ES: Thank you. Any further comments on this?

CB: So I think to conclude, I would just say that we are living in an era of precision medicine. We have an increasing number of targeted synthetic and biologic DMARD available to us as clinicians, and we know that early intervention leads to better outcomes, specifically for PsA.

This really was highlighted in 2014 by the paper Haroon, *et al* wrote, showing that even a 6-month delay in diagnosis was associated with roughly 4-times the number of erosions, twice the level of subsequent disability, and even the rare, 10-times the risk of the most severe form of PsA, known as arthritis mutilans.

So when we're talking about a disease like PsA, that is by definition zero-negative, there's no rheumatoid factors, cyclic citrullinated peptide, antinuclear antibodies, to clue us into the presence of the disease. And in fact, our inflammatory markers may or may not be elevated, even in active disease. It behooves us to look for things like imaging enthesitis that can serve as a biomarker, so a clue not only to the presence of disease, but can give us information about the activity of the disease.

You've just heard my colleagues speak very eloquently at how there is a discordance. Imaging gives us objective inflammation. Clinically, if you prep and you say, *ouch*, and we know full well that central sensitization fibromyalgia, that's very confounding and something that we face often in our clinical practice. And so to have objective information, this is inflammation, this is not looking more like a spondyloarthropathy, this is looking more like a neurogenic cause, that's very helpful for us as clinicians.

And so, I think, as our imaging modalities have advanced, we really have the capacity not only to detect the disease earlier, but to phenotype the disease, how active is it, what domains are involved, and to target our therapy. The hope there, of course, is that we're going to have better patient outcomes.

To summarize, this paper was meant to be an overview of the state of the art of all different advanced imaging technique for the detection and monitoring of enthesitis, and also give us a glimpse into some future research directions.

And if we were to summarize, I think, for us all, the thing that I think the future is very bright for the use of these imaging modalities in our clinical management of PSA and enthesitis specifically.

ES: Any further comments?

So I want to say thank you and I certainly learned a lot. And I think evolution has come; the dinosaur has joined the 21st century. I believe that imaging is certainly very important in PsA.

There's such obvious advantages about ultrasound over other imaging modalities that, I guess the good news is I don't have to learn it because I don't treat adults with PsA. But to those out there, I believe you will think the same way I do after reading this excellent review article highlighting exactly what Dr. Bakewell said.

So I want to thank you all for taking the time and providing this excellent conversation, which was very empowering to me and enlightening. I'm sure it will be to people who read your article, and I encourage everybody to read the article.

Please read the full review article, "Imaging Techniques: Options for the Diagnosis and Monitoring of Treatment of Enthesitis in Psoriatic Arthritis" by Drs. Bakewell, Aydin, Ranganath, Eder, and Kaeley on www.jrheum.org as an open access article.

If you have any comments or questions, please message us on Twitter @jrheum or e-mail us at manuscripts@jrheum.com.

I want to thank everybody for joining us and I want to thank the authors for spending this time with us. And I just want everybody to please stay healthy and well in these times, and please observe your social distancing as dictated by your regional/national health authorities.