(1) Aringer M, Costenbader K, Daikh D, et al. European League Against Rheumatism/American College of Rheumatology classification criteria for systemic lupus erythematosus. Ann Rheum Dis 2019;78:1151–1159. 2019

The 2019 EULAR/ACR classification criteria for systemic lupus erythematosus (SLE) brings a new perspective to the diagnosis of SLE. These criteria recommend the presence of antinuclear antibodies (ANA) at a titre of ≥ 1:80, together with a cumulative score of 10 for clinical and laboratory criteria to classify a patient as having SLE. The seven clinical and three immunological criteria are weighted. The new classification criteria as a sensitivity of 96.1% and a specificity of 93.4% compared to 82.8% and 93.4% for the 1997 ACR criteria and 96.7% and 83.7% for the systemic Lupus International collaborating clinics (SLICC) criteria of 2012.

Together with a positive ANA, at least one clinical criteria must be present, together with a cumulative score of 10 to classify the patient is having SLE.

(2) Mease PJ, Smolen JS, Behrens F, Nash P, Liu Leage S, Li L, Tahir H, Gooderham M, Krishnan E, Liu-Seifert H, Emery P, Pillai SG, Helliwell PS; SPIRIT H2H study group. A head-to-head comparison of the efficacy and safety of ixekizumab and adalimumab in biological-naïve patients with active psoriatic arthritis: 24-week results of a randomised, open-label, blinded-assessor trial. Ann Rheum Dis. 2019 Sep 28. pii: annrheumdis-2019-215386. doi: 10.1136/annrheumdis-2019-215386. [Epub ahead of print] PubMed PMID: 31563894.

This is an important paper as it looks at the head-to-head comparison of the efficacy and safety of ixekizumab and adalimumab in biological naïve patients with active psoriatic arthritis. Head-to-head studies from biologics are few and far between and the study shows that it is important because it brings out benefits of one drug of the other. The IL-17 inhibitor was found to be superior to adalimumab with respect to joint and skin manifestations in patients who had an inadequate response to csDMARDs. No new safety concerns were highlighted by the study.

(3). Philip J. Mease, Dafna D. Gladman, David H. Collier, et al. Etanercept and Methotrexate as Monotherapy or in Combination for Psoriatic Arthritis: Primary Results From a Randomized, Controlled Phase III Trial. Arthritis & Rheumatology Vol. 71, No. 7, July 2019, pp 1112–1124 DOI 10.1002/art.40851

I was quite interested in this paper as it studied the effect of methotrexate and etanercept monotherapy versus a combination. What was fascinating for me was that in the methotrexate group ACR20 was achieved by 50.7% versus 60.9% in the etanercept monotherapy group. In a resource poor settings like ours, there is only a difference of 10.2% in the respective groups. The differences became slightly more pronounced in the ACR 50 and ACR 70 groups. ACR 50 of 30.6% compared to 45.7%, and ACR 70, 13.8% compared to 29.2% in the methotrexate versus etanercept monotherapy.

Although statistically significant, these results have to be taken in the context of settings. We do not have the luxary of having biological therapy available to all our patients and if treated aggressively, methotrexate can be used in the appropriate setting with fairly good resource. MDA was achieved in 22.9% of patients on methotrexate monotherapy compared to 35.9% in etanercept monotherapy.