All CTs were blindly processed by a rheumatologist using OsiriX to obtain the QCTi (kurtosis, skewness, mean lung attenuation).

The semiquantitative scores and the QCTi were correlated through the Spearman rank test. QCTi distribution and discriminative ability were, respectively, verified using Mann-Whitney test and ROC curves.

**Results:** The majority of QCTi showed a statistically significant correlation of moderate degree (0.40<cor<0.59) with the semiquantitative assessment (p-value<0.01).

Patients with severe and mild ILD had dissimilar QCTi values (p<0.001). Among QCTi, kurtosis (tKurt) had the best discriminative ability (AUC=0.80, 95% CI 0.65 to 0.91, p<0.0001). The best Kurt cut-off value that identifies patients with severe pulmonary involvement was 3.67.

**Conclusions:** In RA-ILD, QCTi correlate with the CT semiquantitative scores. Our preliminary findings suggest that RA-ILD severity is related to QCTi. Moreover a QCTi (tKurt) has a cut-off that can discriminate patients with severe ILD. So, QCTi may become simple tools to help the rheumatologist to quickly evaluate the severity of ILD in RA patients and estimate the prognosis.

**REFERENCE:**


**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2018-eular.5651