defined according to first RA visit, using a 7-year wash-out period. Incident rates (IRs) of AML for RA and general population cohorts, as well as incident rate ratios (IRRs), with 95% confidence intervals (CI) were calculated per calendar years of incidence. Multivariable Cox Proportional Hazard models with left truncation were used to estimate risk of AML in RA relative to general population while controlling for potential confounders, with contribution of person time of follow-up starting from index date (second RA visit) to avoid immortal time bias and censoring at ten years from incident year, or last health care utilization. To examine whether secular trends differed in RA relative to general population, an interaction term was tested between the RA indicator and year of RA incidence. To account for non-linear effect of cohort year, we compared cox regression models with linear, quadratic, and flexible spline forms of the cohort-year effects and the model with the best AIC was used to interpret the data.

Results: 23,237 RA individuals (66.4% female; mean [SD] age 58[16.88] years) and 46,474 controls experienced 1,133 and 1,646 incident AML, respectively. Cox Proportion model with the lowest AIC best fit the data. Risk of AML was significantly higher in RA vs. general population [aHR (95% CI): 1.21(1.10, 1.32); $p < 0.001$]. A significant decline was observed in risk of AML over calendar year of incidence in both RA [0.94(0.92, 0.97); $p < 0.0001$] and controls [0.93(0.91, 0.95); $p < 0.0001$]. The decline in AML risk did not differ significantly in RA vs. general population [interaction $p = 0.555$].

Conclusion: Our finding suggests that the risk of AML has significantly decreased over time in RA and general population cohorts. However, the declining trend was not significantly different in RA compared to the general population.

Abstract THU0112 – Figure 1

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THU0113

RHEUMATOID ARTHRITIS ASSOCIATED INTERSTITIAL LUNG DISEASE, CLINICAL CHARACTERISTICS AND PREDICTORS OF MORTALITY

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Background: Interstitial lung disease (ILD) is a serious extraarticular manifestation of rheumatoid arthritis (RA) associated with excess mortality. No evidence-based approach to therapy for RA-ILD exists, but ongoing studies investigate the role of antifibrotic therapies for progressive fibrosing ILD, including progressive fibrosing RA-ILD.

Objectives: The aim of the present study was to investigate the frequency of progressive fibrosing ILD, the clinical characteristics and mortality of RA-ILD in a well-characterised, population-based cohort.

Methods: We identified patients with RA-ILD diagnosed and followed at the ILD referral center in Aarhus, Denmark between 2004 and 2016.

Adjusted hazard rate ratios for death were estimated using Cox regression models. The presence of progressive fibrosing ILD was assessed using recently proposed definitions of relative forced vital capacity (FVC) decline $\geq 10\%$, relative diffusion capacity of the lung for carbon monoxide (DLco) decline $\geq 15\%$ or worsening symptoms or a worsening radiological appearance accompanied by a $\geq 5 < 10\%$ relative decrease in FVC.

Results: We identified 102 patients with RA-ILD. Mean follow-up was 3.8 years and median survival was 7.1 years. Thirty-eight patients died during follow-up, and the majority of deaths were from respiratory causes. Predictors of mortality in a multivariate model were DLco and high titers of IgM rheumatoid factor, but not the presence of a UIP-pattern on high resolution computed tomography. Fifty-three patients (52%) had progressive fibrosing ILD.

	Progressive fibrosing RA-ILD n=53	Stable RA-ILD n=49	p-value	Typical UIP n=42	Probable UIP n=13	NSIP n=43	p-value**
Age (SD)	68.8 (9.6)	67.6 (11.7)	0.86	70.2 (9.7)	69.2 (7.3)	66.2 (12.1)	0.17
Female gender%	51	57	0.53	50	54	53	0.80
FVC (SD)	87.3 (24.7)	91.7 (24.2)	0.35	86.5 (25.1)	91.8 (30.6)	92.2 (21.7)	0.39
DLco	53.9 (17.9)	55.8 (14.6)	0.57	52.7 (15.9)	55.4 (21.7)	55.7 (14.5)	0.49
High titer of IgM RF n%*	36 (68)	28 (57)	0.16	33(79)	9 (69)	22 (51)	0.013*

* $>3 \times$ upper limit of normal

** typical and probable UIP vs NSIP

Clinical characteristics for progressive fibrosing RA-ILD and stable RA-ILD at the time of the ILD diagnosis and stratified by HRCT pattern.

Conclusion: Progressive fibrosing RA-ILD was common and the associated mortality was high. IgM rheumatoid factor and DLco were independent predictors of mortality.

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THU0114

MITIGATING MEDICATION RISK AVERSION IN THE CONFIDENT TREATMENT DECISIONS FOR LIVING WITH RHEUMATOID ARTHRITIS TRIAL

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Background: Controlling disease activity in RA using a treat-to-target (T2T) strategy can optimize clinical and patient-important outcomes. Yet, many patients are not familiar with T2T and report medication risk aversion as a major barrier to changing therapy.

Objectives: To develop and evaluate an educational, direct-to-patient video intervention aimed at improving willingness of patients to appropriately escalate treatment in RA.

Methods: We conducted a controlled, randomized trial of our intervention among US patients with self-reported RA enrolled in the ArthritisPower patient registry. We recruited participants by email, and surveyed their satisfaction with disease control, values about RA medications, decisional conflict and willingness to change treatment if/when recommended by their rheumatologist. Intervention group participants were invited to view up to 6 videos (3 required) relevant to T2T; those in the control group viewed 2 vaccination-related videos unrelated to T2T as an "attention control". The primary outcome, collected using surveys, was patient-reported willingness to change RA treatment, measured by the choice predisposition scale (0-10, anchors: "Not willing at all"; "Extremely willing") that reflected preference for RA treatment change. We compared the difference in pre-post differences in willingness to change RA treatment between the two groups using t-test.

Results: We invited 1264 RA patients by email. We reached our enrollment goal in 8 weeks. Study participants (N=208) were 90% Caucasian, 90% women, with mean (SD) age 50 (11) years, in good health (51%); 52% reported familiarity with T2T. A majority (89%) reported having values that favored RA medications. We observed no differences in baseline sociodemographics, patient global assessment of disease activity, health