IN BRIEF

CONNECTIVE TISSUE DISEASES

A small phase I study suggests that the interleukin-6 inhibitor, tocilizumab, is safe and effective for the treatment of mild-to-moderate systemic lupus erythematosius (SLE). Illei *et al.* investigated the effects of three different intravenous doses of tocilizumab administered over a 12-week period ($n = 16$), and found that the agent was associated with dose-related decreases in absolute neutrophil counts, as well as improved disease activity according to a modified version of the SLE Disease Activity Index. One patient withdrew owing to neutropenia, and infections occurred in 11 patients. These findings, together with studies establishing the importance of interleukin-6 in disease pathogenesis, represent a promising development for the future of SLE therapy.

Original article Illei, G. G. *et al.* Tocilizumab in systemic lupus erythematosus: data on safety, preliminary efficacy, and impact on circulating plasma cells from an open-label phase 1 dosage-escalation study. *Arthritis Rheum.* **62**, 542–552 (2010)

RHEUMATOID ARTHRITIS

Combining leflunomide with a tumor necrosis factor (TNF) inhibitor seems to be associated with the same clinical benefit as the combination of methotrexate and an anti-TNF for the treatment of rheumatoid arthritis (RA). Patients being treated with methotrexate or leflunomide for highly active RA ($n = 120$) were randomly allocated to receive additional etanercept, infliximab or adalimumab therapy for 24 weeks. No differences were observed among any of the groups in American College of Rheumatology criteria for improvement or in 28-joint count Disease Activity Score. Slightly fewer patients in the leflunomide group, however, experienced serious adverse effects compared with the methotrexate group.

Original article De Stefano, R. *et al.* Comparison of combination therapies in the treatment of rheumatoid arthritis: leflunomide-anti-TNF-alpha versus methotrexate-anti-TNF-alpha. *Clin. Rheumatol.* doi: 10.1007/s10067-009-1349-y

CONNECTIVE TISSUE DISEASES

Patients with antiphospholipid syndrome (APS) and no other risk factors for atherosclerosis display preturbations in the endothelium that can lead to vasculopathy and a proinflammatory endothelial phenotype. Plasma levels of soluble intracellular adhesion molecule 1 (but not other soluble adhesion molecules such as E-selectin, or soluble thrombomodulin), von Willebrand factor, and tissue plasminogen activator were markedly increased in 40 patients with APS compared with 40 matched controls. Furthermore, mean brachial artery flow-mediated vasodilation was considerably reduced in patients with APS compared with controls.

Original article Cugno, M. *et al.* Patients with antiphospholipid syndrome display endothelial perturbation. *J. Autoimmun.* **34,** 105–110 (2010)