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Administrative, technical, or material support: Besen.

Study supervision: Garg, Lam.

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REFERENCES

1. Wolkenstein P, Loundou A, Barrau K, Auquier P, Revuz J; Quality of Life Group of the French Society of Dermatology. Quality of life impairment in hidradenitis suppurativa: a study of 61 cases. *J Am Acad Dermatol.* 2007;56(4):621-623.

2. Matusiak L, Bieniek A, Szepietowski JC. Psychophysical aspects of hidradenitis suppurativa. *Acta Derm Venereol.* 2010;90(3):264-268.

3. Esmann S, Jemec GB. Psychosocial impact of hidradenitis suppurativa: a qualitative study. *Acta Derm Venereol.* 2011;91(3):328-332.

4. Sartorius K, Emtestam L, Jemec GB, Lapins J. Objective scoring of hidradenitis suppurativa reflecting the role of tobacco smoking and obesity. *Br J Dermatol.* 2009;161(4):831-839.

5. Schrader AM, Deckers IE, van der Zee HH, Boer J, Prens EP. Hidradenitis suppurativa: a retrospective study of 846 Dutch patients to identify factors associated with disease severity. *J Am Acad Dermatol.* 2014;71(3):460-467.

6. Canoui-Poitrine F, Revuz JE, Wolkenstein P, et al. Clinical characteristics of a series of 302 French patients with hidradenitis suppurativa, with an

analysis of factors associated with disease severity. *J Am Acad Dermatol.* 2009;61(1):51-57.

7. Matusiak L, Bieniek A, Szepietowski JC. Hidradenitis suppurativa and associated factors: still unsolved problems. *J Am Acad Dermatol.* 2009; 61(2):362-365.

8. Vazquez BG, Alikhan A, Weaver AL, Wetter DA, Davis MD. Incidence of hidradenitis suppurativa and associated factors: a population-based study of Olmsted County, Minnesota. *J Invest Dermatol.* 2013;133(1):97-103.

9. Kirby JS, Miller JJ, Adams DR, Leslie D. Health care utilization patterns and costs for patients with hidradenitis suppurativa. *JAMA Dermatol.* 2014;150(9):937-944.

NOTABLE NOTES

Tumor Necrosis Factor and the Tenacious α

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Tumor necrosis factor (TNF) is a central cytokine in inflammation and an important therapeutic target in dermatology. For reasons unknown, TNF is still referred to as TNF- α in numerous newly published scientific papers, almost 2 decades after the cytokine was renamed. Of notice, this transgression is common in biomedical science, not limited to dermatology.

In 1975, Carswell and colleagues¹ identified TNF from human serum as responsible for necrosis in different tumors in mice. Demonstration of functional and sequential homology of TNF and the previously discovered cytotoxic factor lymphotoxin in 1985 resulted in renaming of TNF as TNF- α and lymphotoxin as TNF- β .² These 2 cytokines laid the foundation for the isolation and identification of the larger family of cytokines, now known as the TNF superfamily. In 1993, a close homologue of lymphotoxin, the lymphotoxin- β , was discovered.³ Subsequently, at the Seventh International TNF Congress (May 17-21, 1998; Hyannis, Massachusetts), the name "TNF- β " was changed to "lymphotoxin- α ." Concurrently, "TNF- α " became an orphan term with no meaning different from the original term, "TNF," which was reinstated as official name of the cytokine.

Ideally, protein names and symbols would be identical to those used for the gene. The official symbol of the cytokine gene by the HUGO Gene

Nomenclature Committee is *TNF*. Also the international Universal Protein Resource (UniProt) recommends tumor necrosis factor as the name of the protein. A consistent use of approved nomenclature will facilitate data retrieval using unique approved symbols as search terms in central databases such as PubMed, GenBank, and OMIM. This warrants abandoning the term "TNF- α " when referring to tumor necrosis factor, probably the most featured signal molecule in dermatology.

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1. Carswell EA, Old LJ, Kassel RL, Green S, Fiore N, Williamson B. An endotoxin-induced serum factor that causes necrosis of tumors. *Proc Natl Acad Sci U S A.* 1975;72(9):3666-3670.

2. Browning JL, Ngam-ek A, Lawton P, et al. Lymphotoxin beta, a novel member of the TNF family that forms a heteromeric complex with lymphotoxin on the cell surface. *Cell.* 1993;72(6):847-856.

3. Pennica D, Nedwin GE, Hayflick JS, et al. Human tumour necrosis factor: precursor structure, expression and homology to lymphotoxin. *Nature.* 1984; 312(5996):724-729.