

IN BRIEF

AUTOINFLAMMATION**Anakinra effective for resistant FMF in RCT**

The results of a randomized placebo-controlled trial show that the IL-1 receptor antagonist anakinra is safe and effective for the treatment of colchicine-resistant familial Mediterranean fever (FMF). The study enrolled 25 adults receiving treatment with 1.5–3 mg colchicine per day, who were then randomly assigned to receive anakinra or placebo for 4 months. Among those treated with anakinra, the mean number of FMF attacks per patient per month was 1.7 ± 1.7 , compared with 3.5 ± 1.9 among those who received placebo ($P = 0.037$). Six patients in the anakinra group had less than one FMF attack per month whereas no patients in the placebo group achieved this outcome ($P = 0.005$). The rate of adverse events was similar in both groups, and anakinra treatment also had a beneficial effect on quality of life.

ORIGINAL ARTICLE Ben-Zvi, I. *et al.* Anakinra for colchicine resistant familial Mediterranean fever — a randomized, double blind, placebo-controlled trial. *Arthritis Rheumatol.* <http://dx.doi.org/10.1002/art.39995> (2016)

RHEUMATOID ARTHRITIS**Anti-TNF agents go head-to-head**

Certolizumab pegol plus methotrexate is not superior to adalimumab plus methotrexate for patients with active rheumatoid arthritis despite methotrexate therapy, according to the 2-year results of the EXXELERATE study, a randomised, head-to-head superiority trial ($n = 915$). The proportions of patients classified as responders at week 12 and at week 104 were similar in both treatment groups. The study also determined that switching to a second TNF inhibitor without a washout period is safe and effective for some patients classified as non-responders at week 12; 40 (62%) of 65 patients who switched from certolizumab pegol to adalimumab, and 33 (58%) of 57 patients who switched from adalimumab to certolizumab pegol, achieved a reduction in DAS28-ESR ≥ 1.2 or low disease activity 12 weeks after switching treatment.

ORIGINAL ARTICLE Smolen, J. S. *et al.* Head-to-head comparison of certolizumab pegol versus adalimumab in rheumatoid arthritis: 2-year efficacy and safety results from the randomised EXXELERATE study. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(16\)31651-8](http://dx.doi.org/10.1016/S0140-6736(16)31651-8) (2016)

RHEUMATOID ARTHRITIS**Sarilumab more effective than adalimumab**

In the 24-week phase III MONARCH study, the IL-6 receptor blocker sarilumab was superior to adalimumab in improving the signs and symptoms of rheumatoid arthritis (RA) in patients unable to continue treatment with methotrexate because of intolerance or lack of response. Patients treated with sarilumab monotherapy (200 mg every 2 weeks, administered subcutaneously) had greater changes from baseline in DAS28-ESR at week 24 than those treated with adalimumab monotherapy (40 mg every 2 weeks) (-3.28 versus -2.20 ; $P < 0.0001$). Additionally, more patients in the sarilumab group achieved clinical remission and low disease activity. Safety profiles of the two treatments were generally comparable; neutropenia and injection site reactions were the most common adverse events in the sarilumab group, and headache and exacerbations of RA in the adalimumab-treated patients. Infection rates were similar across the two groups.

ORIGINAL ARTICLE Burmester, G. R. *et al.* Efficacy and safety of sarilumab monotherapy versus adalimumab monotherapy for the treatment of patients with active rheumatoid arthritis (MONARCH): a randomised, double-blind, parallel-group phase III trial. *Ann. Rheum. Dis.* <http://dx.doi.org/10.1136/annrheumdis-2016-210310> (2016)