UCLA-GIT scales the highest score was for the distension/bloating with a value of 0.50 [QRR: 0.1-1.24]. Regarding medications, 167 (50%) patients were exposed to PPI, 39 (11.7%) to CCB and 105 (31.4%) to immunosuppressive therapy. The BMI as defined by all three algorithms as the most important predictor of SSC-ILD among both sets of GI related variables (Figure 1A-F). The final model, which included established risk factors for presence of ILD and the BMI, supported the importance of BMI in predicting the SSC-ILD. The VIPs obtained by GBM also ranked the BMI as the most important predictor.

A lower BMI was associated with presence of SSC-ILD (C-statistics for the RPART, RF and GBM models were 0.79, 0.70 and 0.76, respectively, corresponding to a fair accuracy). As expected, also a lower FVC, and DLOC-SB, and a positive history for SCI-70 ab were associated with presence of ILD.

Conclusion: Lower BMI is a novel promising predictor for the presence of ILD, which should be confirmed in additional analyses.

Disclosure of Interests: Alexandru Garaian: None declared, Carina Mihai Speakers bureau: MEDtalks Switzerland, Mepha, Rucsandra Dobrota Consultant of: Actelion and Boehringer-Ingelheim, Grant/research support from: Articulum Fellowship, Pfizer, Actelion, Cosimo Bruni Speakers bureau: Eli Lilly, Actelion, Boehringer-Ingelheim, Grant/research support from: Group Italiano Lotta alla Sclerodermia (GILS), European., Scleroderma Trials and Research Group (EUSTAR), Scleroderma Clinical Trials Consortium (SCTC), AbbVie, Muriel Elhai: None declared, Suzanna Jordan: None declared, Lea Stamm: None declared, Anna-Maria Hoffmann-Vold Speakers bureau: Actelion, Boehringer Ingelheim, Jansen, Roche, Merck Sharp & Dohme, ARXX Therapeutics, Lilly and Medscape, Consultant of: Actelion, Boehringer Ingelheim, Jansen, Roche, Merck Sharp & Dohme, ARXX Therapeutics, Lilly and Medscape, Grant/research support from: Boehringer Ingelheim, Bayer, Oliver Distler Speakers bureau: Bayer, Boehringer Ingelheim, Medscape, Novartis, Roche, Pfizer, Roche, Sanofi, Consultant of: Abbvie, Accelearon, Alcoimed, Amed, AnaMar, Arax, AstraZeneca, Baecen, Blade, Bayer, Boehringer Ingelheim, ChemomAb, Corbus, CSL Behring, Galapagos, Glenmark, GSK, Horizon, Inventiva, iQvia, Kymera, Lupin, Medac, Medscape, Miltenyi Biotech, Mitsubishi Tanabe, MSD, Prometheus Biosciences, Roche, Roivant, Topadur and UBC, Lilly, Pfizer, Grant/research support from: Kymera, Mitsubishi Tanabe, Mike O. Becker Speakers bureau: Mepha, MSD, Novartis, GSK, Bayer and Vifor


Table 1. Overall sensitivity, specificity, positive predictive value, negative predictive value of LUS compared to ILD detected on HRCT. C.I. 95% confidence interval.

<table>
<thead>
<tr>
<th>SE (C.I.)</th>
<th>SP (C.I.)</th>
<th>PPV (C.I.)</th>
<th>NPV (C.I.)</th>
</tr>
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<tr>
<td>0.91 (0.76 – 0.97)</td>
<td>0.78 (0.68 – 0.8)</td>
<td>0.82 (0.59 – 0.94)</td>
<td>0.57 (0.36 – 0.75)</td>
</tr>
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</table>

Conclusion: We confirmed the feasibility and reliability of Fairchild's recently proposed pleural line LUS criteria, that showed a higher diagnostic accuracy versus ≥10 cumulative B-lines count for ILD detected on HRCT, presenting SP and PPV values of 100% in SSC. Furthermore, these LUS features seem to differently associate with other aspects of the disease such as autoantibody specificity and vascular lesions, thus deserving future deeper evaluations. For the first time, we found that Fairchild's criteria were associated with a clinical variable such as digital ulcers. Our results highlight the relevance of pleural line evaluation for ILD detection in SSC on LUS and its possible role towards a standardization of this diagnostic technique.

REFERENCES:

Disclosure of Interests: None declared


CHARACTERISTICS AND DISEASE COURSE OF UNTREATED PATIENTS WITH INTERSTITIAL LUNG DISEASE ASSOCIATED WITH SYSTEMIC SCLEROSIS

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Background: Interstitial lung disease (ILD) is the leading cause of death in systemic sclerosis (SSc). Based on consensus guidelines some patients with mild disease might not need medical therapy. The purpose of this study was to describe disease characteristics and the disease course of non-treated SSc-ILD patients.

Objectives: To describe disease characteristics and the disease course of non-treated SSc patients with ILD.

Methods: We included patients from our local EUSTAR center registered since 2008, who had a diagnosis of ILD on high-resolution computed