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IN BRIEF

RHEUMATOID ARTHRITIS

Game, set and (close) match for etanercept biosimilar SB4

A 24-week multicentre study aimed to compare the performance of the biosimilar SB4 to that of its reference drug, etanercept, in a total of 596 patients with moderate to severe rheumatoid arthritis also receiving methotrexate. The results confirm that SB4 and etanercept have equivalent clinical efficacy, and that the two agents have generally comparable safety and pharmacokinetics. SB4 showed lower immunogenicity than etanercept, thought to be related to the absence of L-arginine in SB4, but this difference does not influence its biosimilar status.

Original article Emery, P. *et al.* A phase III randomised, double-blind, parallel-group study comparing SB4 with etanercept reference product in patients with active rheumatoid arthritis despite methotrexate therapy. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2015-207588

SPONDYLOARTHROPATHIES

Golimumab gets the green light in GO-AHEAD

In 197 patients with highly active nonradiographic axial spondyloarthritis intolerant of or unresponsive to NSAIDs, 50 mg golimumab (a fully human anti-TNF antibody) administered subcutaneously every 4 weeks led to sustained and statistically significant improvements in multiple measures of disease activity, physical function and quality of life versus placebo. The primary end point—the Assessment of Spondyloarthritis International Society (ASAS) 20 response rate at 16 weeks—favoured golimumab over placebo (71% versus 40%, $P<0.0001$). Golimumab was safe and well-tolerated. Of note, key secondary endpoints including the ASAS 40 response rate (57% versus 23%, $P<0.0001$) also favoured golimumab. As observed with other anti-TNF agents in this setting, negative MRI findings and normal C-reactive protein levels at baseline predicted nonresponse to golimumab. The study continues into a preplanned 44-week extension.

Original article Sieper, J. *et al.* A randomized, double-blind, placebo-controlled, 16-week study of subcutaneous golimumab in patients with active non-radiographic axial spondyloarthritis. *Arthritis Rheumatol.* doi:10.1002/art.39257

OSTEOARTHRITIS

Different intra-articular steroids, similar efficacy

In a 24-week study, 100 patients with symptomatic knee osteoarthritis (Kellgren–Lawrence grade II or III) were randomly allocated to receive intra-articular injections of either 40 mg triamcinolone hexacetonide or 40 mg methylprednisolone acetate. Patients were assessed at 4, 12 and 24 weeks of treatment. In agreement with the results of previous studies of intra-articular steroid therapy, both agents were equally effective, and no differences were observed between the groups. OMERACT–OARSI (Outcome Measures in Rheumatology Clinical Trials–Osteoarthritis Research Society International) response rates were also equivalent: 74% for triamcinolone and 72% for methylprednisolone. Pain ($P<0.0001$) and various measures of function improved significantly from baseline, and these benefits were sustained throughout the study.

Original article Lomonte, A.B. *et al.* Efficacy of triamcinolone hexacetonide versus methylprednisolone acetate intraarticular injections in knee osteoarthritis: a randomized, double-blinded, 24-week study. *J. Rheumatol.* doi:10.3899/jrheum.150297