



# Foreword



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*Consulting Editor*

John Davis has created a thoughtful and scholarly issue addressing the complex relationships between malignancy and chronic rheumatic diseases. The articles are practical in a clinical sense and support the concept of shared decision making when both the patient and his or her doctor face questions about options for further workup and management. As some wise clinicians used to say, it is not about treatment of a rheumatic disease (since we don't know the cause, how can we treat?), it is always about patient management, and malignancy potential fits directly into patient management. Now that we are regularly employing checkpoint inhibitors as part of cancer chemotherapy, the specificity of interruption of the immune system at certain targeted points with the subsequent display of rheumatic disease phenotypes of all kinds has eliminated the sharp distinctions between cancer and our rheumatic diseases. In his choice of articles and topics, John Davis has pointed out some areas of progress, but he has left open for further discussion the gaps in our understanding of why these events are taking place as our rheumatic diseases are becoming better controlled with drugs, or diagnosed earlier and managed efficiently before damage has occurred. Carefully done observational studies as well as basic science approaches in the research laboratory are reviewed in this issue; why some diseases are regularly associated with cancer (myositis, for example) and others are not (spondyloarthritis) are powerful incentives to keep these lines of research going. Much thanks to John for putting this important issue together.

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