was evaluated, using erythrocyte sedimentation rate (ESR) as a reference. Disease activity assessment models were constructed and concordance index (C-index), net reclassification index (NRI), and integrated discrimination index (IDI) were evaluated to compare the benefits of the new modes with ESR and Korr score.

**Results:** In total, 64 (70.3%) cases showed active disease. Higher levels of ESR and CRP, and lower interleukin (IL)-2R levels, were observed in active cases. 18F-FDG-PET/CT parameters, including SUVmean, SUVrati01, SUVrati02, sum of SUVmean, and sum of SUVmax, were significantly higher in active disease groups. The C index threshold of ESR to indicate active disease was 0.78 (95% CI: 0.69-0.88). The new activity assessment model combining ESR, sum of SUVmean, and IL-2R showed significant improvement in C index over the ESR method (0.96 vs. 0.78, P < 0.01; NRI 1.63; P < 0.01) and IDI 0.48, P<0.01). The new model also demonstrated modest superiority to Korr score assessment (0.96 vs. 0.87, P = 0.03; NRI 1.19, P < 0.01; and IDI 0.33 P < 0.01).

**Conclusion:** A novel 18F-FDG-PET/CT-based method that involves combining the sum of SUVmean with ESR score and IL-2R levels demonstrated superiority in identifying active TA compared to conventional methods.

**REFERENCES:**


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**TREATMENT OF POLYMYALGIA RHEUMATICA WITH TOCILIZUMAB: RESULTS OF AN OBSERVATIONAL RETROSPECTIVE MULTICENTER STUDY**

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**EMERGENCE OF DE NOVO MANIFESTATIONS DURING INFlixIMAB TREATMENT IN BEHÇET SYNDROME**

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