in a similar study of troglitazone, despite THR9021's weaker activity as a PPARγ agonist. The correspondingly weaker adipogenicity and oral formulation of THR9021 might provide additional clinical benefits.

Caroline Barranco

Original article Tomita T *et al.* (2006) THR0921, a novel peroxisome proliferator-activated receptor gamma agonist, reduces the severity of collagen-induced arthritis. *Arthritis Res Ther* **8:** R7

ANCA-associated small vessel vasculitis: treatment with mycophenolate mofetil

The immunosuppressant mycophenolate mofetil (MMF) could provide an effective alternative to combined corticosteroids and cytotoxic agents in the treatment of antineutrophil cytoplasmic autoantibody-associated small vessel vasculitis (anca-svv). Joy *et al.* report that MMF obviates the need for cytotoxic drugs and avoids some of the risks associated with long-term use of the combined regimen, such as secondary malignancies, nephrotoxicity, and reduced fertility.

This small, dose-escalating pilot study enrolled patients with non-life-threatening ANCA-SVV who had relapsing disease ($n = 6$) or who had failed to respond to previous cyclophosphamide treatment ($n = 6$). MMF was administered twice daily from the first study day, with the target dose of 1,000–1,500 mg twice daily administered for 24 weeks. Concomitant corticosteroids were permitted. From weeks 24 to 52, other agents could be used to replace or bolster MMF treatment.

As measured by the BVAS, disease activity significantly decreased with MMF induction treatment between baseline and week 24 ($P = 0.0013$), and between baseline and week 52 ($P = 0.0044$). Recurrent use of a cytotoxic agent was avoided in 10/12 patients. Some disease activity remained, however, and only a minority of patients achieved a long-lasting remission, while several patients responded poorly to treatment. Interestingly, all patients who showed an early and sustained decrease in disease activity were in the relapsing group, indicating that MMF is ineffective in those resistant to cyclophosphamide induction therapy.

Joy *et al.* recommend that therapy is tailored to each individual's disease course, and suggest that combination therapy is likely to be most effective in controlling disease and limiting toxicity. Further investigations into MMF treatment are needed.

Pippa Murdie

Original article Joy MS *et al.* (2005) A pilot study using mycophenolate mofetil in relapsing or resistant ANCA small vessel vasculitis. *Nephrol Dial Transplant* **20:** 2725–2732

Rheumatoid arthritis patients' participation in clinical trials

Inclusion of a heterogeneous study population is desirable in clinical trials; however, accruing adequate numbers from minority groups is typically difficult. A survey of patients with rheumatoid arthritis (RA) has recently been conducted, with the aim of elucidating the factors that affect patients' decisions on whether to participate in studies.

Researchers asked 191 RA patients if they would participate in the survey, of whom 144 patients agreed; 57% were Hispanic, 25% Caucasian, 12% Asian and 6% African American. Most patients were of a low socioeconomic background. Patients answered a questionnaire that gathered information on demographics, health status and important factors when considering participation in clinical trials.

Advantages of participating in a clinical trial included the opportunity to help others, the possibility of improved health, early access to new treatments, and availability of free treatment. In general, there were no significant differences between Caucasians and Hispanics for weighting of importance. The disadvantages were unknown side effects, the need to stop current therapy, lack of trust in doctors and the need to travel to research sites. Caucasians were more likely to decline trial participation because of negative factors than Hispanics, indicating that low accrual of Hispanics to clinical trials is because of a lack of awareness of potential benefits. Most patients in each ethnic group indicated they would be willing to participate in a clinical study, apart from Asians, among whom only 31% agreed.

The authors conclude that consideration of ethnic-specific factors during trial recruitment could facilitate inclusion in clinical trials.

Rachel Murphy

Original article Lee SJ *et al.* (2005) Factors affecting rheumatoid arthritis patients' decisions to participate in clinical trials. *J Rheumatol* **32:** 2317–2325