Poster presenter (name, credentials, title, institution)

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Poster title:

Serial Quantitative Changes in Anti-Scl-70 Autoantibodies Are Associated with Lung Function Decline in Systemic Sclerosis

What is your poster about?

Our study investigates whether serial, quantitative changes in anti-Scl-70 autoantibody levels can provide information about subsequent lung function decline and disease progression in systemic sclerosis (SSc). Using a research assay known as luciferase immunoprecipitation systems (LIPS), we evaluated patients from the multicenter CONQUER registry.

We found that greater early increases in anti-Scl-70 levels were consistently associated with subsequent forced vital capacity (FVC) decline. For example, a greater than 30% increase in anti-Scl-70 levels was associated with nearly a four-fold higher risk of pulmonary progression over two years. These findings suggest that the trajectory of an autoantibody level may provide prognostic information beyond a single baseline measurement.

Why did you decide to investigate this topic?

Our group previously studied myositis-associated interstitial lung disease (ILD), and we wanted to expand our work to other rheumatic diseases that can lead to pulmonary fibrosis. Anti-Scl-70 autoantibodies are a well-established risk factor for SSc-ILD, but prior studies have largely focused on whether the antibody is present or on a single baseline measurement.

We were interested in whether quantitative changes over time might provide additional information about a patient's disease trajectory. Our goal was to determine whether serial antibody measurements could serve as a dynamic biomarker to help identify patients at greater risk for future pulmonary worsening.

What are you working on next related to this research?

Broadly, we are investigating shared proteomic profiles of pulmonary fibrosis across a spectrum of autoimmune rheumatic diseases, including myositis, SSc, and Sjögren's syndrome.

We are hoping to extend our work within the CONQUER cohort using high-breadth proteomic profiling. By expanding the number of analytes we can measure, we hope to develop a more comprehensive picture of the biological pathways associated with clinical progression and identify molecular signatures that correlate closely with pulmonary outcomes.

What excites you most about your work?

I'm excited by the possibility of developing tools that enable more dynamic and proactive monitoring of SSc-ILD, rather than relying solely on static risk assessments. If we can identify biomarker

trajectories that precede measurable clinical decline, we may ultimately be able to give rheumatologists and pulmonologists an earlier signal that a patient's disease is changing.

The broader goal is to move toward more personalized monitoring and, eventually, better-informed treatment decisions before substantial and potentially irreversible lung injury occurs.

What are you most looking forward to at ACR Convergence 2026 in Orlando?

As a pulmonologist, I'm especially looking forward to connecting with rheumatology colleagues, translational researchers, and other ILD specialists. There is exciting work underway in the rheumatic disease biomarker field, as well as ongoing trials evaluating new therapeutic approaches for refractory rheumatologic disease.

I'm eager to share what we have learned from the CONQUER cohort, hear how other investigators are approaching biomarkers and ILD, and see which emerging discoveries might ultimately translate into clinical practice.

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