Nature Reviews Rheumatology **10**, 444 (2014); published online 24 June 2014;
doi:10.1038/nrrheum.2014.99;
doi:10.1038/nrrheum.2014.102;
doi:10.1038/nrrheum.2014.100

IN BRIEF

THERAPY

Escalating canakinumab for treating NOMID

A 24-month open-label phase I/II trial has shown that the fully human anti-IL-1β monoclonal antibody canakinumab improves symptoms and reduces inflammation in patients with neonatal-onset multisystem inflammatory disease (NOMID). The effect of subcutaneous canakinumab after withdrawal of anakinra therapy was tested in a small group of patients ($n=6$), all of whom experienced post-withdrawal disease flares. Although no patients achieved central nervous system remission (white blood cell count ≤15 per μl cerebral spinal fluid and a reduction in headaches) and they all required maximum dose escalation starting from 150 mg (or 2 mg/kg for <40 kg) every 8 weeks up to 600 mg (or 8 mg/kg if <40 kg) every 4 weeks, two-thirds achieved inflammatory remission (reduction in disease activity and C-reactive protein level ≤10 mg/l).

Original article Sibley, C. H. *et al.* A 24-month open-label study of canakinumab in neonatal-onset multisystem inflammatory disease. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2013-204877

RHEUMATOID ARTHRITIS

Etanercept or DMARDs for RA combination therapy?

According to a study of Asian and Latin American patients pooled from the APPEAL ($n=300$) and Latin RA ($n=423$) studies with an inadequate response to methotrexate monotherapy, patients treated with a combination of etanercept and methotrexate ($n=478$) have superior clinical responses at 16 weeks to those treated with a combination of methotrexate and conventional DMARDs (hydrochloroquine [$n=81$], leflunomide [$n=69$] or sulphasalazine [$n=95$]). Superior responses included clinical disease activity index-defined remission (18% vs 7%, $P<0.001$), low disease activity defined by 28-joint disease activity score with erythrocyte sedimentation rate (39% vs 18%, $P<0.001$), and a health assessment questionnaire score ≤0.5 (48% vs 34%, $P<0.001$).

Original article Fleischmann, R. *et al.* Short-term efficacy of etanercept plus methotrexate vs combinations of disease-modifying anti-rheumatic drugs with methotrexate in established rheumatoid arthritis. *Rheumatology (Oxford)* doi:10.1093/rheumatology/keu235

INFLAMMATION

The cardiovascular risk of FMF-related amyloidosis

A cross-sectional study has shown that Turkish patients with familial Mediterranean fever (FMF) associated with nephrotic-range proteinuria and amyloidosis have an increased risk of cardiovascular disease. In comparison with patients with nondiabetic glomerulopathy ($n=102$), patients with FMF-related amyloidosis ($n=98$) had higher serum levels of asymmetric dimethyl arginine (ADMA; median 3.8 vs 2.5 μmol/l, $P<0.001$) and less flow-mediated dilatation (FMD; median 6.0% vs 6.8%, $P<0.001$). Over a 3-year follow-up 25 patients from the group with FMF-related amyloidosis, and only 13 patients with other glomerulopathy, had cardiovascular events. Overall, ADMA and FMD levels were shown to contribute independently to the risk of cardiovascular events.

Original article Yilmaz, M. I. *et al.* Endothelial function in patients with familial Mediterranean fever-related amyloidosis and association with cardiovascular events. *Rheumatology (Oxford)* doi:10.1093/rheumatology/keu231