Drs. Rasmussen and Scofield reply

To the Editor:

Cafaro and colleagues have studied focus score (FS)–negative (that is, < 1 focus of ≥ 50 lymphocytes per 4 mm²) to FS-positive (≥ 1 focus per 4 mm²) Sjögren syndrome (SS) patients in a manner similar to our recent study. As in our study, there was evidence of B cell hyperreactivity among those subjects with a positive minor salivary gland biopsy, although the details of this finding varied between the 2 studies. We found statistically significant elevations of anti-La/SSB and hypergammaglobulinemia, whereas Cafaro, et al found numerically increased anti-La/SSB and a statistically increased rheumatoid factor; the latter did not withstand correction for multiple comparisons, however.

We agree that highly sensitive autoantibody detection methods may find low-level, low-titer antibodies, the clinical significance of which is unknown. However, we point out that we only classified our subjects and did not diagnose them. Research classification relies on a set of criteria, whereas diagnosis remains a clinical enterprise for which the gold standard did not diagnose them. We found statistically significant differences in study design (cross-sectional at diagnosis vs longitudinal), methodology involving three international patient cohorts. Arthritis & Clinical Immunology Program, Oklahoma Medical Research Foundation, Oklahoma City, Oklahoma, USA; Dirección de Investigación, Instituto Nacional de Ciencias Medicas y Nutrición Salvador Zubirán, Mexico City, Mexico; Arthritis & Clinical Immunology Program, Oklahoma Medical Research Foundation; Department of Medicine, College of Medicine, University of Oklahoma Health Sciences Center; Oklahoma City Department of Veterans Affairs Medical Center, Oklahoma City, Oklahoma, USA.

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REFERENCES


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