

## IN BRIEF

**RHEUMATOID ARTHRITIS****U-Act-Early finds tocilizumab favours RA remission**

In DMARD-naïve patients with newly diagnosed rheumatoid arthritis (RA) and a 28-joint disease activity score  $\geq 2.6$ , immediate initiation of tocilizumab (with or without methotrexate) seems to be more effective than standard care. In a 2-year study, sustained remission was achieved by 86% (91 of 106) of patients receiving tocilizumab plus methotrexate and 84% (86 of 103) of patients receiving tocilizumab only, versus 44% (48 of 108) of patients initially given methotrexate monotherapy according to international guidelines.

**ORIGINAL ARTICLE** Bijlsma, J. W. J. *et al.* Early rheumatoid arthritis treated with tocilizumab, methotrexate, or their combination (U-Act-Early): a multicentre, randomised, double-blind, double-dummy, strategy trial. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(16\)30363-4](http://dx.doi.org/10.1016/S0140-6736(16)30363-4) (2016)

**STEM CELLS****Stem cell therapy seems safe in refractory RA**

53 patients with active rheumatoid arthritis (28-joint disease activity score  $> 3.2$ ) who had not responded to at least two biologic agents were randomly assigned to three once-weekly infusions of allogeneic Cx611 adipose-tissue derived stem cells (which resemble mesenchymal stem cells) at doses of  $1 \times 10^6$ ,  $2 \times 10^6$  or  $4 \times 10^6$  cells per kg, or placebo. Treatment was generally well tolerated, and no dose-limiting toxic effects were observed. Although the study was not designed to assess efficacy, a trend towards improved response was observed in Cx611-treated patients versus those who received placebo.

**ORIGINAL ARTICLE** Álvaro-Gracia, J. M. *et al.* Intravenous administration of expanded allogeneic adipose-derived mesenchymal stem cells in refractory rheumatoid arthritis (Cx611): results of a multicentre, dose escalation, randomised, single-blind, placebo-controlled phase Ib/IIa clinical trial. *Ann. Rheum. Dis.* <http://dx.doi.org/10.1136/annrheumdis-2015-208918> (2016)

**THERAPY****Patients with TRAPS respond to canakinumab**

In patients with active TNF-receptor-associated periodic syndrome (TRAPS), treatment with canakinumab (an anti-IL-1 $\beta$  monoclonal antibody) led to clinical remission and full or partial serological remission in 19 of 20 patients (median time to remission 4 days). The benefits of canakinumab were sustained throughout treatment (150 mg every 4 weeks for 4 months). Although all patients relapsed upon withdrawal of canakinumab, similar benefits were maintained upon reintroduction of this agent for a further 24 months.

**ORIGINAL ARTICLE** Gattorno, M. *et al.* Canakinumab treatment for patients with active recurrent or chronic TNF receptor-associated periodic syndrome (TRAPS): an open-label, phase II study. *Ann. Rheum. Dis.* <http://dx.doi.org/doi:10.1136/annrheumdis-2015-209031> (2016)

**VASCULITIS SYNDROMES****16S RNA sequencing sheds light on Behçet disease**

In saliva samples collected from 31 patients with Behçet disease (nine of whom also supplied a second sample following periodontal treatment), salivary microbial communities were notably less diverse than in samples from 15 healthy controls. The differences could not be explained by immunosuppressive medication use or HLA-B\*5101-MICA (a Behçet disease risk allele) carrier status. Periodontal treatment improved oral health in patients with Behçet disease but had no short-term effect on salivary bacterial communities.

**ORIGINAL ARTICLE** Coit, P. *et al.* Sequencing of 16S rRNA reveals a distinct salivary microbiome signature in Behçet's disease. *Clin. Immunol.* **169**, 28–35 (2016)