

IN BRIEF

CONNECTIVE TISSUE DISEASES**Lupus anticoagulant keeps its PROMISSE**

Lupus anticoagulant antiphospholipid antibodies (aPL) are confirmed as a risk factor for adverse pregnancy outcomes (preterm delivery, neonatal or fetal death, and low birth weight). This prior PROMISSE finding has now been validated in an independent group of 44 women recruited subsequently. Lupus anticoagulant was present in 69% of patients with adverse outcomes versus 27% of those without ($P = 0.01$). Other aPL were not linked to increased risk.

ORIGINAL ARTICLE Yelnik, C. M. *et al.* Lupus anticoagulant is the main predictor of adverse pregnancy outcomes in aPL-positive patients: validation of PROMISSE study results. *Lupus Sci. Med.* **3**, e000131 (2016)

RHEUMATOID ARTHRITIS**Increased risk of cervical cancer linked to RA**

The ARTIS Study Group reports that cervical intraepithelial neoplasia (CIN) is linked to rheumatoid arthritis (RA). This Swedish nationwide registry-based study shows a 20–40% increase in risk of cervical dysplasia (CIN 1 and CIN 2+) in biologic-naïve women with RA ($n = 34,984$) versus matched women from the general population ($n = 300,331$). Furthermore, women initiating treatment with biologic anti-TNF agents ($n = 9,629$) had a 50–100% increase in risk of invasive cervical cancer (CIN 3). All groups had similar screening attendance.

ORIGINAL ARTICLE Wadström, H. *et al.* Do RA or TNF inhibitors increase the risk of cervical neoplasia or of recurrence of previous neoplasia? A nationwide study from Sweden. *Ann. Rheum. Dis.* <http://dx.doi.org/10.1136/annrheumdis-2015-208263> (2016)

RHEUMATOID ARTHRITIS**Anti-TNF agent choice impacts cardiovascular risk**

An increased incidence of acute myocardial infarction has been noted in 47,193 Medicare patients aged >65 years initiating anti-TNF therapy for rheumatoid arthritis (RA), especially in those receiving etanercept (adjusted HR 1.3, 95% CI 1.0–1.8) or infliximab (adjusted HR 1.3, 95% CI 1.0–1.6) versus those taking abatacept. Tocilizumab might not increase the risk of coronary heart disease (adjusted HR 0.64, 95% CI 0.41–0.99), although absolute differences in event rates were small and data on cardiovascular risk factors and RA disease severity were lacking.

ORIGINAL ARTICLE Zhang, J. *et al.* Comparative effects of biologics on cardiovascular risk among older patients with rheumatoid arthritis. *Ann. Rheum. Dis.* <http://dx.doi.org/10.1136/annrheumdis-2015-207870> (2016)

BONE**Antiresorptive agents benefit glucocorticoid users**

A network meta-analysis of 27 randomized controlled trials shows that antiresorptive therapy does reduce the incidence of vertebral fracture in patients receiving oral glucocorticoids. Significant reductions in fracture rates were observed for only three agents: teriparatide and risedronate were both ranked 77% and etidronate was ranked 76% by SUCRA (surface under the cumulative ranking curve statistic). No agent significantly reduced nonvertebral fracture rates.

ORIGINAL ARTICLE Amiche, M. A. *et al.* Efficacy of osteoporosis pharmacotherapies in preventing fracture among oral glucocorticoid users: a network meta-analysis. *Osteoporos. Int.* <http://dx.doi.org/10.1007/s00198-015-3476-4> (2016)