

**Immunostaining Can Help Classify Paget Disease**

**BY BRUCE JANCIN  Dover Bureau**

**Amsterdam** — A panel of immunohistochemical stains, including human epithelial growth factor receptor 2/neu and CDX2, is useful in distinguishing extra-mammary Paget disease that is limited to the skin versus primary EMPD involving anorectal carcinomas. The positivity rate was even higher among those with recent primary EMPD, raising the intriguing possibility that Herceptin (trastuzumab) might be an effective therapeutic agent in these individuals, although that has never been tested in randomized controlled clinical trials.

The most likely interpretation for this discrepancy is that Herceptin might be effective in patients with gout, leading to the dissolution of urate crystals. Despite evidence that urate levels were not lowered to an SU goal of 6 mg/dL, the authors reported.

In addition, CK20, BRST-2, androgen receptor, and cyclin D1 did not prove to be of much assistance in distinguishing primary from secondary EMPD. In contrast, HER2/neu and CDX2 were quite helpful in separating primary from secondary EMPD involving anorectal malignancy. Five of the seven patients with lower GI cancer stained positive for CDX2, and all seven were HER2/neu negative. Unfortunately, no staining pattern proved useful in identifying patients with prostate or urethelial cell cancer.

The finding that more than two-thirds of patients with primary EMPD were HER2/neu negative, and that the positivity rate was even higher among those with recent primary EMPD, raises the intriguing possibility that Herceptin (trastuzumab) might be an effective therapeutic agent in these individuals, although that has never been tested, Dr. Abbott said.

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**Anti-TNF-α Efficacy in Trials Not Achieved in Real-World Scenarios**

**BY DENISE NAPOLI  Assistant Editor**

Good clinical response and rheumatoid arthritis remission following treatment with tumour necrosis factor-α blockers is much rarer on the community level than results from randomized clinical trials, with their many exclusion criteria, would seem to indicate, according to results from an Italian group of researchers.

The Gruppo Italiano per lo Studio delle Early Arthritis study (GISEA) enrolled 1,257 patients who had longstanding rheumatoid arthritis (RA) and who started therapy with tumor necrosis factor-α (TNF-α) blockers. The aim of the study was to point predictors of remission in longstanding arthritis patients treated with TNF-α blockers.

However, in the process, the researchers uncovered an unexpected finding: only 682 (54%) of patients experienced even the minimally acceptable improvement in their symptoms after 6 months of treatment with a TNF-α blocking agent. Specifically, these 682 patients were the only ones to experience at least a 0.25 improvement in their Health Assessment Questionnaire score (HAQ), which is considered the cutoff point for a clinically meaningful response.

At baseline, 17% of patients had dropped out, 32% cited inefficacy and 14% cited adverse events, including skin reactions, infusion reactions, and gastrointestinal problems.

Even at the outpatient clinics, only half of the patients reached a clinically meaningful result as defined by an HAQ improvement of 0.25, wrote the researchers.

“However, patients in clinical practice are non-representative of those recruited in clinical trials, and certainly do not reach the outcomes that have been provided in randomized controlled clinical trials,” the study investigators noted (J. Rheumatol. 2007;34:1670-9).

Of the 682 patients who were studied further, only 591 (47% of the whole cohort) had both a 0.25 improvement in HAQ score and underwent routine bimonthly assessments of clinical and laboratory measures.

In this cohort of 591 patients, 404 (68%) were women, and the mean age was 53 years. Overall, 32% of the men and 24% of the women achieved remission, a difference that was statistically significant and which the authors attributed to the risk of developing metabolic or cardiovascular disease.

In addition, patients with RA seem to benefit more from anti-TNF-α strategies than do female patients.

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**Gout Treatment Patterns Vary Widely From Best Practices**

**BY DENISE NAPOLI  Assistant Editor**

Just 25% of suspected gout patients had arthrocentesis for crystal analysis, despite the fact that the procedure remains the ‘gold standard’ for diagnosis of the disease, according to a report by Dr. Danielle Peteresel and Dr. Naomi Schlesinger.

Furthermore, of the 184 patients diagnosted with gout in one 400-bed hospital over a 2-year period from 2002 to 2004, only 38% received a rheumatology consultation, reported Dr. Peteresel and Dr. Schlesinger, of the Robert Wood Johnson Medical School at New Brunswick, N.J. “The diagnostician was likely to be the admitting physician for these patients,” they wrote.

Of the 184 patients, the average age was 71 years (with a range from 40 to 96 years). All were male.

Another important finding was that a combination of anti-inflammatory agents was taken by 52% of patients, despite a lack of evidence in the literature supporting the use of combination therapy.

In fact, the authors wrote, “Combination therapy potentially puts the patient at risk of increased morbidity/mortality due to the combined effects upon the kidney.” Indeed, renal failure was present in 65% of patients with acute gout. Nevertheless, prednisone and colchicine were given in 23% of cases; nonsteroidal anti-inflammatory drugs (NSAIDs) and colchicine were given in 16%; and a steroid with an NSAID was administered in 13% of patients. In contrast, the authors noted that test results for uric acid concentration were not lowered to an SU goal of 6 mg/dL, reported the researchers.

Rather, in 60% of patients treated with allopurinol, SU level was greater than 6 mg/dL.

“Practice patterns vary widely and support the need for education of health care professionals taking care of patients with gout,” concluded the authors.

“In our study, all patients were male, which may suggest that the cohort was somewhat biased. Only longitudinal, prospective, placebo-controlled studies are needed to establish guidelines for the diagnosis and treatment of gout,” they added.