Nature Reviews Rheumatology **9**, 134 (2013); published online 29 January 2013;
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IN BRIEF

UNDIFFERENTIATED ARTHRITIS

5-year outcomes of early intervention for 'probable RA'

Treatment with methotrexate for 1 year has been shown to delay the development of undifferentiated arthritis into rheumatoid arthritis (RA), particularly in anti-citrullinated protein antibody (ACPA)-positive patients. However, long-term results of the PROMPT study now show that this very early introduction of methotrexate does not improve long-term clinical and radiological outcomes. Progression to classifiable RA, achievement of drug-free remission and radiological progression was similar among patients in the methotrexate ($n = 55$) and placebo ($n = 55$) groups at 5 years.

Original article van Aken, J. *et al.* Five-year outcomes of probable rheumatoid arthritis treated with methotrexate or placebo during the first year (the PROMPT study). *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-202967

OSTEOARTHRITIS

Vitamin D does not slow progression of knee OA

Once-daily supplementation with vitamin D—at doses sufficient to raise plasma levels of 25-hydroxyvitamin D to >36 ng/ml—for 2 years did not reduce the symptoms or progression of knee osteoarthritis (OA) in a randomized, placebo-controlled trial in 146 patients with symptomatic knee OA. Knee pain severity and cartilage volume loss were similar in the treatment and control groups, and no differences were seen in functional outcomes between the two groups.

Original article McAlindon, T. *et al.* Effect of vitamin D supplementation on progression of knee pain and cartilage volume loss in patients with symptomatic osteoarthritis: a randomized controlled trial. *JAMA* **309**, 155–162 (2013)

PAIN

Gastrointestinal safety of celecoxib

In a pooled analysis of 52 randomized controlled trials from the Celecoxib Clinical Database ($n = 51,048$), the selective cyclo-oxygenase-2 inhibitor celecoxib was associated with a decreased risk of gastrointestinal events when compared with nonselective NSAIDs. The rate of confirmed clinically relevant upper and lower gastrointestinal events incidence was lower, and the time to incidence of such events longer, in the celecoxib group than in the nonselective NSAIDs group.

Original article Moore, A. *et al.* Patient-level pooled analysis of adjudicated gastrointestinal outcomes in celecoxib clinical trials: meta-analysis of 51,000 patients enrolled in 52 randomized trials. *Arthritis Res. Ther.* **15**, R6 (2013)

CONNECTIVE TISSUE DISEASES

Finding the best dosing regimen for epratuzumab

A dose-finding phase IIb, multicentre, randomized controlled trial ($n = 227$) has found that a cumulative dose of 2,400 mg epratuzumab is well-tolerated in patients with moderate-to-severe systemic lupus erythematosus. Treatment with the CD22-targeted humanized monoclonal antibody for 12 weeks led to clinical improvements in patients who received this dose (administered as 600 mg per week or 1,200 mg every other week) compared with placebo, although the study was not powered to detect an overall treatment effect. Phase III studies using this dosing regimen are ongoing.

Original article Wallace, D. J. *et al.* Efficacy and safety of epratuzumab in patients with moderate/severe active systemic lupus erythematosus: results from EMBLEM, a phase IIb, randomised, double-blind, placebo-controlled, multicentre study. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-202760