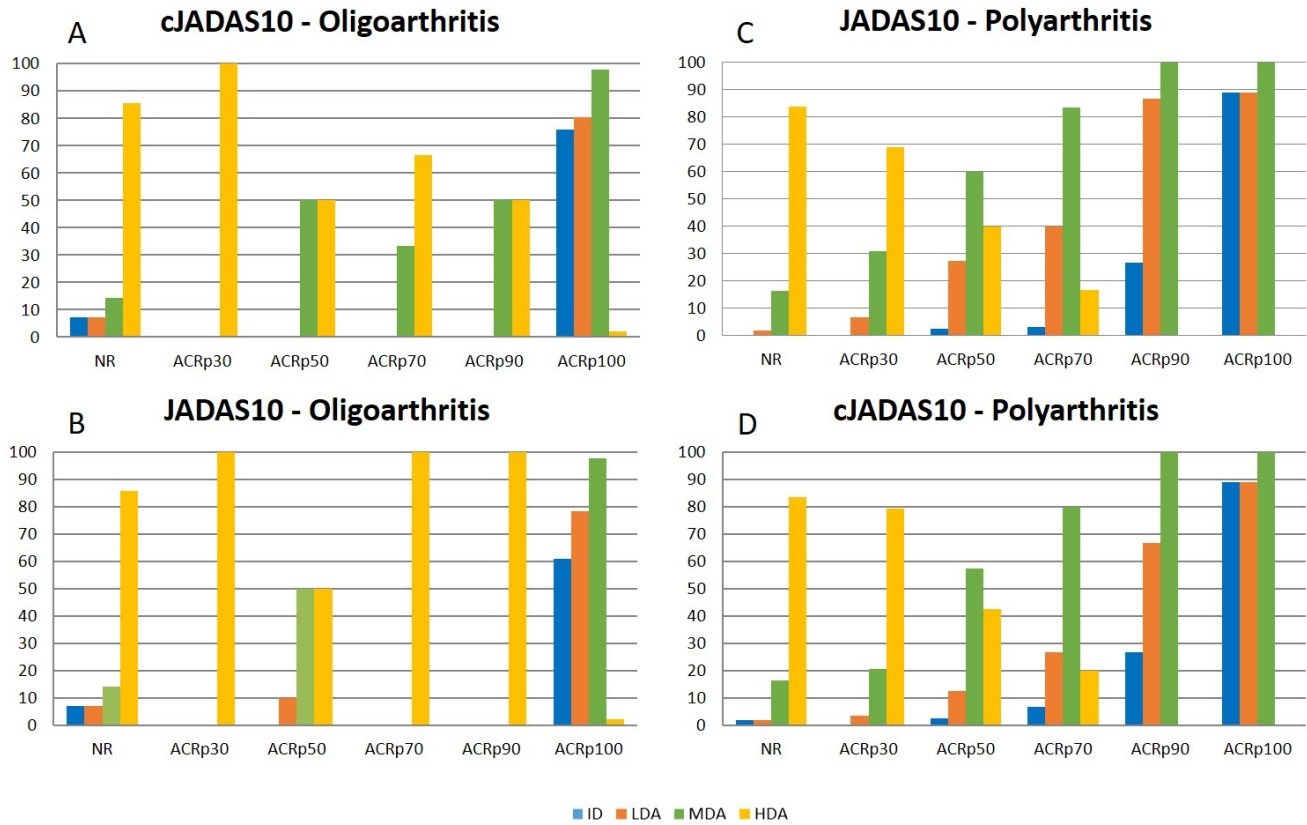


Figure III Percentage of patients with a JADAS10 or a cJADAS10 below the 2012-2014 cutoff value for ID or low disease activity, in the interval corresponding to moderate activity, or above the cutoff value for high disease activity according to response at 4 months in the TRIMECA trial for oligoarthritis and in the abatacept trial for polyarthritis as assessed by American College of Rheumatology (ACR) Pediatric criteria (non-responders, or improved by 30%, 50%, 70%, 90%, or 100% [ACRp30, ACRp50, ACRp70, ACRp90 and ACRp100, respectively]). NR: non-responders, LDA: low disease activity; MDA: moderate disease activity; HDA: high disease activity.

	Active disease at 2 years (N = 44)	ACR CID at 2 years (N = 44)	p
Visits in the first year*:			
≥ 2 in JADAS10 ID	9 (20.5)	32 (72.7)	<0.001
≥ 2 in cJADAS10 ID	10 (22.7)	36 (81.8)	<0.001
≥ 2 in JADAS10 LDA§	17 (38.6)	38 (86.4)	<0.001
≥ 2 in cJADAS10 LDA§	14 (31.8)	38 (86.4)	<0.001
≥ 2 in JADAS10 HDA	18 (40.9)	5 (11.4)	0.004
≥ 2 in cJADAS10 HDA	18 (40.9)	5 (11.4)	0.004

Table I Percentage of JIA patients with JADAS10 and cJADAS10 below the 2012-2014 cutoffs for ID and low disease activity and above cutoffs for high disease activity in at least 2 visits the first year of PharmaChild registry participation among those achieving or not achieving the state of clinically inactive disease according to ACR criteria at 2 years. ACR CID = American College of Rheumatology preliminary definition of clinical inactive disease; ID = inactive disease, LDA = low disease activity, HDA = high disease activity.

*: only patients with at least 4 visits in the first year of PharmaChild registry participation were included. §: patients below the LDA cutoffs included patients in ID.