Greetings from the editor 2022

Josef S Smolen

When a year closes and gives way to its successor, it is good to pause for breath to reflect on the achievements of the past and contemplate the prospects for the incoming year.

So when looking back at the year just past and the tension that always exists between expectations and realisation, your editor must admit to being overwhelmed and humbled by the fantastic activities of our authors who have continued to submit the output of their excellent research work to the *Annals of the Rheumatic Diseases*; but also by the work of the Associate Editors, the Editorial Board and all Reviewers who supported the journal in an amazingly efficient, knowledgeable, thoughtful and balanced way. Most may think that this should be self-evident for the leading scientific journal in rheumatology, however, in this day and age, when COVID-19 continues to dominate, this is anything but a matter of course. I would therefore, like to place on record from the outset, my sincere gratitude to the referees, the Associate Editors and Editorial Board members and all authors—thank you!!

PANDEMIC AND ARD

Against our hopes, COVID-19 is far from over. Vaccinations have not been taken up to an extent that will permit herd immunity across Europe, let alone across the world. Part of this reflects supply issues and rate of feasible uptake across distinct healthcare economies. Sadly, large parts of the population are deceived by misleading information, not for the first time in this context,¹ and as such the greatest weapon to combat pandemics and prevent the ailments induced by infectious diseases, namely vaccination, is rendered less effective. For many decades, indeed, for more than a century, it is firmly established that 'vaccination is the most effective medical intervention ever introduced and, together with clean water and sanitation, it has eliminated a large part of the infectious diseases that once killed millions of people'²; 'Arguably the single most life-saving innovation in the history of

medicine'.^{3,4} Today, we remain convinced, maybe even more so. Many European politicians act with populist intention and an eye to the polls, and apparently seek to prevent short-term economic losses, rather than fighting robustly, and with moral determination to prevent deaths and gain long-term economic stability. This journal reminds the political class that the right to life is the foremost human right.⁵ Are human rights enforceable by law? When I sent you my *Greetings* last year, I mentioned that the global death toll caused by the pandemic amounted to 1.5 million people.⁶ By now, this toll has exceeded 5 million deaths,⁷ and more will follow to our common dismay, many of which should be preventable if political decision makers would put in place appropriate rules, regulations or laws—*morituri te salutant!*

COVID-19 and the effects of vaccination in patients with rheumatic and musculoskeletal diseases (RMDs) was, unsurprisingly, a major research focus for many rheumatologists throughout the past year, and this was also reflected in ARD, just as for many other journals. Indeed, while ARD published accepted papers consistently across the year, the October 2020 issue in particular, presented several papers related to SARS-CoV-2 vaccination and immune responses in the general rheumatic and musculoskeletal disease population and in those receiving immunomodulatory therapy,^{8–14} accompanied by a fine editorial that examined the broad scope of this issue.¹⁵ Of note, EULAR is currently preparing a document concerning SARS-CoV-2 vaccination which soon may be presented in ARD after appropriate review.

NEW INSIGHTS INTO RHEUMATIC AND MUSCULOSKELETAL DISEASES

Obviously, while all rheumatologists were confronted with the worries of their patients regarding the pandemic around both disease risks and those of vaccines, and many had to take care of patients with RMD who developed COVID-19, rheumatology cannot primarily focus on the pandemic, nor can ARD. Consequently, many papers provided novel insights across the range of RMDs, from osteoarthritis^{16–18} to systemic sclerosis¹⁹ and from

spondyloarthritis^{20,21} to gout,^{22,23} to name a few topics and cite randomly selected papers, focussing at translational and clinical aspects including novel or re-purposed therapies.

Last year several EULAR task forces provided ARD readers with the results of their work after approval by the EULAR Council, starting in January with a EULAR definition of difficult to treat rheumatoid arthritis (RA) and management of checkpoint inhibitor-induced RMDs^{24,25} and ending with recommendations regarding self-management strategies and points to consider in patients at risk of RA, that is, pre-RA.^{26,27} Needless to say the numerous correspondences to various articles and the recently introduced rapid responses are a living embodiment of the interest of our readership in the papers published in the journal.

INCOMING 2022: A EULAR ANNIVERSARY

In 2022 ARD will continue its path, striving to present breakthrough research activities across basic/translational and clinical/outcomes sciences, already exemplified in this January issue, in which we learn about several studies on the potential prevention of the evolution of psoriatic arthritis in patients with psoriasis undergoing effective treatment,^{28–30} accompanied by an editorial that summarises these findings and puts them into perspective.³¹ But this edition harbours yet another publication, which for the first time appears simultaneously in all five EULAR and ACR journals, accompanied by a commentary from all five editors, making authors aware that all these journals will require adherence to ACR, EULAR and joint recommendations and criteria more strongly in future papers than done before.^{32–36} This will also be reflected in the respective instructions to authors.

Of particular note, ARD has engaged in a collaborative effort among many journals to publish an editorial on the emergency of combatting climate change³⁷ and is conscious of environmental issues, and such efforts were also initiated some time ago in EULAR and EULAR is committed to continuing them. Much to our dismay, the EULAR congresses in 2020 and 2021 were only virtual and personal contacts between researchers and clinicians, have not been possible. This even puts more emphasis on the EULAR Journal to be an open—peer-reviewed—forum for research. Hopefully, the physical interactions between participants can be resumed in June in Copenhagen.

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Speaking of EULAR: while 3 years ago ARD, the oldest journal devoted to rheumatology, celebrated its 90th anniversary and 2 years ago the 20th anniversary of becoming 'The EULAR Journal',³⁸ yet another anniversary must be honoured in 2022, namely the founding of EULAR itself in 1947. EULAR's 75th anniversary will obviously be celebrated at the EULAR congress, but with the turn of the year, ARD hereby conveys sincere congratulations to its parent organisation on this occasion with many thanks for the terrific collaboration over the decades!

Let me please close where I started, thanking wholeheartedly the reviewers, authors, editorial board and especially you, the readers! As always, I will be happy to receive your feedback on the scope and quality of the papers and on topics that you may wish to see covered in the future so that we can consider further important steps into the coming years.

And let me please use this opportunity to wish you and your families a happy, successful, safe and healthy New Year!

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REFERENCES

- Davis M. 'Globalist war against humanity shifts into high gear': Online anti-vaccination websites and 'anti-public' discourse. *Public Underst Sci* 2019;28:357–71.
- Rappuoli R, Pizza M, Del Giudice G, Del GG, et al. Vaccines, new opportunities for a new Society. *Proc Natl Acad Sci U S A* 2014;111:12288–93.
- World Economic Forum. A brief history of vaccines and how they changed the world, 2020. Available: <https://www.weforum.org/agenda/2020/04/how-vaccines-changed-the-world/> [Accessed 24 Nov 2021].
- Richter R, Davis M. A discussion of vaccines, "the single most life-saving innovation ever in the history of medicine". Scope - Stanford Medicine, 2015. Available: <https://scopeblog.stanford.edu/2015/02/10/a-discussion-of-vaccines-the-single-most-life-saving-medical-innovation-ever-in-the-history-of-medicine/>
- United Nations. Universal Declaration of human rights. General assembly resolution 217A, 1948. Available: <https://www.un.org/en/about-us/universal-declaration-of-human-rights> [Accessed 11 Nov 2021].
- Smolen JS. Greetings from the editor 2021. *Ann Rheum Dis* 2021;80:1–3.
- Johns Hopkins University & Medin. Coronavirus resource center, 2021. Available: <https://coronavirus.jhu.edu/> [Accessed 20 Nov 2021].
- Geisen UM, Berner DK, Tran F, et al. Immunogenicity and safety of anti-SARS-CoV-2 mRNA vaccines in patients with chronic inflammatory conditions and immunosuppressive therapy in a monocentric cohort. *Ann Rheum Dis* 2021;80:1306–11.
- Simon D, Tascilar K, Fagni F, et al. SARS-CoV-2 vaccination responses in untreated, conventionally treated and anticytokine-treated patients with immune-mediated inflammatory diseases. *Ann Rheum Dis* 2021;80:1312–6.
- Furer V, Eviatar T, Zisman D, et al. Immunogenicity and safety of the BNT162b2 mRNA COVID-19 vaccine in adult patients with autoimmune inflammatory rheumatic diseases and in the general population: a multicentre study. *Ann Rheum Dis* 2021;80:1330–8.
- Haberman RH, Herati R, Simon D, et al. Methotrexate hampers immunogenicity to BNT162b2 mRNA COVID-19 vaccine in immune-mediated inflammatory disease. *Ann Rheum Dis* 2021;80:1339–44.
- Mrak D, Tobudic S, Koblishke M, et al. SARS-CoV-2 vaccination in rituximab-treated patients: B cells promote humoral immune responses in the presence of T-cell-mediated immunity. *Ann Rheum Dis* 2021;80:1345–50.
- Predecki M, Clarke C, Edwards H, et al. Humoral and T-cell responses to SARS-CoV-2 vaccination in patients receiving immunosuppression. *Ann Rheum Dis* 2021;80:1322–9.
- Braun-Moscovici Y, Kaplan M, Braun M, et al. Disease activity and humoral response in patients with inflammatory rheumatic diseases after two doses of the pfizer mRNA vaccine against SARS-CoV-2. *Ann Rheum Dis* 2021;80:1317–21.
- Winthrop KL, Whitley RJ, Aletaha D. SARS-CoV-2 and the rheumatology patient: the last 12 months and a boost in the future. *Ann Rheum Dis* 2021;80:1249–51.
- Boer CG, Szilagyi I, Nguyen NL, et al. Vitamin K antagonist anticoagulant usage is associated with increased incidence and progression of osteoarthritis. *Ann Rheum Dis* 2021;80:598–604.
- Ballal P, Peloquin C, Boer CG, et al. Warfarin use and risk of knee and hip replacements. *Ann Rheum Dis* 2021;80:605–9.
- Loeser RF, Berenbaum F, Kloppenburg M. Vitamin K and osteoarthritis: is there a link? *Ann Rheum Dis* 2021;80:547–9.
- Clark KEN, Campochiaro C, Csomor E, et al. Molecular basis for clinical diversity between autoantibody subsets in diffuse cutaneous systemic sclerosis. *Ann Rheum Dis* 2021;80:1584–93.
- Landewé RBM, Gensler LS, Poddubnyy D, et al. Continuing versus withdrawing ixekizumab treatment in patients with axial spondyloarthritis who achieved remission: efficacy and safety results from a placebo-controlled, randomised withdrawal study (COAST-Y). *Ann Rheum Dis* 2021;80:1022–30.
- Baraliakos X, Gossec L, Pournara E, et al. Secukinumab in patients with psoriatic arthritis and axial manifestations: results from the double-blind, randomised, phase 3 maximise trial. *Ann Rheum Dis* 2021;80:582–90.
- Koto R, Nakajima A, Horiuchi H, et al. Serum uric acid control for prevention of gout flare in patients with asymptomatic hyperuricaemia: a retrospective cohort study of health insurance claims and medical check-up data in Japan. *Ann Rheum Dis* 2021;80:1483–1490.
- Lan Z, Chen L, Feng J, et al. Mechanosensitive TRPV4 is required for crystal-induced inflammation. *Ann Rheum Dis* 2021;80:1604–14.
- Nagy G, Roodenrys NM, Welsing PM, et al. EULAR definition of difficult-to-treat rheumatoid arthritis. *Ann Rheum Dis* 2021;80:31–5.
- Kostine M, Finckh A, Bingham CO, et al. EULAR points to consider for the diagnosis and management of rheumatic immune-related adverse events due to cancer immunotherapy with checkpoint inhibitors. *Ann Rheum Dis* 2021;80:36–48.
- Nikiphorou E, Santos EJF, Marques A, et al. 2021 EULAR recommendations for the implementation of self-management strategies in patients with inflammatory arthritis. *Ann Rheum Dis* 2021;80:1278–85.
- Mankia K, Siddle HJ, Kerschbaumer A, et al. EULAR points to consider for conducting clinical trials and observational studies in individuals at risk of rheumatoid arthritis. *Ann Rheum Dis* 2021;80:1286–98.
- Gisoni P, Bellinato F, Targher G. Biological disease-modifying antirheumatic drugs may mitigate the risk of psoriatic arthritis in patients with chronic plaque psoriasis. *Ann Rheum Dis* 2022;81:68–73.
- Acosta Felquer ML, LoGiudice L, Galimberti ML. Treating the skin with biologics in patients with psoriasis decreases the incidence of psoriatic arthritis. *Ann Rheum Dis* 2022;81:74–9.
- Meer E, Merola JF, Fitzsimmons R. Does biologic therapy impact the development of PSA among patients with psoriasis? *Ann Rheum Dis* 2022;81:80–6.
- McGonagle DG, Zabotti A, Watad A. Intercepting psoriatic arthritis in patients with psoriasis: buy one get one free? *Ann Rheum Dis* 2022;81:7–10.
- Felson D, Lacaille D, LaValley MP. Re-Examining remission definitions in rheumatoid arthritis: considering the 28-Joint disease activity score, C-reactive protein level and patient global assessment. *Ann Rheum Dis* 2022;81:4–7.
- Felson D, Lacaille D, LaValley MP, et al. Reexamining remission definitions in rheumatoid arthritis: considering the twenty-eight-joint disease activity score, C-reactive protein level and patient global assessment. *RMD Open* 2021;7:e002034.
- Felson DT, Lacaille D, LaValley MP, et al. Reexamining Remission Definitions in Rheumatoid Arthritis: Considering the Twenty-Eight-Joint Disease Activity Score, C-Reactive Protein Level, and Patient Global Assessment. *ACR Open Rheumatol* 2021. doi:10.1002/acr2.11345. [Epub ahead of print: 16 Nov 2021].
- Felson DT, Lacaille D, LaValley MP. Reexamining remission definitions in rheumatoid arthritis: considering the Twenty-Eight-Joint disease activity score, C-reactive protein level, and patient global assessment. *Arthritis Rheumatol* 2021.

- 36 Felson DT, Lacaille D, LaValley MP, *et al.* Reexamining Remission Definitions in Rheumatoid Arthritis: Considering the Twenty-Eight-Joint Disease Activity Score, C-Reactive Protein Level, and Patient Global Assessment. *Arthritis Care Res* 2021. doi:10.1002/acr.24772. [Epub ahead of print: 16 Nov 2021].
- 37 Atwoli L, H Baqui A, Benfield T, *et al.* Call for emergency action to limit global temperature increases, restore biodiversity and protect health. *Ann Rheum Dis* 2021;80:1252–4.
- 38 Smolen JS. Greetings from the editor. *Ann Rheum Dis* 2020;79:1–2.