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**Clinical spectrum time course of interstitial pneumonia with autoimmune features in patients positive for antisynthetase antibodies**

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**Abbreviations:**

- Interstitial pneumonia with autoimmune features: IPAF
- Connective tissue disease: CTD
- Antisynthetase antibody: anti-ARS
- Antisynthetase syndrome: ASSD
- Rheumatoid arthritis: RA
- Idiopathic inflammatory myopathy: IIM
- undifferentiated polyarthritis: UPA

**Text**

Dear Editor

We read with interest the paper by Chartrand et al (1), describing a large series of patients affected by interstitial pneumonia with autoimmune features (IPAF). The proportion of IPAF patients developing an established connective tissue disease (CTD) was between the points of discussion suggested by authors. To this purpose, we want to report our clinical experience on antisynthetase antibodies (anti-ARS). These antibodies are markers of the so-called antisynthetase syndrome (ASSD), a CTD characterized by the occurrence of myositis, interstitial lung disease (ILD) and arthritis, but without established classification criteria. Recently, we collected and described the characteristics of a very large cohort of anti-ARS positive patients (2-5). In our shared casuistry, 146 (21%) out of the 684 included patients would have been classified as IPAF (5). Anti Jo-1 was the most commonly detected anti-ARS antibody (n=81, 55%), followed