



Universiteit  
Leiden  
The Netherlands

# **Differences and similarities of autoantibody-positive and autoantibody-negative rheumatoid arthritis during the disease course: on our way to personalized medicine**

Matthijssen, X.M.E.

## **Citation**

Matthijssen, X. M. E. (2022, June 21). *Differences and similarities of autoantibody-positive and autoantibody-negative rheumatoid arthritis during the disease course: on our way to personalized medicine*.

Retrieved from <https://hdl.handle.net/1887/3421332>

Version: Publisher's Version

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/3421332>

**Note:** To cite this publication please use the final published version (if applicable).

# Differences and similarities of autoantibody-positive and autoantibody-negative rheumatoid arthritis during the disease course: on our way to personalized medicine

Xanthe Mattheijssen

1. It is time to subdivide RA in autoantibody-positive RA (type 1) and autoantibody-negative RA (type 2) to enable stratified diagnosis, treatment and research in RA. (*this thesis*)
2. The prevalence of type 2 RA will rise due to increasing incidence, constant sustained DMARD-free remission rates and absence of excess mortality. (*this thesis*)
3. The goal to improve long-term outcomes by attaining remission on the short term has not been achieved in type 2 RA. (*this thesis*)
4. MRI-detected tenosynovitis is an early disease feature with high sensitivity and specificity for both type 1 and type 2 RA. (*this thesis*)
5. To accomplish the aim of the 2010 classification criteria, of very early classification of patients with persistent and/or erosive disease "Arthritis + ACPA = RA" is simple and also very effective but cannot identify patients with type 2 RA.
6. Type 1 and type 2 RA often present similar but they differ before and after diagnosis.
7. Both before and after diagnosis, type 2 RA is at least as severe as type 1 in patient reported outcomes. (*Boer et al. Arthritis Care Res. 2018 Jul; Burgers et al. Ann Rheum Dis. 2017 Oct.*)
8. Correction for ACPA and/or RF has become increasingly popular in research articles. However, stratification for autoantibody status is more appropriate for two types with presumably different pathophysiology.
9. Statistics become scientific not through fancy techniques or  $p < 0.05$ , but through analytical thinking, appropriate assumptions and open communication (*adapted from Hennig et al. Pattern Recognition Letters. 2015 Apr*)
10. The answer to a statistical question about research often starts with "What is your research question again?".
11. The most interesting part of a research paper can often be found "Supplementary".
12. "Hindsight is a gift; Difference is a teacher" should also be applied in research and researchers should be encouraged to revise and rethink previous work when new results or insights arise. (*adapted from "Nanette" by Hannah Gadsby*)