

Nature Reviews Rheumatology 11, 562 (2015); published online 8 September 2015;
doi:10.1038/nrrheum.2015.121;
doi:10.1038/nrrheum.2015.122;
doi:10.1038/nrrheum.2015.123;
doi:10.1038/nrrheum.2015.124

IN BRIEF

VASCULITIS SYNDROMES

Time is of the essence to protect vision in patients with GCA

Fast-track outpatient ultrasonography could substantially improve visual outcomes in patients with giant-cell arteritis (GCA). In a new study, six of 75 conventionally assessed patients with GCA went on to develop permanent visual impairment, versus just one of 43 patients assessed in a fast-track ultrasonography clinic ($RR\ 0.12$, $95\% CI\ 0.01–0.97$; $P=0.01$). Fast-tracked patients had considerably shorter inpatient stays (mean 0.6 versus 3.6 days).

Original article Diamantopoulos, A.P. et al. The fast-track ultrasound clinic for early diagnosis of giant cell arteritis significantly reduces permanent visual impairment: towards a more effective strategy to improve clinical outcome in giant cell arteritis? *Rheumatology (Oxford)* doi:10.1093/rheumatology/kev289

RISK FACTORS

A smoking gun for renal disease in patients with SLE?

Smoking is known to increase the risk of developing systemic lupus erythematosus (SLE), but the results of a cross-sectional study of 730 Chinese patients with SLE, including 65 current or former smokers, suggest that smoking could also worsen renal disease. After adjustment for age and sex, several features were significantly more frequent in smokers than nonsmokers: photosensitivity (35.9% versus 18%; $P=0.006$), nephropathy (59.4% versus 39.8%; $P=0.011$), and proteinuria (54.7% versus 35.2%; $P=0.010$).

Original article Xu, D. et al. Chinese systemic lupus erythematosus treatment and research group registry VI: effect of cigarette smoking on the clinical phenotype of Chinese patients with systemic lupus erythematosus. *PLoS ONE* doi:10.1371/journal.pone.0134451

SYSTEMIC LUPUS ERYTHEMATOSUS

Favourable phase III results for BAFF-blocker tabalumab

The ILLUMINATE trial involved 1,124 patients with moderate-to-severe SLE who received standard care plus either placebo or the human IgG4 antibody tabalumab, which targets B-cell activating factor (BAFF). This trial met its primary end point—a significant difference versus placebo in the proportion of patients achieving an SLE Responder Index 5 (SRI-5) response at week 52—in the group receiving 120 mg subcutaneous tabalumab every 2 weeks (38.4% versus 27.7%; $P=0.002$), although not in those receiving once-monthly dosing.

Original article Merrill, J.T. et al. Efficacy and safety of subcutaneous tabalumab, a monoclonal antibody to B-cell activating factor, in patients with systemic lupus erythematosus: results from ILLUMINATE-2, a 52-week, phase III, multicentre, randomised, double-blind, placebo-controlled study. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2015-207654

RHEUMATOID ARTHRITIS

10 years of improving remission rates and disease activity

Data from a population of patients with rheumatoid arthritis in a Norwegian clinic (~33% receiving biologic DMARDs) show that the proportions of those achieving remission or low disease activity improved significantly between 2004 and 2013. Remission rates, determined using various criteria, increased from 3.8–21.3% to 17.7–55.5% over the 10 years.

Original article Haugeberg, G. et al. Ten years of change in clinical disease status and treatment in rheumatoid arthritis: results based on standardized monitoring of patients in an ordinary outpatient clinic in southern Norway. *Arthritis Res. Ther.* doi:10.1186/s13075-015-0716-0