

Biologic Abatement and Capturing Kids' Outcomes and Flare Frequency in Juvenile Spondyloarthritis

Status: Recruiting

Eligibility Criteria

Sex: All

Age: 8 Years to 21 Years old

This study is NOT accepting healthy volunteers

Inclusion Criteria:

1. Males or females age 8 to 21 years 2. Juvenile SpA diagnosis (symptom onset before their 16th birthday): Pediatric Rheumatology International Trials Organization (PRINTO) revision of the The International League of Associations for Rheumatology (ILAR) criteria enthesitis/spondylitis-related Juvenile idiopathic arthritis (JIA)

- Peripheral arthritis and enthesitis, or
- Arthritis or enthesitis, plus ≥ 3 months of inflammatory back pain and sacroiliitis on imaging, or
- Arthritis or enthesitis plus 2 of the following: (1) sacroiliac joint tenderness; (2) inflammatory back pain; (3) presence of Human leukocyte antigen (HLA-B27) ; (4) acute (symptomatic) anterior uveitis; and (5) history of a SpA in a first-degree relative 3. Currently taking one of the following TNFi therapies (Adalimumab, Certolizumab, Etanercept, Golimumab, Infliximab) at standard doses and dosing intervals 4. Have reached a clinically inactive disease state for a minimum of six months, as determined by treating physician 5. English speaking 6. Interested and willing to de-escalate TNFi therapy

Exclusion Criteria:

1) No history of uveitis, psoriasis, or inflammatory bowel disease

Conditions & Interventions

Interventions:

Other: Standard TNFi Therapy, Other: TNFi fixed longer dosing intervals, Other: Stop TNFi treatment

Conditions:

Juvenile Spondyloarthritis

More Information

Description: This study is enrolling participants who have been diagnosed with juvenile spondyloarthritis, are taking a tumor necrosis factor inhibitor (TNFi) and have reached a clinically inactive disease state for a minimum of six months. Researchers want to know if children who have maintained inactive disease for at least 6 months can maintain quiet disease without taking their medication as frequently or stop the TNFi therapy. Quiet disease means that disease related symptoms are not active or being experienced in the patient. Researchers also want to know the safest method to bring patients off medication. If a flare does occur during therapy reduction, researchers want to find out whether they can predict when a flare is most likely to happen, and how quickly an inactive disease state can be recaptured.

Contact(s): sfinder@umn.edu

Phase: N/A

System ID: NCT04891640

Thank you for choosing StudyFinder. Please visit <http://studyfinder.umn.edu> to find a Study which is right for you and contact sfinder@umn.edu if you have questions or need assistance.