

## LETTERS

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### **Antisynthetase antibodies in World Trade Center rescue and recovery workers with inflammatory myositis: comment on the article by Webber et al**

*To the Editor:*

We read with interest the article by Webber et al (1) in which they addressed an important issue, i.e., exposure to environmental agents playing a potential role in the development of systemic autoimmune diseases. Exposure to aerosolized “World Trade Center dust,” which, as the authors stated, contains an amalgam of pulverized cement, glass fibers, silica, asbestos, lead, polycyclic aromatic hydrocarbons, polychlorinated biphenyls, and polychlorinated furans and dioxins, resulted in a high and time-dependent percentage of systemic autoimmune diseases, taking into account the results of the reported nested case–control study. Among the 59 patients with systemic autoimmune disease described by the authors, inflammatory myopathies were diagnosed in 8 (6 patients with polymyositis and 2 with dermatomyositis). Given that occupational exposure seems to play a role in patients with myositis and antisynthetase antibodies (2,3) (the so-called antisynthetase syndrome), it would be of interest to know how many of those 8 patients with myositis were positive for any of the most frequent antisynthetase antibodies (anti-Jo-1, anti-PL-7, or anti-PL-12). If this was the case, these data will undoubtedly reinforce the notion that exposure to inhaled antigens could act as a precipitating event in these patients.

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1. Webber MP, Moir W, Zeig-Owens R, Glaser MS, Jaber N, Hall C, et al. Nested case–control study of selected systemic autoimmune diseases in World Trade Center rescue/recovery workers. *Arthritis Rheumatol* 2015;67:1369–76.
2. Lundberg IE, Grundtman C. Developments in the scientific and clinical understanding of inflammatory myopathies. *Arthritis Res Ther* 2008;10:220.
3. Labirua-Iturburu A, Selva-O’Callaghan A, Zock JP, Orriols R, Martínez-Gómez X, Vilardell-Tarres M. Occupational exposure in patients with the antisynthetase syndrome. *Clin Rheumatol* 2014;33:221–5.

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### **Reply**

*To the Editor:*

We thank Drs. Selva-O’Callaghan, Labirua-Iturburu, and Pinal-Fernandez for their question regarding the prevalence of antisynthetase antibodies (anti-Jo-1, anti-PL-7, or anti-PL-12) in the 8 patients in whom inflammatory myopathies were diagnosed after they worked at the World Trade Center disaster

site (Webber MP, Moir W, Zeig-Owens R, Glaser MS, Jaber N, Hall C, et al. Nested case–control study of selected systemic autoimmune diseases in World Trade Center rescue/recovery workers. *Arthritis Rheumatol* 2015;67:1369–76). We do not have access to the records of these patients, because care for rheumatologic disease occurred outside of the Fire Department of the City of New York health program. For any diagnosis of systemic autoimmune disease, we required a specific written diagnosis from the treating physician (either an internist or a rheumatologist) and supporting documentation that only sometimes included blood test results for antisynthetase antibodies (anti-Jo-1, anti-PL-7, or anti-PL-12) and in other cases included confirmation of biopsy results. Accordingly, we had positive anti-Jo-1 results for 2 patients, negative anti-Jo-1 results for 3 others, and were missing antisynthetase antibody results for the remaining 3 patients. Biopsies were performed in 7 patients.

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### **Possible confounding by axial involvement in the ABILITY-2 study: comment on the article by Mease et al**

*To the Editor:*

I read with interest the article by Mease et al (1) in which they reported the results of their study evaluating the efficacy and safety of adalimumab in patients with active nonpsoriatic peripheral spondyloarthritis (SpA). Eligible patients fulfilled the Assessment of SpondyloArthritis international Society (ASAS) classification criteria for peripheral SpA (2), did not have a prior diagnosis of psoriasis, psoriatic arthritis, or ankylosing spondylitis (AS), and had an inadequate response or intolerance to nonsteroidal antiinflammatory drugs.

Based on the reported inclusion criteria for the study, one would suspect that the patients who were recruited would