

Juvenile Idiopathic Arthritis (JIA)

Purpose/Aim

Increase QOL in JIA patient within 2 years

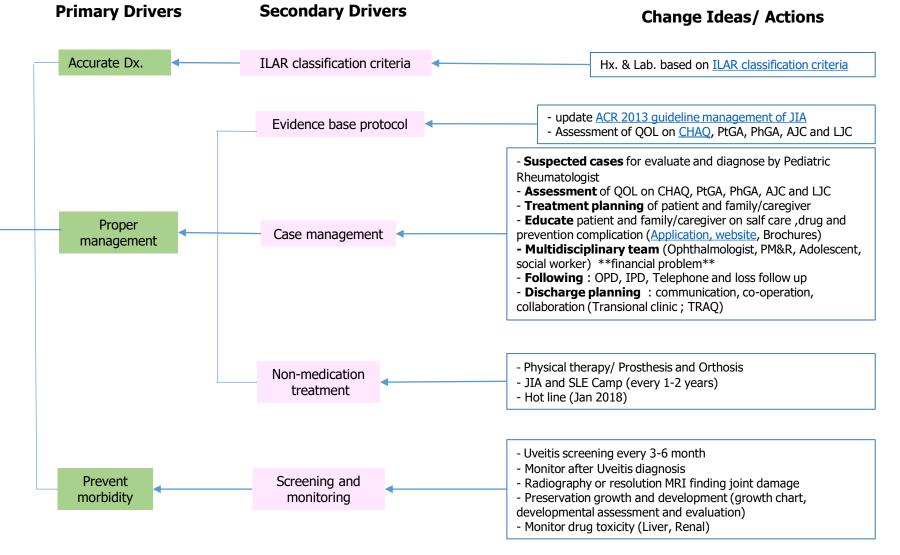
Outcome:

<u>Phase 1</u>: July 2540 - Dec 2555 (15 y) <u>Phase 2</u>: Jan 2556 - Dec 2560 (4 y)

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- 1. Increase Inactive disease activity rate 10%
- 2. Increase Global Assessment score (CHAQ) 10%
- 3. Decrease morbidity rate 10%
- 4. Survival rate 90%

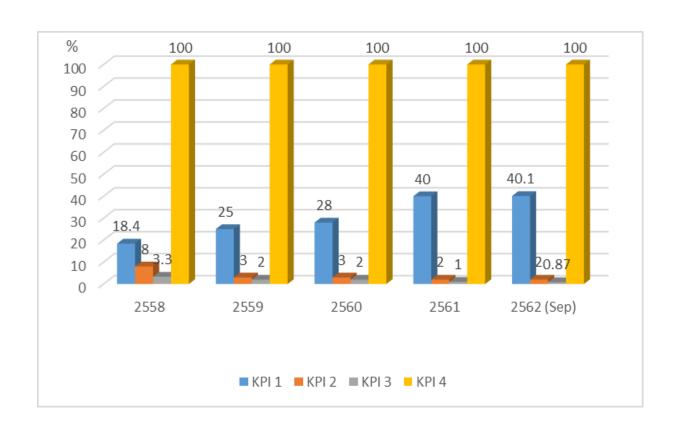
Benchmark: Nanjing, UK, Sweden, Greece, Canada







Juvenile Idiopathic Arthritis (JIA)



KPI	Target (%)
KPI 1: Increase inactive disease activity rate	2-16
KPI 2: Joint damage	50-60
KPI 3: Uveitis	10
KPI 4: Survival rate	95

Benchmark:

- Clinical analysis in 202 children with juvenile idiopathic arthritis (Rheumatism, Nanjing Children's Hospital, Nanjing Medical University)
- How common is clinically inactive disease in a prospective cohort of patients with juvenile idiopathic arthritis? The importance of definition. (Rheumatology in 7 UK centres.)
- A 5-year prospective population-based study of juvenile chronic arthritis: onset, disease process, and outcome. (Sweden)