

## This Week in Rheumatology

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### Ankylosing Spondylitis

Recent research highlights advancements in both the assessment and management of axial spondyloarthritis (axSpA), particularly ankylosing spondylitis (AS). A UK-based study (Jones et al., *Arthritis Care & Research* 2025) demonstrated that NSAIDs can mask active sacroiliitis on MRI, with 20.2% of patients showing resolution of inflammation after resuming NSAIDs post-washout. Semi-quantitative and quantitative MRI methods corroborated these findings, prompting a recommendation for a 1-2 week NSAID washout prior to imaging for accurate diagnosis and monitoring. Meanwhile, Jamaludin et al. (*Rheumatology* 2025) validated machine learning (ML) models for automated detection of spinal bone marrow edema (BMO) in axSpA, achieving performance comparable to expert radiologists (AUC 0.94, accuracy 75.8%). The ML model, which bypassed manual segmentation, matched inter-reader reliability, offering a scalable solution to reduce variability and labor costs in clinical trials and practice. Together, these studies underscore the importance of refining imaging protocols (e.g., NSAID timing) while embracing AI-driven tools to enhance diagnostic precision in axSpA.

### References

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### Autoinflammatory Diseases

Recent studies highlight advances in personalized treatment strategies for autoinflammatory diseases, particularly Still's disease and Familial Mediterranean Fever (FMF). In Still's disease, a subanalysis of a randomized trial (Suzuki et al., 2025) found that tocilizumab's efficacy was confined to IL-6 pathway inhibition, with non-responders exhibiting elevated baseline IFN-gamma and IL-1beta levels—suggesting an IFN-gamma-driven subtype. This underscores the potential for cytokine profiling to guide IL-6 inhibitor use. Meanwhile, research on heterozygous MEFV carriers (Cam et al., 2025) demonstrated that colchicine discontinuation was feasible in 85.7% of pediatric patients, particularly those with early attack resolution ( $\geq 70.8\%$  frequency reduction in 6 months predicted success). Arthritis emerged as a red flag for treatment resumption. Together, these studies emphasize biomarker-driven decision-making: cytokine profiles may refine IL-6 inhibition in Still's disease,

while attack patterns could optimize colchicine management in FMF heterozygotes.

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- Re-evaluation of MEFV carriers previously diagnosed with familial Mediterranean fever: a colchicine discontinuation study. by Cam V, Unal D, Sag E, Bayindir Y, Aliyev E, Emreol HE, Erkan MO, Banak ON, Dara Kar HD, Basaran O, Bilginer Y, Ozen S. *Rheumatology* (Oxford, England). PMID: 40512183

## Drugs and Pharmacology

Recent research highlights the underrecognized musculoskeletal toxicity of immune checkpoint inhibitors (ICIs), with a prospective imaging study using whole-body MRI revealing significant inflammation and erosions in patients with arthralgia or inflammatory arthritis post-ICI exposure. The study identified three distinct inflammatory patterns: peripheral inflammatory arthritis (37%), polymyalgia rheumatica (12%), and an overlapping phenotype (20%). Notably, synovitis was most frequent in acromioclavicular, glenohumeral, wrist, and metacarpophalangeal joints, with peripheral inflammatory arthritis patients more likely to require disease-modifying antirheumatic drugs (DMARDs). These findings underscore the need for heightened clinical vigilance and tailored management strategies for ICI-induced musculoskeletal adverse events. (PMID: 40513597)

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## Health Policy

A recent multidisciplinary consensus by nine Mexican medical organizations established evidence-based guidelines for vitamin D management in adults, addressing widespread clinical variability. Key recommendations include measuring 25(OH)D levels only in high-risk individuals (deficiency <20 ng/mL, insufficiency 20-29 ng/mL), favoring cholecalciferol supplementation, and maintaining levels at 30-60 ng/mL for optimal outcomes. Developed via Delphi methodology, these standards aim to harmonize practice and inform public health strategies, particularly for skeletal and chronic disease prevention in Mexico. The guidelines emphasize targeted testing over routine screening and highlight calcifediol's niche role in rapid correction scenarios, offering a pragmatic framework for equitable care.

## References

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## Osteoarthritis

Recent research on osteoarthritis highlights innovative care models and therapeutic approaches. A Norwegian randomized controlled trial (n=374) demonstrated that occupational therapist-led care for hand osteoarthritis is non-inferior to rheumatologist-led care, with comparable response rates (28.4% vs. 28.6%) at 6 months and potential cost savings, supporting task-shifting to allied health professionals (Polster et al., *Lancet Rheumatol* 2025). Meanwhile, a meta-analysis of 14 studies (n=507,696) revealed a dose-dependent relationship between physical activity and knee osteoarthritis risk, showing high-intensity activity increases risk by 26% compared to moderate activity, with no protective effect observed for any intensity versus low activity (Cui et al., *J Glob Health* 2025). In therapeutic interventions, a systematic review of PRP injections (n=868 knees) found that combining PRP with hyaluronic acid offered statistically significant but clinically marginal improvements in physical function scores versus PRP alone, with fewer adverse events (15.4% vs. 24.6%), suggesting limited added value for combination therapy (Yudtanahiran et al., *Eur J Orthop Surg Traumatol* 2025). These studies collectively emphasize the importance of care model optimization, activity intensity moderation, and nuanced evaluation of biologic therapies in osteoarthritis management.

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- Intra-articular injections of platelet-rich plasma combined with hyaluronic acid versus platelet-rich plasma alone in the treatment of knee osteoarthritis: a systematic review and meta-analysis. by Yudtanahiran N, Piyapanyamongkhon P, Rojpalakorn W, Itthipanichpong T, Limskul D, Tanpowpong T, Kuptniratsaikul S, Thamrongsuksiri N. *European journal of orthopaedic surgery & traumatology : orthopedie traumatologie*. [PMID: 40498171](#)

## Other Rheumatic Diseases

Recent research highlights key advancements and challenges in managing rheumatic diseases beyond the most common conditions. In systemic lupus erythematosus (SLE), hydroxychloroquine continues to be a cornerstone therapy for pregnant women, offering protective benefits (Martin de Fremont et al., 2025). Meanwhile, Ruiz-Irastorza (2025) debates the feasibility of withdrawing glucocorticoids or immunosuppressants in SLE remission, underscoring the delicate balance between maintaining disease control and minimizing treatment toxicity. Ethnic disparities in anti-HMGCR myopathy, an immune-mediated necrotizing myopathy linked to statin use, were observed in New Zealand, with Polynesians presenting at a younger age and showing poorer CK normalization rates compared to

Europeans (Anderson et al., 2025). The COVID-19 pandemic has also influenced rheumatic disease trends, with a study from Italy revealing a temporary dip in autoimmune inflammatory rheumatic disease (AIIRD) diagnoses in 2020, followed by a sustained rise—potentially tied to SARS-CoV-2 infection or vaccination (De Lorenzis et al., 2025). Juvenile idiopathic arthritis (JIA) research focused on treatment outcomes, with Brazilian studies showing improved clinimetric measures but low remission-off-medication rates (Terrazas et al., 2025), while Nordic data highlighted age-dependent remission patterns, with younger children faring better in oligoarthritis and older children in seronegative polyarthritis (Tuomi et al., 2025). DMARD withdrawal trials in JIA revealed high relapse rates across cycles, suggesting permanent discontinuation remains elusive for most patients (Bugeja et al., 2025). Finally, in IgG4-related disease, elevated eosinophil-to-lymphocyte ratio (ELR) emerged as a robust predictor of relapse, offering a potential biomarker for personalized management (Zhang et al., 2025). Together, these studies emphasize the need for tailored approaches across diverse rheumatic conditions, balancing efficacy, safety, and equitable care.

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## Rheumatoid Arthritis

Recent research highlights promising advances in rheumatoid arthritis (RA) treatment and disease dynamics. A phase 2 trial of CPL'116, a novel dual JAK/ROCK inhibitor, demonstrated dose-dependent efficacy in RA patients with inadequate methotrexate response, with the 240 mg dose significantly improving DAS28-CRP at 12 weeks without the lipid abnormalities typical of JAK inhibitors (Wieczorek et al., *Lancet Rheumatol*). Meanwhile, post-hoc analysis of the SELECT-COMPARE trial revealed that rapid remission (DAS28-CRP <2.6 by 12 weeks) correlates with sustained improvements in pain, fatigue, and physical function over 5 years, emphasizing the value of early, aggressive treatment (Gossec et al., *Arthritis Res Ther*). A bidirectional link between RA and inflammatory bowel disease (IBD) was identified in a large cohort study, with each condition increasing the risk of the other by 44-65%, suggesting shared pathogenic mechanisms (Chen et al., *Rheumatology*). Environmental factors also play a role: air pollutants like NO<sub>2</sub> and O<sub>3</sub> were shown to exacerbate RA activity with 2-3 month lag effects, underscoring the need for air quality interventions (Alsaber et al., *Arthritis Care Res*). COVID-19 may further complicate RA risk, as meta-analysis and Mendelian randomization data linked infection to RA development via shared immune-inflammatory pathways, including elevated IL-13 and neutrophil dysregulation (Shao et al., *Biol Res*). Finally, real-world data on baricitinib in RA-ILD patients showed stabilization of lung function and joint symptoms, offering a dual therapeutic option for this challenging subgroup (Serrano-Combarro et al., *Rheumatology*). Together, these studies underscore the importance of precision therapeutics, early remission, and multidisciplinary management in RA.

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## Scleroderma

Recent research highlights advancements in assessing systemic sclerosis-associated interstitial lung disease (SSc-ILD), with a focus on overcoming traditional imaging limitations. A 2025 study (PMID: 40504021) compared quantitative lung ultrasound (LUS) scores—including B-lines count and a novel pleural line irregularity (PLI) score—against automated quantitative CT (qCT) in 82 SSc patients. Both LUS metrics strongly correlated with qCT-measured ILD extent, including deeper lung involvement ( $p < 0.0001$ ), particularly at the bases. The PLI score emerged as a promising tool to evaluate core parenchymal disease, challenging LUS's historical superficial assessment constraints. These findings suggest LUS could complement or reduce reliance on CT for longitudinal ILD monitoring, though further validation is needed.

### References

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## Sjogren's Disease

Recent research highlights key updates in Sjogren's disease (SjD), including nomenclature shifts and clinical insights. A 2023 international consensus (Ramos-Casals et al.) advocates replacing 'Sjogren syndrome' with 'Sjogren disease' (SjD) to better reflect its distinct pathogenesis, while recommending 'associated' over 'secondary' for cases coexisting with other autoimmune diseases. This change aims to standardize terminology, though the primary/associated distinction remains valuable for research. Clinically, SjD frequently overlaps with fibromyalgia (FM), as shown by Mettler et al., who found no significant differences in FM features between patients with or without immune-mediated rheumatic diseases (IMRDs), including SjD (16% of IMRD cases). Notably, SjD-associated FM patients had higher enthesopathies and childhood pain but responded similarly to multimodal treatment, with the FiRST tool proving effective for FM diagnosis in IMRD contexts. Together, these studies underscore SjD's complex interplay with comorbidities while advancing clarity in classification and management.

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## Systemic Lupus Erythematosus

A recent nationwide Swedish cohort study (Nguyen et al., *Lancet Rheumatol* 2025) investigated hydroxychloroquine's (HCQ) impact on pregnancy outcomes in 959 SLE patients. HCQ exposure ( $\geq 2$  dispensations from 3 months pre-pregnancy through first trimester) was associated with a 51% lower risk of pre-eclampsia (adjusted RR 0.49, 95% CI 0.31–0.79), with stronger effects in parous women (RR 0.44). No clear association was found for pre-term delivery (RR 0.95). Results were robust across subgroups (antiphospholipid syndrome, renal disease, hypertension), suggesting HCQ may be particularly valuable for pre-eclampsia prevention in SLE pregnancies, though its role in reducing pre-term birth remains uncertain. The study leveraged IPTW and modified Poisson models with comprehensive confounder adjustment, including lived experience input.

### References

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## Vasculitis

Recent research highlights advances in the management of various vasculitides, with a focus on reducing glucocorticoid dependence and optimizing long-term outcomes. In giant cell arteritis (GCA), upadacitinib shows promise in a clinical trial, offering a potential alternative to glucocorticoids, which are effective but plagued by relapses and side effects (Kermani & Warrington, 2025). Meanwhile, the British Society for Rheumatology has updated its guidelines for ANCA-associated vasculitis (AAV), incorporating new evidence to refine treatment strategies for granulomatosis with polyangiitis, microscopic polyangiitis, and eosinophilic granulomatosis with polyangiitis. The 26 recommendations emphasize tailored therapies, ENT manifestation management, and equitable care access (Biddle et al., 2025).

Long-term outcomes in cryoglobulinemia vasculitis (CryoVas) reveal high relapse rates (71% at 5 years) post-rituximab induction, particularly in patients with purpura or prior flares, though maintenance therapy mitigates early relapses (Poggi et al., 2025). In Behçet's syndrome, sleep disturbances and circadian rhythm disruptions are linked to active disease or fibromyalgia, while all patients exhibit elevated obstructive sleep apnea risk, warranting targeted screening (Colitta et al., 2025). Together, these studies underscore a shift toward precision medicine in vasculitis, balancing efficacy with reduced toxicity and addressing unmet needs in relapse prevention and comorbidity management.



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