

Nature Reviews Rheumatology 8, 62 (2012); published online 20 December 2011;
[doi:10.1038/nrrheum.2011.212](https://doi.org/10.1038/nrrheum.2011.212);
[doi:10.1038/nrrheum.2011.213](https://doi.org/10.1038/nrrheum.2011.213);
[doi:10.1038/nrrheum.2011.214](https://doi.org/10.1038/nrrheum.2011.214);
[doi:10.1038/nrrheum.2011.215](https://doi.org/10.1038/nrrheum.2011.215)

IN BRIEF

VASCULITIS SYNDROMES

Long-term data on cyclophosphamide regimens

A new retrospective study has analyzed the long-term outcomes of patients originally enrolled in CYCLOPS, in which daily oral (DO) was compared with pulse cyclophosphamide for remission induction in antineutrophil cytoplasmic antibody-associated vasculitis. On the basis of physician records—which included data on relapse, cancer incidence, bone fractures and cardiovascular morbidity—patients who were originally enrolled in the pulse arm had a higher risk of relapse than those in the DO arm, but survival rates did not differ between the two groups ($P=0.92$).

Original article Harper, L. *et al.* Pulse versus daily oral cyclophosphamide for induction of remission in ANCA-associated vasculitis: long-term follow-up. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2011-200477

THERAPY

Etanercept therapy in juvenile idiopathic arthritis

A range of factors associated with response to etanercept therapy have been examined in 262 patients with JIA on the Dutch arthritis and biologicals in children register. 15 months after therapy commenced, 32% of patients were determined to have excellent response and 32% poor response. An excellent response (characterized as inactive disease or early etanercept discontinuation) was associated with a lower disability score and prior DMARD therapy, whereas a poor response (characterized as <50% improvement or therapy discontinuation owing to ineffectiveness or intolerance) was more likely if the patient was female or had systemic JIA.

Original article Otten, M. H. *et al.* Factors associated with treatment response to etanercept in juvenile idiopathic arthritis. *JAMA* doi:10.1001/jama.2011.1671

BONE

Bisphosphonates recommended after arthroplasty

A population-based retrospective cohort study of data from more than 40,000 UK patients has determined that knee or hip replacements are more likely to last longer in patients who take bisphosphonates than those who do not (implant survival hazard ratio 0.54 [95% CI 0.29–0.99]; $P=0.047$). Patients who used bisphosphonates had a lower rate of prosthetic revision 5 years after primary placement of the prosthesis than nonusers.

Original article Prieto-Alhambra, D. *et al.* Association between bisphosphonate use and implant survival after primary total arthroplasty of the knee or hip: population based retrospective cohort study. *BMJ* doi:10.1136/bmj.d7222

OSTEOARTHRITIS

TNF blockade slows joint damage progression

A 12-month randomized double blind clinical trial in 60 patients with active erosive hand osteoarthritis compared TNF blockade using adalimumab (40 mg fortnightly subcutaneous administration) with placebo. Whereas no benefit could be attributed to adalimumab overall, the drug significantly slowed erosive evolution in a subpopulation of patients with palpable soft tissue swelling at baseline ($P=0.009$).

Original article Verbruggen, G. *et al.* Tumour necrosis factor blockade for the treatment of erosive osteoarthritis of the interphalangeal finger joints: a double blind, randomised trial on structure modification. *Ann. Rheum. Dis.* doi:10.1136/ard.2011.149849