


Response to: 'Comment on: standardisation of myositis-specific antibodies: where are we today?' by Infantino *et al*

We agree with the notions made by Infantino *et al*¹ in their reply to our previously published report² concerning the need for multicentre studies to obtain large enough number to validate new methods for detection of myositis-specific antibodies (MSA) and myositis-associated autoantibodies (MAA). We also agree with the suggestion to evaluate the possibility to individualise reference ranges (cut-off values) for the individual autoantibodies in multi-autoantibody assays like line immune assays (LIA). In relation to such proposals, we would like to stress our experience that the same LIA might yield very quantitatively divergent results in different laboratories, for example, due to differences in laboratory temperature³ but certainly also other factors, and that these quantitative differences may result in qualitatively divergent results. One way to help standardisation of laboratory results might be to include quantitative internal controls for the individual autoantibodies included in the LIAs, as we have discussed before.⁴ Multicentre studies on the evaluation of LIAs or other methods for detection of MSA and MAA should preferably be combined with use of such common internal controls in the participating laboratories.

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REFERENCES

- 1 Infantino M, Manfredi M, Bizzarro N. Comment on: standardisation of myositis-specific antibodies: where are we today? *Ann Rheum Dis* 2021;**80**:e115.
- 2 Espinosa-Ortega F, Holmqvist M, Alexanderson H, *et al*. Comparison of autoantibody specificities tested by a line blot assay and immunoprecipitation-based algorithm in patients with idiopathic inflammatory myopathies. *Ann Rheum Dis* 2019;**78**:858–60.
- 3 Rönnelid J, Barbasso Helmers S, Storfors H, *et al*. Use of a commercial line blot assay as a screening test for autoantibodies in inflammatory myopathies. *Autoimmun Rev* 2009;**9**:58–61.
- 4 Rönnelid J, Espinosa-Ortega F, Lundberg IE. Response to: 'Semi-quantitative analysis of line blot assay for myositis-specific and myositis-associated antibodies: a better performance?' by Cavazzana *et al*. *Ann Rheum Dis* 2020;**79**:e153.