Nature Reviews Rheumatology **7**, 436 (2011); published online 5 July 2011; doi:10.1038/nrrheum.2011.100

IN BRIEF

BONE DISEASES

A single infusion of zoledronic acid produces sustained remissions in Paget's disease—data to 6.5 years

Reid, I. R. *et al. J. Bone Min. Res.* doi:10.1002/jbmr.438

To investigate the duration of response to a single 5 mg infusion of zoledronic acid in patients with Paget disease the authors of this open-label follow-up study assessed the long-term responses of patients from two previous clinical trials of this agent, with no additional interventions. In total 152 patients previously treated with zoledronic acid and 115 patients previously treated with risedronate were followed for 6.5 years. Levels of bone turnover markers, relapse rates and loss of response were lower in the zoledronic acid group than the risedronate group. The authors conclude that zoledronic acid resulted in an unprecedented duration of remission, plus improvements in quality of life, in patients with this disease.

VASCULITIS SYNDROMES

Efficacy of allogeneic mesenchymal stem cell transplantation in patients with drug-resistant polymyositis and dermatomyositis

Wang, D. *et al. Ann. Rheum. Dis.* **70**, 1285–1288 (2011)

Allogeneic mesenchymal stem cell transplantation appears to be a safe and effective treatment for patients with drug-resistant polymyositis or dermatomyositis, according to the findings of this small single-arm pilot study of 10 patients. Levels of serum creatine kinase (CK), CK-MB, muscle strength (assessed using a manual muscle test) and patient global assessment (visual analogue scale) improved in all patients; interstitial lung diseases also improved in some patients and chronic non-healing ulcers improved in one patient. The authors acknowledge that larger controlled studies are needed to confirm these findings and to assess the long-term efficacy of this approach.

RHEUMATOID ARTHRITIS

Subcutaneous abatacept versus intravenous abatacept: A phase IIIb non-inferiority study in patients with an inadequate response to methotrexate

Genovese, M. *et al. Arthritis Rheum.* doi:10.1002/art.30463

This phase IIIb double-blind, double-dummy study of 6-months duration compared the efficacies of subcutaneous (SC) abatacept (125 mg weekly; $n = 693$) and intravenous (IV) abatacept (10 mg/kg; $n = 721$) in patients with rheumatoid arthritis (RA) who had an inadequate response to methotrexate. SC abatacept was comparable in efficacy and safety to IV delivery of the drug; low immunogenicity and high drug retention rates were reported in both groups. Injection site reactions were low in the SC abatacept group. This alternative route of administration might add flexibility to the treatment options for patients with RA.