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## IN BRIEF

### THERAPY

#### Efficacy of rilonacept in preventing gout flare during ULT

Confirmation that the IL-1 inhibitor rilonacept reduces gout flare occurrence during the initiation of urate-lowering therapy (ULT) has come from a phase III trial in a multi-ethnic cohort. Adults with hyperuricaemia, gout and  $\geq 2$  flares within the past year ( $n = 248$ ; 53.2% white, 33.1% Asian, 13.7% black) began ULT with allopurinol alongside a weekly subcutaneous dose of placebo, 80 mg rilonacept or 160 mg rilonacept for 16 weeks. During this time, 43.9% of patients in the placebo group had no flares compared with 71.3% and 72.6% in the rilonacept groups ( $P \leq 0.0001$ ); also, significantly fewer patients had multiple flares with rilonacept than placebo.

**Original article** Mitha, E. *et al.* Rilonacept for gout flare prevention during initiation of uric acid-lowering therapy: results from the PRESURGE-2 international, phase 3, randomized, placebo-controlled trial. *Rheumatology (Oxford)* doi:10.1093/rheumatology/ket114

### IMAGING

#### MRI cannot detect favourable outcome in sciatica

During a trial of surgery versus conservative care for sciatica and lumbar-disk herniation, 283 patients had MRI assessment of disk herniation at 1 year. 84% of patients had a favourable 1-year symptomatic outcome—85% of those with disk herniation as detected by MRI and 83% of those without. Disk herniation was detected in 35% of those with a favourable outcome and in 33% with an unfavourable outcome.

**Original article** el Barzouhi, A. *et al.* Magnetic resonance imaging in follow-up assessment of sciatica. *N. Engl. J. Med.* 368, 999–1007 (2013)

### SPONDYLOARTHRITIS

#### 8-year bone formation rates not greater with infliximab

Radiographic assessment using modified Stokes AS spinal score (mSASSS) in patients with ankylosing spondylitis found no significant difference in the change in score from baseline to 8 years between those treated with infliximab ( $n = 22$ ) and historical controls never treated with anti-TNF therapy ( $n = 34$ ). In fact, fewer new syndesmophytes were found in those treated with infliximab ( $1.0 \pm 0.6$ , versus  $2.7 \pm 0.8$  in controls,  $P = 0.007$ ), alleviating concerns about long-term anti-TNF therapy.

**Original article** Baraliakos, X. *et al.* Continuous long-term anti-TNF therapy does not lead to an increase in the rate of new bone formation over 8 years in patients with ankylosing spondylitis. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-202698

### IMAGING

#### MRI for monitoring cartilage loss in patients with RA

An obstacle to the replacement of plain radiography with MRI in rheumatoid arthritis (RA) clinical trials is that, unlike radiography scores, MRI scoring methods tend not to include cartilage loss. In comparing radiographic and MRI changes in 27 patients between baseline and 24 weeks during a multi-site clinical trial of rituximab plus methotrexate versus placebo plus methotrexate, this study showed that cartilage loss can be monitored by MRI in this setting. Together with its established ability to monitor bone erosions in RA, these findings suggest that MRI might be a superior alternative to radiography in clinical trials in RA.

**Original article** Peterfy, C. G. *et al.* Monitoring cartilage loss in the hands and wrists in rheumatoid arthritis with magnetic resonance imaging in a multi-center clinical trial: IMPRESS (NCT00425932). *Arthritis Res. Ther.* 15, R44 (2013)