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Table 2. Clinical, demographic and imaging characteristics of the CCP+ at risk individuals with bone erosions on CR who developed IA ("progressors")

Individual	Age and sex	Hands/feet CR-BE distribution	SENS score (BE)	SvdH score (BE)	US synovitis	US-BE	Radiologist's diagnosis	Hands and/or feet tenderness	EMS (min)	Anti-CCP Ab titre	RF	Smoking	Follow-up duration (days)
1	61, fem	L 5 th DIP joint	0	0	Not included	Not included	OA	N	30	High	Pos	Previous	429
2	57, fem	L 3 rd DIP and R 5 th DIP joints, bilateral 1 st MTP joints *, bilateral 5 th MTP joints *	4	12	Y	Y (5 th MTP joints)	IA	F	60	High	Pos	Never	132
3	73, fem	R STT joint *#	1	3	Not included	Not included	OA	Н	30	High	Pos	Never	140
4	37, fem	Bilateral 5 th MTP joints	2	4	Y	Y	IA	F	30	High	Pos	Previous	110
5	61, fem	L 5 th MTP joint	1	3	N	Y	IA	F	10	High	Pos	Previous	366
6	50, fem	L 2 nd MTP joint, L 3 rd MTP joint #	2	6	NA	NA	IA	N	5	High	Pos	Current	92
7	56, fem	5 th MTP joints bilaterally	2	6	Y (R 5 th MTP joint)	Y	IA	N	30	High	Pos	Previous	90

Legend. Ab: antibodies, BE: bone erosions, CCP: cyclic citrullinated peptide; CR: conventional radiography, DIP: distal interphalangeal, EMS: early morning stiffness, F: feet, fem: female, IA: inflammatory arthritis, H: hands, L: left, min: minutes, MTP: metatarsophalangeal, N: no, NA: not available, OA: osteoarthritis, pos: positive, R: right, RF: rheumatoid factor, SENS: Simple Erosions Narrowing Score, STT: scaphotrapezio-trapezoid, SvdH: Sharp van der Heijde, US: ultrasound, Y: yes. Joints with * were tender on physical examination. Joints with * became clinically swollen on physical examination at the time of progression.