

Table 1. Consensus on the Minimum Percentage Change in the Myositis Core Set Measures to Classify a Patient as Clinically Improved*.

Core Set Domain	Validated Method of Assessment	Adult Specialists, Median % Change [25th percentile, 75th percentile]	Pediatric Specialists, Median % Change [25th percentile, 75th percentile]
MD Global Activity Assessment	A horizontal 10 cm visual analogue scale	20 [20, 25]	20 [15, 20]
Patient/Parent Global Activity Assessment	A horizontal 10 cm visual analogue scale	20 [20, 25]	20 [15, 24]
Muscle Strength	Manual Muscle Testing, including proximal, distal and axial muscles assessed on 0 – 10 or expanded 0 – 5 point scale	15 [10, 20]	18 [11, 20]
Physical Function	HAQ/CHAQ; CMAS	15 [10, 20]	15 [10, 20]
Muscle-associated Enzymes	At least 2 of: CK, LD, AST, ALT, aldolase	30 [†] [20, 50]	30 [†] [20, 30]
Extra-Muscular Activity Assessment	Extra-muscular portion of Myositis Disease Activity Assessment Tool	20 [20, 28]	20 [15, 20]

*Abbreviations: HAQ, Health Assessment Questionnaire; CHAQ, Childhood Health Assessment Questionnaire; CMAS, Childhood

Myositis Assessment Scale; CK, creatine kinase, LD, lactate dehydrogenase; AST, aspartate aminotransferase; ALT, alanine aminotransferase. Modified from (4), with permission.

[†]The median percentage change to define clinical improvement was 25% for lactate dehydrogenase, as rated by the adult specialists, and for aldolase, as rated by the pediatric specialists. For all other enzymes (including creatine kinase and transaminases), the median change to define improvement was 30% in both groups.