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IN BRIEF

NASH

Successful phase II trial of FGF19 analogue

Evidence has suggested a role for excess bile acids in the pathogenesis of non-alcoholic steatohepatitis (NASH). Fibroblast growth factor 19 (FGF19), a hormone regulating bile acid metabolism, might have therapeutic potential in treating NASH, but studies have been hindered by its hepatocarcinogenicity. Now, a non-tumorigenic variant of FGF19, NGM282, has been assessed in a placebo-controlled phase II trial in 82 patients with NASH. Patients were randomly assigned to receive 3 mg ($n = 27$) or 6 mg ($n = 28$) of NGM282, or placebo ($n = 27$). After 12 weeks, MRI was used to show that 74–79% of patients in the NGM282 groups achieved at least a 5% reduction in absolute liver fat content from baseline, compared with 7% in the placebo group ($P < 0.0001$ for both comparisons). Both doses of NGM282 were well tolerated.

ORIGINAL ARTICLE Harrison, S. A. *et al.* NGM282 for treatment of non-alcoholic steatohepatitis: a multicentre, randomised, double-blind, placebo-controlled, phase 2 trial. *Lancet* **391**, 1174–1185 (2018)

VIRAL HEPATITIS

Maternal tenofovir use does not improve prevention of perinatal HBV transmission

In HBV-infected pregnant women, there is a risk of perinatal HBV transmission even if the infant receives hepatitis B immunoglobulin and vaccine. In a multicentre phase III trial in Thailand, the use of the antiviral tenofovir to decrease maternal HBV load and improve the subsequent risk of perinatal transmission was evaluated. A total of 331 HBV-infected pregnant women were randomly assigned to receive either tenofovir ($n = 168$) or placebo ($n = 163$) from 28 weeks of gestation to 2 months postpartum, with HBV-positive status in the infant as the primary endpoint. None of the infants in the tenofovir group were infected with HBV compared with three infected infants in the placebo group, but the effect was statistically insignificant ($P = 0.12$). Adverse events did not differ significantly and the low levels of HBV transmission were attributed to efficacious timing of hepatitis B vaccinations in the infants.

ORIGINAL ARTICLE Jourdain, G. *et al.* Tenofovir versus placebo to prevent perinatal transmission of hepatitis B. *N. Engl. J. Med.* **378**, 911–923 (2018)

ENDOSCOPY

Autofluorescence inferior for dysplasia surveillance

Colonoscopic surveillance is recommended in patients with longstanding ulcerative colitis to detect dysplasia, but there is debate regarding the optimal method. Chromoendoscopy, which uses a topical dye to highlight mucosal changes, and autofluorescence, which compares the intensity of autofluorescent light emitted between neoplastic and normal tissue, are both superior to white light for dysplasia detection, but they have not been directly compared. In the FIND-UC trial, 210 patients with longstanding ulcerative colitis were randomly assigned for inspection with one of the two imaging techniques. Autofluorescence imaging was found to be inferior to chromoendoscopy, with a mean number of detected dysplastic lesion per patient of 0.13 and 0.37, respectively. The findings suggest that autofluorescence imaging should not be further investigated as an alternative dysplasia surveillance method.

ORIGINAL ARTICLE Vleugels, J. L. A. *et al.* Chromoendoscopy versus autofluorescence imaging for neoplasia detection in patients with longstanding ulcerative colitis (FIND-UC): an international, multicentre, randomised controlled trial. *Lancet Gastroenterol. Hepatol.* https://doi.org/10.1016/S2468-1253(18)30055-4 (2018)