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**Title:** Characteristics and predictors of outcome in rheumatoid arthritis related ILD

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**Body:** Rheumatoid arthritis associated interstitial lung disease (RA-ILD) is a common cause of morbidity and mortality in RA patients. Despite increasing recognition of this condition, we are yet to fully characterise the affected population, or the clinical course of the disease. We aimed to describe our cohort of patients with RA-ILD in NHS Grampian, and to identify predictors of poor outcome. Patients diagnosed with RA-ILD between January 2009 and December 2011 were identified from NHS Grampian's ILD Database. Data on patient characteristics, treatment and outcomes were retrospectively obtained from patient notes and clinical databases. PFT data were recorded from the pulmonary function laboratory database for time points 0, 18 and 24 months from baseline (first PFTs following referral to ILD clinic). Of the 37 patients identified, 43.2% were male and 75.7% were sero-positive. A history of smoking was common and breathlessness was the typical presenting complaint. 25 patients had FVC and/or TLCO recorded at baseline and at 18 or 24 months. Of these, only 11 (44%) experienced a clinically significant reduction in FVC (>10%) or TLCO (>15%) during this period. Poor outcome (composite end-point of a significant reduction in FVC, TLCO, need for long-term oxygen therapy or death) was positively associated with higher RF (p=0.05), chest crackles at time of first ILD clinic (p=0.03) and longer RA disease duration (p=0.03) but not age, ILD disease duration or TLCO at baseline. Many patients in our cohort did not experience a clinically significant deterioration in FVC or TLCO by 18-24 months after baseline. Poor outcome was positively associated with higher RF, chest crackles, and longer RA disease duration.