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IN BRIEF

CONNECTIVE TISSUE DISEASES

Lung transplantation in patients with SSc—acceptable risk?

Lung transplantation can be a life-saving procedure for patients with systemic sclerosis (SSc), but concerns about short-term and long-term survival have prevented its widespread application. In a new report focused on the 1-year mortality of 3,763 adult patients with SSc ($n=229$) or with interstitial lung disease (ILD, $n=3,333$) or pulmonary arterial hypertension (PAH, $n=201$) not related to SSc who underwent lung transplantation in the USA, patients with SSc had a 48% increase in mortality relative to patients with ILD (HR 1.48, 95% CI 1.01–2.17). However, no difference was observed in the risk of death 1 year after transplantation between patients with SSc and patients with PAH (HR 0.85, 95% CI 0.50–1.44), a widely accepted indication for lung transplantation. Further studies are needed to identify modifiable risk factors that might improve transplantation outcomes in patients with SSc.

Original article Bernstein, E. J. *et al.* Survival of adults with systemic sclerosis following lung transplantation: a nationwide cohort study. *Arthritis Rheumatol.* doi:10.1002/art.39021

RISK FACTORS

Cardiovascular risk in patients with psoriatic arthritis

The Framingham risk score (FRS) was found to underestimate the risk of cardiovascular disease (CVD) in patients with newly-diagnosed psoriatic arthritis (PsA). In a retrospective, population-based, cohort study of 158 patients with newly-diagnosed PsA, the 10-year cumulative incidence of CVD events was 17% (95% CI 10–24%), approximately twice as high as the risk predicted by the FRS (standardized incidence ratio 1.80, 95% CI 1.14–2.86, $P=0.012$). The risk of developing CVD within 10 years in the majority of patients with newly-diagnosed PsA was >10%. This study highlights the need for the development of risk assessment tools specific for patients with PsA, and suggests early therapy to reduce the long-term burden of CVD in these patients.

Original article Ernste, F. C. *et al.* Cardiovascular risk profile at the onset of psoriatic arthritis: a population-based, cohort study. *Arthritis Care Res. (Hoboken)* doi:10.1002/acr.22536

OSTEOARTHRITIS

Structural damage associated with knee pain in OA

In osteoarthritis (OA) of the patellofemoral joint (PFJ), whether MRI-detected damage in different PFJ regions leads to similar pain is unknown. In an analysis of 1,137 knees from the Multicenter Osteoarthritis Study, the prevalence of knee pain was 1.9-fold higher in those with full-thickness cartilage loss isolated to the lateral PFJ (95% CI 1.3–2.8) or in both lateral and medial (mixed) PFJ regions (95% CI 1.9–2.9) than in those without full-thickness cartilage loss, whereas isolated medial PFJ cartilage loss was not associated with an increased risk of knee pain (OR 0.8, 95% CI 0.6–1.1). However, a similar analysis of 934 knees from the Framingham Osteoarthritis Study did not confirm these results, as only mixed PFJ lesions were associated with knee pain when compared with no PFJ cartilage loss.

Original article Stefanik, J. J. *et al.* The relation of MRI-detected structural damage in the medial and lateral patellofemoral joint to knee pain: the Multicenter and Framingham Osteoarthritis Studies. *Osteoarthritis Cartilage* doi:10.1016/j.joca.2014.12.023