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IN BRIEF

RISK FACTORS

Meta-analysis shows that previous knee injury significantly increases the risk of OA development

A meta-analysis that included data from 24 observational studies (7 cohort studies, 5 cross-sectional studies and 12 case-control studies) and a total of 20,997 individuals has shown that the overall risk of knee OA is significantly increased in those with a history of knee injury (odds ratio 4.20, 95% CI 3.11–5.66). Study design and definition of knee injuries did not affect the significance of the association.

Original article Muthuri, S. G. *et al.* History of knee injuries and knee osteoarthritis: a meta-analysis of observational studies. *Osteoarthritis Cartilage* doi:10.1016/j.joca.2011.07.015

RHEUMATOID ARTHRITIS

Osteopontin blockade unlikely to provide clinical benefit

A proof-of-concept study has suggested that blockade of osteopontin (an immunomodulatory extracellular matrix protein) with the monoclonal antibody ASK8007 is well tolerated but is unlikely to provide clinical improvement in patients with rheumatoid arthritis (RA). The change in 28-joint disease activity scores after 43 days of treatment did not differ between patients receiving ASK8007 and those receiving placebo.

Original article Boumans, M. J. H. *et al.* Safety, tolerability, pharmacokinetics, pharmacodynamics and efficacy of the monoclonal antibody ASK8007 blocking osteopontin in patients with rheumatoid arthritis: a randomised, placebo controlled, proof-of-concept study. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2011-200298

CONNECTIVE TISSUE DISEASES

Quantitative capillaroscopic scoring tool validated

The predictive value and reproducibility of the capillaroscopic skin ulcer risk index (CSURI)—a tool designed in 2009 for predicting the development of digital ulcers in patients with systemic sclerosis (SSc)—has been validated in a large group of unselected patients with SSc. CSURI predicted the occurrence of digital ulcers within the following 3 months with a specificity of 81.4% and a sensitivity of 93.0%.

Original article Sebastiani, M. *et al.* Predictive role of capillaroscopic skin ulcer risk index in systemic sclerosis: a multicentre validation study. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2011-200022

RHEUMATOID ARTHRITIS

Ocrelizumab is safe and effective in patients who do not respond well to methotrexate monotherapy

In a phase III study, ocrelizumab plus methotrexate performed significantly better than placebo plus methotrexate in terms of inhibiting joint damage progression and improving signs and symptoms of RA in patients with an inadequate response to methotrexate alone. The rate of serious infections did not differ between the ocrelizumab 200 mg and placebo groups, but was increased in the ocrelizumab 500 mg group.

Original article Rigby, W. *et al.* Safety and efficacy of ocrelizumab in patients with rheumatoid arthritis and an inadequate response to methotrexate: the phase III STAGE trial. *Arthritis Rheum.* doi:10.1002/art.33317