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IN BRIEF

CONNECTIVE TISSUE DISEASES

Digital ulcers unaffected by endothelin blockade

Endothelin 1 is implicated in the pathogenesis of systemic sclerosis (SSc), and the endothelin receptor antagonist (ERA) bosentan has shown efficacy in randomized controlled trials (RCTs) in patients with SSc who have digital ulcers. Surprisingly, the novel ERA macitentan has failed to show efficacy in patients with SSc in two phase III RCTs: DUAL-1 ($n = 226$) and DUAL-2 ($n = 216$). In both RCTs, the rate at which new active ischaemic digital ulcers developed over 16 weeks was not significantly different in patients who received placebo and those treated with 3 mg macitentan or 10 mg macitentan. In addition, adverse events — such as headache, peripheral oedema and anaemia — were more common in the treatment groups than among patients who received placebo.

ORIGINAL ARTICLE Khanna, D. *et al.* Effect of macitentan on the development of new ischemic digital ulcers in patients with systemic sclerosis. DUAL-1 and DUAL-2 randomized clinical trials. *JAMA* **315**, 1975–1988 (2016)

VASCULITIS SYNDROMES

Tocilizumab safe and effective for PMR

A small phase IIa single-centre open-label study reports the first efficacy data for the IL-6-targeting monoclonal antibody tocilizumab in patients with newly diagnosed polymyalgia rheumatica (PMR; $n = 10$). Tocilizumab was administered monthly for 1 year alongside rapidly tapered glucocorticoid (GC) therapy. One patient discontinued the study owing to an infusion reaction. All nine patients who completed the course of tocilizumab remained in relapse-free remission after 6 months (the primary endpoint) and at the 15-month follow-up, reporting only mild adverse effects. In the comparator group, all patients receiving GCs alone ($n = 10$) achieved remission or low disease activity at 6 months; however, six patients had ≥1 relapse over a 12 month period. Whereas all patients in the comparator group remained on GCs at 6 months, all tocilizumab-treated patients were able to discontinue GC therapy within 4 months of study entry.

ORIGINAL ARTICLE Lally, L. *et al.* A prospective open label phase IIa trial of tocilizumab in the treatment of polymyalgia rheumatica. *Arthritis Rheumatol.* http://dx.doi.org/10.1002/art.39740 (2016)

RHEUMATOID ARTHRITIS

Immunosuppressive therapies and cancer risk

Evidence from small cohorts of patients with various types of cancer suggests that the use of immunosuppressive therapies in patients with rheumatoid arthritis (RA) and inflammatory bowel disease (IBD) is not associated with cancer recurrence. Reassuringly, a new retrospective study with 5,196 person-years of follow-up reports that the risk of breast cancer recurrence 365 days after primary surgery is not significantly different between matched cohorts of users and nonusers of methotrexate ($n = 892$ and $n = 892$, respectively), thiopurines ($n = 52$ and $n = 208$) or anti-TNF therapy ($n = 291$ and $n = 1,164$). However, the use of thiopurines showed a trend towards increased risk of breast cancer recurrence (HR 2.10, 95% CI 0.62–7.14). Subgroup analyses revealed no difference in breast cancer recurrence rates between patients commencing immunosuppressive therapy before or after surgery.

ORIGINAL ARTICLE Mamtani, R. *et al.* Association between breast cancer recurrence with immunosuppression in rheumatoid arthritis and inflammatory bowel disease: a cohort study. *Arthritis Rheumatol.* http://dx.doi.org/10.1002/art.39738 (2016)