Looking Back on 2019 in Rheumatology and What to Expect from 2020

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Dear readers,

2019 has been another fascinating year in the field of rheumatology and indeed for this journal. As we look ahead to 2020, we'd like to thank all of our contributors, reviewers, and of course readers for the part you play in *Rheumatology and Therapy*.

Some of the most highly read content includes:

Safety and efficacy of repeat administration of triamcinolone acetonide extended-release in osteoarthritis of the knee: a phase 3b, open-label study

Andrew I. Spitzer, John C. Richmond, Virginia B. Kraus, Andreas Gomoll, Deryk G. Jones, Kim M. Huffman, Charles Peterfy, Amy Cinar, Joelle Lufkin, Scott D. Kelley

Rheumatol Ther (2019) 6: 109. <https://doi.org/10.1007/s40744-019-0140-z>

4900 downloads to date, and 1 citation.

Non-radiographic axial spondyloarthritis (nr-axSpA): advances in classification, imaging and therapy

Philip C. Robinson, Raj Sengupta, Stefan Siebert

Rheumatol Ther (2019) 6: 165. <https://doi.org/10.1007/s40744-019-0146-6>

2300 downloads to date.

Moving the needle: improving the care of the gout patient

Jon Golenbiewski, Robert T. Keenan

Rheumatol Ther (2019) 6: 179. <https://doi.org/10.1007/s40744-019-0147-5>

2000 downloads to date, and 2 citations.

Psoriatic arthritis: what is happening at the joint?

Jennifer Belasco, Nathan Wei

Rheumatol Ther (2019) 6: 305. <https://doi.org/10.1007/s40744-019-0159-1>

1900 downloads to date.

Assessing disease activity in psoriatic arthritis: a literature review

Laura J. Tucker, Laura C. Coates, Philip S. Helliwell

Rheumatol Ther (2019) 6: 23. <https://doi.org/10.1007/s40744-018-0132-4>

2000 downloads to date, and 1 citation.

In 2019, the readership of the journal was over 220,000 and the average citation rate was 3.361 citations per article.

Once again, the journal team has dedicated considerable time and energy to providing enhanced content for authors and readers to engage with. The article "Safety and Efficacy of Repeat Administration of Triamcinolone Acetonide Extended-release in Osteoarthritis of the Knee: A Phase 3b, Open-label Study" is accompanied by a video presentation from Andrew Spitzer, co-director of the Joint Replacement

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Programme at Cedars-Sinai Orthopedic Center in Los Angeles, California. In the presentation, Spitzer, lead author on the above-mentioned article, guides the viewer through the findings of the study.

What's more, ten of our articles published in 2019 included plain language summaries. Published alongside the scientific abstract, these are intended to make academic content more accessible for dissemination amongst non-specialists, such as patients, HCPs, and the press.

The past year has seen interesting published reports concerning the effectiveness and safety of new molecules and strategies for initiation and tapering of medications in multiple rheumatic diseases such as rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, systemic lupus erythematosus, scleroderma, dermatomyositis, gout, and osteoarthritis, amongst others. This coming year, 2020, should be no different.

With respect to rheumatoid arthritis, we should see the publication of the full phase 3 program of filgotinib in RA including the use of filgotinib as monotherapy and a head-to-head comparison versus adalimumab. This will complete the publications of the four jakinibs in development in the United States and the European Union. We should also expect to see results of post-approval safety studies and results from registries which hopefully will fully clarify the risk–benefit of jakinibs compared to biologic disease-modifying anti-rheumatic drugs (bDMARDs) particularly with respect to venous thrombotic episodes (VTE). The question that still begs an answer is whether the incidence rate of VTE observed to date with jakinibs is the same or higher than the rates in the general RA population, the RA population treated with csDMARDs and the RA population treated with bDMARDs. This is an important question, as all four jakinibs have been shown to be at least as effective as a TNFi (adalimumab). Thus, for the practicing rheumatologist, where the jakinibs fit as a therapeutic choice depends on their relative safety. This question is also important for patients with psoriatic arthritis and ankylosing spondylitis as the jakinibs have shown efficacy in these diseases as well. The question is still open as to

whether it is reasonable to use a jakinib first after MTX or much later in the therapeutic armamentarium. Finally, we could see the results of clinical trials of jakinibs in SLE, which are of great interest clinically as an oral option if the phase 2 results are confirmed in phase 3. SLE is also an area where we expect to see VTE, so the safety observations of these programs will be of great interest. In addition to jakinibs, we will hopefully see the results of other clinical trials with oral molecules that work intracellularly such as inhibitors of BTK and IRAK4 in several rheumatic diseases such as RA and SLE.

With respect to SLE, an area of great need for patients with severe disease, we should see the phase 3 results of a mAb that binds the type I IFN receptor subunit 1 (anifrolumab). When presented at ACR2019, the two phase 3 trials showed interesting, contrasting, results. How these will be interpreted will be of great interest to the rheumatology community. In addition, early efficacy results of a BTK inhibitor, a molecule which neutralizes both BlyS and APRIL, and a selective S1P1R modulator. In addition, a successful study of obinutuzumab, a type II anti-CD20 mAb, in SLE renal disease should be published. There is still ongoing discussion of the clinical utility of the metrics used in SLE trials and which ones are of importance for regulatory agencies, which ones are best suited to separate an effective medication from one that is not (similar to the ACR20 in RA or PASI in psoriasis), and which ones are helpful in gauging depth of response such as a decreased in CDAI or SDAI and achieving values for low disease activity or remission in RA or achieving MDA in psoriatic arthritis.

With respect to osteoarthritis, there is still a great unmet need for effective disease-modifying medications and we may see results of later studies assessing molecules which can hopefully address this need such as a Wnt inhibitor, a cathepsin K inhibitor, insulin-like growth factor 1 bone morphogenetic protein 7, Coll2-1 peptide, selective inhibitor of ADAMTS-5, and TPX-100 [peptide derived from matrix extracellular phosphoglycoprotein (MEPE)]. The long-term safety results of the NGF should be available, which should help rheumatologists define the risk–benefit of these compounds.

Scleroderma is still a disease with great unmet need, particularly with respect to systemic involvement. Hopefully we will see reports of several medications, including lenabasum and romilkimab (an IL4, IL13) in this disease. In gout, we should see further reports of pegadricase and new urat-1 inhibitors.

We have yet to see an update of endpoints so that appropriate endpoints are incorporated in studies and assessed appropriately. This will include endpoints in head-to-head studies in RA, which are vastly different compared to placebo-controlled studies, as well as clinically meaningful endpoints in SLE, PsA, AS, and OA studies.

As stated last year, it is critically important to rheumatologists, patients, and society in general, to answer the question of safety of biosimilar DMARDs (bsDMARDs) with multiple switching. We still have not definitively answered whether multiple switches between multiple bsDMARDs and the bio-original is effective clinically and safely without autoimmune events, but we are getting closer to the answer as we see registry data.

Rheumatology and Therapy had a successful 2019 and we expect 2020 will be even more exciting and successful.

Best wishes,

Roy Fleischmann, MD MACR.

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