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## IN BRIEF

### THERAPY

#### Aspirin an alternative for post-THA thromboprophylaxis

Aspirin has been shown to be as effective ( $P < 0.001$ ) and safe as low-molecular-weight heparin (dalteparin) for the extended prevention of venous thromboembolism after total hip arthroplasty (THA). In this study, all patients initially received dalteparin for 10 days following surgery and were then randomized to receive either aspirin ( $n = 386$ ) or dalteparin ( $n = 400$ ) for a further 28 days. Thus, aspirin might be a convenient and inexpensive alternative to low-molecular-weight heparin for extended thromboprophylaxis post-THA.

**Original article** Anderson, D. R. *et al.* Aspirin versus low-molecular-weight heparin for extended venous thromboembolism prophylaxis after total hip arthroplasty: a randomized trial. *Ann. Intern. Med.* **158**, 800–806 (2013)

### PAEDIATRIC RHEUMATOLOGY

#### HPV vaccine safe and effective in patients with JIA

The bivalent HPV16/18 vaccine is immunogenic and well-tolerated in patients with juvenile idiopathic arthritis (JIA), according to a new study. All but one of the patients ( $n = 68$ ) and all the controls ( $n = 55$ ) were seropositive after 12 months. Although HPV-specific antibody concentrations were lower in patients with JIA, this difference was not statistically significant. Moreover, the prevalence of adverse effects was comparable between the two groups, and vaccination was not associated with increased JIA disease activity.

**Original article** Heijstek, M. W. *et al.* Immunogenicity and safety of the bivalent HPV vaccine in female patients with juvenile idiopathic arthritis: a prospective controlled observational cohort study. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2013-203429

### LUPUS NEPHRITIS

#### Phase III ocrelizumab trial halted by infections

A high rate of serious infections in a phase III trial of the anti-CD20 monoclonal antibody ocrelizumab for class III/IV lupus nephritis led to early termination of the study. Thus, despite the partial results ( $n = 223$ ) suggesting that this drug might have some efficacy—overall renal response rate was improved, although not statistically significantly, in the ocrelizumab group compared with the placebo group (66.9% versus 54.7%)—the risks associated with ocrelizumab use seem to outweigh the benefits for patients with this disease.

**Original article** Mysler, E. F. *et al.* Efficacy and safety of ocrelizumab in active proliferative lupus nephritis: results from the randomized, double-blind phase III BELONG study. *Arthritis Rheum.* doi:10.1002/art.38037

### PAEDIATRIC RHEUMATOLOGY

#### Choosing between etanercept and adalimumab for JIA

The TNF inhibitors etanercept and adalimumab are thought to be equally effective in juvenile idiopathic arthritis (JIA). Nonetheless, a Dutch study shows that prescription patterns differ and offers insights into the factors influencing the choice of agent. During the study period, 193 eligible patients with JIA initiated treatment with etanercept and 21 were started on adalimumab. Focus groups suggested that the physician's greater experience of etanercept and the pain of adalimumab injections were key reasons for this disparity, whereas the presence of uveitis led to a preference for adalimumab.

**Original article** Anink, J. *et al.* Treatment choices of paediatric rheumatologists for juvenile idiopathic arthritis: etanercept or adalimumab? *Rheumatology* doi:10.1093/rheumatology/ket170