

Editorial

50th Year of Publication: Honoring the Duncan A. Gordon Award Winners (Part 2)

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This month we are highlighting the Duncan A. Gordon award-winning papers from 2019 to 2022. This issue concludes not only 2023 but also the 50th anniversary year of publication of *The Journal of Rheumatology*.

In 2019, there was a tie for the Duncan A. Gordon award and 2 papers were chosen: “Malignancies in patients with anti-RNA polymerase III antibodies and systemic sclerosis: analysis of the EULAR Scleroderma Trials and Research Cohort and possible recommendations for screening” by Lazzaroni et al¹ and “B cell depletion therapy normalizes circulating follicular Th cells in primary Sjögren syndrome” by Verstappen et al.² The paper by Lazzaroni et al, on behalf of the European Alliance of Associations for Rheumatology (EULAR) Scleroderma Trials and Research Cohort (EUSTAR), examined 176 of 4986 (3.5%) patients in their systemic sclerosis cohort who had anti-RNA polymerase III (RNAP3) antibodies only without any other autoantibodies. The overall rate of cancer was significantly higher in the anti-RNAP3+ cohort as compared to the other cohort (17.7% vs 9%) and the difference was more marked within the first 2 years from diagnosis. The majority of the malignancies were solid tumors. A Delphi conference was subsequently held to determine cancer screening guidelines for these patients at the time of diagnosis with the following recommendations: (1) breast cancer screening in women; (2) screening for other malignancies, guided by clinical suspicion as well as the age and sex of the patient, with noninvasive tests at least; and (3) tight surveillance in the first few years after a diagnosis of systemic sclerosis.¹

The effect of B cell depletion effector CD4+ T cell subsets (Th1, Th2, follicular Th [TFH], and Th17 cells) in patients with primary Sjögren syndrome following rituximab was examined in the other 2019 winning article.² Verstappen et al showed that abnormally elevated levels of circulating TFH, but not Th17 cells, were restored to normal levels following B cell depletion with rituximab. This normalization of circulating TFH cells was

associated with evidence of clinical improvement. This article demonstrated the importance of crosstalk between B and TFH cells in the pathogenesis of primary Sjögren syndrome.

The 2020 award-winning article by Elfishawi et al was entitled “The rising incidence of gout and the increasing burden of comorbidities: a population-based study over 20 years.”³ Using data from the Rochester Epidemiologic Project, this study showed that there was a 2-fold increase incidence of gout from 1989 to 1992 as compared to 2009 to 2010. This increased incidence affected both sexes to a similar extent and involved all age groups. The increased incidence of gout was associated with a marked increase in the prevalence of cardiovascular comorbidities (ie, obesity, hypertension, diabetes mellitus, chronic renal disease, and hyperlipidemia) between the 2 study periods. This study showed that a comprehensive, multispecialty approach is important to reduce the morbidity and mortality of gout.

The 2021 winning paper was “Rates of total joint replacement in the United States: future projections to 2020–2040 using the National Inpatient Sample” by Singh et al.⁴ In this article, projections were developed for primary total hip arthroplasty (THA) and total knee arthroplasty (TKA) from 2020 to 2040. Projections for the percent increase in arthroplasties in 2020, 2025, 2030, and 2040 were (1) 34%, 75%, 129%, and 284%, respectively, for primary THA, and (2) 56%, 110%, 182%, and 401%, respectively, for primary TKA when compared to the numbers from 2000 to 2014. THA and TKA were projected to increase for both females and males and in all age groups, although the increase was slightly more for females and age groups 45 to 64 years and 65 to 84 years.

The final article is the 2022 award winner, “Effect of treatment on imaging, clinical, and serologic assessments of disease activity in large-vessel vasculitis” by Banerjee et al.⁵ In this article, they determined the effect of treatment on 18F-fluorodeoxyglucose positron emission tomography (FDG-PET) vascular activity in relation to clinical- and serologic-based assessments in patients with either giant cell arteritis or Takayasu arteritis. When treatment was increased, there was a significant reduction in disease activity by imaging, clinical, and inflammatory markers. In contrast, when treatment was unchanged, all 3 markers remained unchanged. When treatment was reduced, FDG-PET vascular activity significantly worsened, although clinical and serologic

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activity did not significantly change. The conclusion was that FDG-PET scanning, in relation to treatment changes, may result in concordant or discordant changes in disease activity as measured by FDG-PET compared to conventional approaches (clinical and serological assessments). Following our publication of this study, multiple studies, including a 2023 publication by the same group,⁶ have shown an increasing role for FDG-PET scanning in the management of patients with large-vessel vasculitis.^{6,7}

This concludes our series of highlighting important papers published in the first 50 years of *The Journal*. I hope you have found the series of articles to be both interesting and educational. In fact, I hope that you have found these characteristics to be true of reading *The Journal* in general. You will find the featured articles available online at <https://www.jrheum.org/DuncanAGordonAward>, and all the notable articles I have highlighted from the last 50 volumes at <https://www.jrheum.org/content/50th-volume-reprints>. I appreciate your continued support and look forward to the next 50 years of publication of *The Journal of Rheumatology*.

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