IN BRIEF

AMYLOIDOSIS

In 14 patients with biopsy-confirmed AA amyloidosis secondary to rheumatoid arthritis, therapy with etanercept led to clinical improvements in amyloidosis after 89±27 weeks. Decreases in serum levels of amyloid A protein were accompanied by improvements in proteinuria and serum levels of albumin. Diarrhea secondary to gastrointestinal AA amyloidosis also improved.

Original article Nakamura, T. *et al.* Etanercept can induce resolution of renal deterioration in patients with amyloid A amyloidosis secondary to rheumatoid arthritis. *Clin. Rheumatol.* doi:10.1007/s10067-010-1469-4

INFLAMMATION

The alkaloid-derivative vinpocetine, which is already in use for the treatment of cerebrovascular disorders and cognitive impairment, also has anti-inflammatory properties that point to its potential as a unique therapeutic agent for inflammatory conditions including arthritis. *In vitro* and *in vivo* studies have shown that vinpocetine inhibits TNF-induced NF-κB activation and the subsequent induction of proinflammatory mediators by directly targeting IκB kinase.

Original article Jeon, K. I. *et al.* Vinpocetine inhibits NF-κB-dependent inflammation via an IKK-dependent but PDE-independent mechanism. *Proc. Natl Acad. Sci. USA* **107**, 9795–9800 (2010)

SPONDYLOARTHROPATHIES

Low-dose infliximab (3 mg/kg) has already shown to be clinically effective for ankylosing spondylitis, but new evidence from a double-blind placebo-controlled study demonstrates that it also improves spinal inflammation. Measured by use of the Spondyloarthritis Research Consortium of Canada (SPARCC) MRI Index, spinal inflammation was markedly reduced after 12 weeks of therapy in patients who received infliximab compared with those who received placebo.

Original article Maksymowych, W. P. *et al.* Low-dose infliximab (3 mg/kg) significantly reduces spinal inflammation on magnetic resonance imaging in patients with ankylosing spondylitis: a randomized placebo-controlled study. *J. Rheumatol.* doi:10.3899/jrheum.091043

RHEUMATOID ARTHRITIS

In a combined phase I–II study, the novel anti-CD20 monoclonal antibody ofatumumab was shown to be clinically effective in patients with active rheumatoid arthritis who had failed to respond to treatment with one or more DMARDs. In phase II, administration of two intravenous infusions of 300 mg, 700 mg or 1,000 mg ofatumumab led to substantially higher rates of clinical response at 24 weeks in comparison with placebo. Rapid and sustained B-cell depletion was observed for all dosages.

Original article Østergaard, M. *et al.* Ofatumumab, a human anti-CD20 monoclonal antibody for treatment of rheumatoid arthritis patients with an inadequate response to one or more DMARDs: results of a double-blind, randomized, placebo-controlled, phase I/II study. *Arthritis Rheum.* doi:10.1002/art.27524