IN BRIEF

CONNECTIVE TISSUE DISEASES

Significantly increased levels of the chemokine receptor CXCR4 were seen on the surface of monocytes, neutrophils, plasma cells and subsets of B cells from several mouse models of lupus with active nephritis, causing increased migration and B-cell survival. In response to treatment with a peptide antagonist of CXCR4, end-organ disease was reduced and survival prolonged in mice with lupus.

Original article Wang, A. *et al.* CXCR4/CXCL12 hyperexpression plays a pivotal role in the pathogenesis of lupus. *J. Immunol.* **182**, 4448–4458 (2009).

BONE DISEASES

The options for treatment after teriparatide therapy for severe osteoporosis are, as yet, unresolved. A prospective, randomized controlled study comparing treatments in the year after teriparatide therapy showed that, compared with no active treatment, continued teriparatide therapy increased bone mineral density (BMD); raloxifene at 60 mg daily maintained spine BMD and increased hip BMD.

Original article Eastell, R. *et al.* Sequential treatment of severe postmenopausal osteoporosis after teriparatide: final results of the randomized, controlled European Study of Forsteo (EUROFORS). *J. Bone Miner. Res.* **24**, 726–736 (2009).

RHEUMATOID ARTHRITIS

In patients with rheumatoid arthritis who had received prior treatment with infliximab but who were not in remission, increasing the dose of infliximab from 3 to 5 mg/kg had no significant effect on the 28-joint count disease activity score, the individual components of this score, or the levels of C-reactive protein. The increased dose was associated with a moderate increase in toxicity.

Original article Pavelka, K. *et al.* Increasing the infliximab dose in rheumatoid arthritis patients: a randomized, double blind study failed to confirm its efficacy. *Ann. Rheum. Dis.* doi:10.1136/ard.2008.090860

CONNECTIVE TISSUE DISEASES

In a large randomized, double-blind, placebo-controlled clinical trial, treatment of patients with diffuse continuous systemic sclerosis with 10 or 25 μg/kg per day of recombinant human relaxin was no more effective than placebo treatment at improving the total skin score or pulmonary function, or in reducing functional disability. In addition, relaxin treatment was associated with serious renal adverse events, most of which stopped after cessation of treatment.

Original article Khanna, D. *et al.* Recombinant human relaxin in the treatment of systemic sclerosis with diffuse cutaneous involvement: a randomized, double-blind, placebo-controlled trial. *Arthritis Rheum.* **60**, 1102–1111 (2009).