

ORAL PRESENTATION

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Defining clinical remission and clinically inactive disease in juvenile systemic lupus erythematosus (jSLE)

Rina Mina^{1*}, Laura Schanberg², Anne B Eberhard³, Marisa Klein-Gitelman⁴, Gloria Higgins⁵, Karen Onel⁶, Nora G Singer⁷, Kathleen O'Neil⁸, Lori Tucker⁹, Deborah Levy¹⁰, Wajeeha Yousaf¹¹, Shannen Nelson¹, Michael Beresford¹², Ruben Cuttica¹³, Graciela Espada¹⁴, Angelo Ravelli¹⁵, Alberto Martini¹⁵, Edward Giannini¹, Hermine I Brunner¹

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Background

An initial Delphi survey delineated key commonalities for a standard definition of clinical remission and inactive disease in jSLE. However, several additional clarifications were still required.

Objective

To develop a definition and criteria of clinical remission and inactive disease in jSLE.

Methods

A second international Delphi survey was conducted among pediatric rheumatologists. Consensus was set at 75%.

Results

There were 210 respondents. Consensus was achieved regarding the key definitions under consideration (Table 1). Respondents also agreed that a) there should be at most one mild, non-limiting symptom; and b) there can be regular use of several systemic medications in clinical remission. There was no consensus on whether select laboratory tests could be abnormal, and whether regular use of non-steroidal anti-inflammatory drugs with clinical remission was permissible.

Conclusions

Consensus has been reached on the definition of 'Clinical Remission' and 'Clinically Inactive Disease' in jSLE.

Table 1 Definition of Clinical Remission and Clinically Inactive Disease in JSLE

Construct	Time frame	Acceptable Use of Medications for Lupus				Consensus
		Cortico steroids	Immuno suppressives	Preventive medications	Medications to treat SLE damage	
Clinically Inactive Disease	Time-point	Yes	Yes	Yes	Yes	94% (156/166)
Clinical Remission on Medication	Time-period: ≥ 6 months	Yes	Yes	Yes	Yes	96% (159/166)
Clinical Remission on Preventive Medication	Time-period: ≥ 6 months	No	No	Yes	Yes	95% (154/162)
Clinical Remission Off Medication	Time-period: ≥ 12 months	No	No	No	Yes	86% (140/162)

* Correspondence: rina.mina@cchmc.org

¹Cincinnati Children's Med Ctr, USA

Full list of author information is available at the end of the article

The results of the Delphi process will be used to guide the data-driven development of provisional criteria of clinical remission and inactive disease in jSLE.

Author details

¹Cincinnati Children's Med Ctr, USA. ²Duke Children's Hosp, USA. ³Cohen Children's Medical Ctr, USA. ⁴Children's Memorial Hosp, USA. ⁵Nationwide Children's Hosp, USA. ⁶University of Chicago Comer Children's Hosp, USA. ⁷MetroHealth Medical Center, OH, USA. ⁸Children's Hosp at Oklahoma University, USA. ⁹BC Children's Hosp, Canada. ¹⁰The Hospital for Sick Children, Canada. ¹¹University of Cincinnati, OH, USA. ¹²Royal Liverpool Children's NHS Trust, UK. ¹³Hospital General de Niños Pedro de Elizalde, Argentina. ¹⁴Hospital de Niños Dr. Ricardo Gutiérrez, Buenos Aires, Argentina. ¹⁵University of Genova, Istituto G. Gaslini, Italy.

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