**“Impact of the Agreement Between Antinuclear Antibodies Indirect Immunofluorescence Patterns and Myositis Antibodies in Idiopathic Inflammatory Myopathies”**

Proponents: C. Pinto Oliveira1, 2, Mariana Silva3, 4, Carolina Vilafanha1, 2, Mariana Emília Santos5, 6, Maria João Gonçalves5, 6, Priscila Silva7, Vânia Fernandes8, Graça Costa1, Tiago Meirinhos9, Catarina Almeida10, Ana Rita Prata1, 2, Anabela Barcelos1, 2, 11, 12, Raquel Campanilho-Marques3, 4, Eduardo Dourado1, 2, 4

1Rheumatology Department, Unidade Local de Saúde da Região de Aveiro, Aveiro, Portugal.

2Centro de Investigação em Reumatologia de Aveiro, Centro Académico Clínico Egas Moniz Health Alliance, Aveiro, Portugal.

3Rheumatology Department, Unidade Local de Saúde Santa Maria, Centro Académico de Medicina de Lisboa, Lisboa, Portugal, Lisboa,Portugal.

4Rheumatology Research Unit, Instituto de Medicina Molecular, Faculdade de Medicina da Universidade de Lisboa, Lisboa, Portugal.

5Rheumatology Department, Unidade Local de Saúde de Lisboa Ocidental, Hospital Egas Moniz, Lisboa, Portugal.

6Universidade Nova de Lisboa, Nova Medical School, Lisboa, Portugal.

7Clinical Pathology Department, Unidade Local de Saúde Região de Aveiro, Aveiro, Portugal.

8Pulmonology Department, Unidade Local de Saúde Região de Aveiro, Aveiro, Portugal.

9Serviço de Reumatologia, Unidade Local de Saúde Gaia e Espinho, Vila Nova de Gaia, Portugal.

10Instituto de Biomedicina – iBiMED, Universidade de Aveiro, Aveiro, Portugal.

11Comprehensive Health Research Center (CHRC), Universidade NOVA de Lisboa. Portugal, Lisboa, Portugal.

12EpiDoC Unit, NOVA Medical School | Faculdade de Ciências Médicas, NMS|FCM, Universidade Nova de Lisboa,Lisboa, Portugal.

**Abstract**

Idiopathic inflammatory myopathies (IIM) are a heterogeneous group of systemic autoimmune disorders in which chronic inflammation of skeletal muscle leads to muscle weakness. Many other organs, including the skin, heart, lungs, and joints, may be affected. Patients with IIM may be positive for myositis antibodies (MAs), including myositis-specific (MSAs) and/or associated (MAA) antibodies.

Although helpful for establishing the diagnosis of IIM in the appropriate clinical setting, the presence of MAs doesn’t always predict the occurrence of connective tissue diseases. Additionally, commonly used techniques such as line blot are known to have high rates of false positivity, especially for rare MAs.

The accuracy of MAs tests such as line blot may be improved by cross-checking its results with antinuclear antibodies (ANA) patterns on HEp-2 indirect immunofluorescence (IIF). With this work, we intend to study the agreement between the ANA IIF pattern and MAs in a Portuguese cohort of IIM patients.

We will analyze whether agreement between methods correlates with a higher rate of IIM classification criteria fulfillment or higher disease severity.