Editorial

50th Year of Publication: Honoring the Duncan A. Gordon Award Winners

Earl D. Silverman

In 2014, The Journal introduced the Duncan A. Gordon Award in honor of our longtime editor, the late Dr. Duncan Gordon. In 1979, Duncan, previously an associate editor and the acting Editor-in-Chief, became the Editor-in-Chief. He remained in this role for 32 years until 2011. The award recognizes the most highly influential research article published in a given year, as determined by the editorial committee. When deciding on the Duncan A. Gordon Award recipient, the committee takes into account the number of citations an article has received over the preceding 2 calendar years. Importantly, the committee also considers the potential of the article to advance treatment and/or alter clinical practice based on its impact and originality. The award is typically presented at The Journal's reception at the American College of Rheumatology (ACR) annual meeting. During the coronavirus disease 2019 (COVID-19) pandemic, the award was presented virtually and was combined with an in-depth interview with the author(s) about their article. In these next 2 editions of The Journal, we will reprint all the previous winning articles, from 2014 to 2022.

For the inaugural year of the award, we decided to consider papers published as far back as 2009. In fact, the winning paper, “Low molecular weight heparin and aspirin for recurrent pregnancy loss: results from the randomized, controlled HepASA Trial” by Laskin et al1 was published in 2009. This randomized trial showed that studies could and should be done in patients with recurrent pregnancy losses with or without antiphospholipid antibodies. The winning paper was particularly poignant as Dr. Laskin had trained with Dr. Gordon, although it was selected on its merits alone.

The next article to win the award, in 2015, was “Safety and efficacy of infliximab and adalimumab for refractory uveitis in juvenile idiopathic arthritis: 1-year followup data from the Italian Registry” by Zannin et al, which was published in 2013.2 The results of this study are still relevant to the treatment of uveitis in patients with juvenile idiopathic arthritis in 2023.

The winner in 2016 was the 2014 article, “Determining a magnetic resonance imaging inflammatory activity acceptable state without subsequent radiographic progression in rheumatoid arthritis: results from a followup MRI study of 254 patients in clinical remission or low disease activity,” by Gandjakhch et al.3 This large multicentered international study showed for the first time that the Outcome Measures in Rheumatology (OMERACT) Rheumatoid Arthritis (RA) Magnetic Resonance Imaging (MRI) scoring system (RAMRIS) synovitis score was an independent predictor for radiographic progression for rheumatoid factor–positive patients with RA in remission or with low disease activity. This study continues to hold value as MRI studies have become increasingly relevant in RA.

The 2017 winner was the 2015 article, “Anti-carbamylated protein antibodies are present prior to rheumatoid arthritis and are associated with its future diagnosis,” by Gan et al.4 Early diagnosis of RA and diagnosis of preclinical RA is important and new advances in therapies are rapidly expanding. This study examined the diagnostic accuracy of antircarboxylated protein (anti-CarP) antibodies as compared to other RA-associated autoantibodies for predicting the future development of RA. This paper added to the literature on the predictive value of RA-associated antibodies in the subsequent development of RA in asymptomatic people.

The 2018 award winner, “Defining low disease activity states in psoriatic arthritis using novel composite disease instruments” by Coates and Helliwell,5 was published in 2016. As minimal disease activity (MDA) is an important and achievable aim for all rheumatic diseases including psoriatic arthritis, this study showed that there was good correlation between different measures of disease activity, including the MDA criteria, the Psoriatic Arthritis Disease Activity Score (PASDAS), and the Composite Psoriatic Disease Activity Index (CPDAI). The cut-offs suggested in this study have allowed comparisons of articles using the different instruments.

I hope you will read the 5 articles reviewed here. They are available in this issue of The Journal. You can visit our website for the full collection of Duncan A. Gordon Award articles at https://www.jrheum.org/DuncanAGordonAward.

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