January 1978 and December 2004, 127 of these patients developed lupus nephritis, of whom 21 experienced ESRF. Lupus nephritis occurred in 44% of black patients and 27% of white patients; black patients were more likely to progress to ESRF than white patients. Among the 21 patients with ESRF, 11 had poor adherence to treatment, of whom 9 were black.

The authors argue that the high frequency of ESRF in the black population is attributable to genetic rather than socioeconomic factors, because health care in the UK is free at the point of entry, unlike US health care. The authors do note, however, that socioeconomic factors other than access to health care might contribute to the high rate of ESRF in black patients, including health and cultural beliefs, timing of seeking medical treatment, and adherence to treatment. Further studies are required to determine whether ethnicity is an independent predictive factor of outcome in patients with lupus nephritis.

Original article Adler M *et al.* (2006) An assessment of renal failure in an SLE cohort with special reference to ethnicity, over a 25-year period. *Rheumatology* **45:** 1144–1147

No evidence of a link between ankylosing spondylitis and lymphoma

There is evidence that the risk of lymphoma is considerably elevated in patients with rheumatoid arthritis, but little is known about the risk of lymphoma in other inflammatory conditions. Askling *et al.* have conducted a population-based, case–control study in Sweden to examine the relationship between lymphoma and ankylosing spondylitis. They found, somewhat surprisingly, that there was no increased risk of lymphoma in patients with ankylosing spondylitis.

The researchers identified 50,615 patients from the Swedish Cancer Register who were diagnosed with Hodgkin's lymphoma, non-Hodgkin's lymphoma, or chronic lymphatic leukemia in 1964–2000. They also selected 92,928 controls from the Swedish census register, matched for age, sex, marital status, and county of residence. Overall, 23 patients and 41 controls had been diagnosed with lymphoma after having been hospitalized for ankylosing spondylitis. Analysis revealed no association between a history of ankylosing spondylitis and a diagnosis of lymphoma.

Despite the large study population, the number of patients included in the analysis was small, as only those hospitalized with ankylosing spondylitis were eligible; therefore, an increased risk of lymphoma cannot be ruled out in individuals with ankylosing spondylitis who have never been hospitalized. Moreover, despite the finding that average risk was not elevated, it is possible that lymphoma risk is increased in patients with severe ankylosing spondylitis.

Original article Askling J *et al.* (2006) Risk for malignant lymphoma in ankylosing spondylitis: a nationwide Swedish case–control study. *Ann Rheum Dis* **65:** 1184–1187

Phase II clinical trial results of chaperonin 10 in patients with RA

A phase II clinical trial has shown that the heat-shock protein chaperonin 10 (CPN10, XToll®; CBio, Alderley, QLD, Australia) whose anti-inflammatory properties derive from inhibition of Toll-like receptor signaling, is safe and effective in the short-term treatment of patients with rheumatoid arthritis (RA).

This double-blind, multicenter trial involved 23 patients aged 18–75 years with a history of RA of ≥6 months who had active disease at the time of enrollment. All patients were taking stable doses of disease-modifying anti-rheumatic drugs or NSAIDs, and up to 10 mg daily prednisolone. Patients were randomly allocated to receive 5 mg, 7.5 mg or 10 mg of intravenous CPN10 twice weekly for 12 weeks (the study was not placebo-controlled). Final efficacy and safety assessments were performed at week 12 and week 16, respectively.

Treatment with CPN10 led to improvement in the Disease Activity Score 28, the American College of Rheumatology response score, and all clinical signs of disease activity. There was evidence of a dose-dependent response to treatment in the American College of Rheumatology 50 score. There were no infusion-related reactions, although 1 severe, 10 moderate and 12 mild adverse events were observed. Three patients dropped out of the study (one adverse event, one lost to follow up, and one failure to respond to CPN10). The authors conclude that CPN10 leads to an encouraging improvement in the signs and symptoms of RA, and that