

Only 25% of surgeons fully report sharps injuries

The majority of surgeons are not reporting sharps injuries they receive, according to a study published in the *Annals of The Royal College of Surgeons of England*.

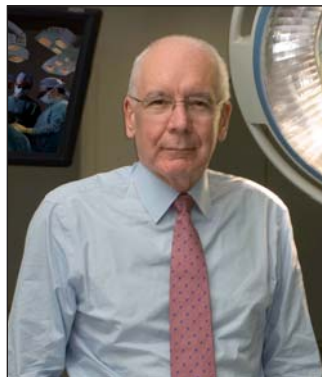
The report (Kerr et al, 2009) found that only a quarter of surgeons followed proper procedure and reported all of their sharps injuries – perforations of the skin caused by a needle, scalpel or other sharp instrument – putting themselves and patients at risk of potentially life-threatening blood-borne infections such as hepatitis C, hepatitis B and human immunodeficiency virus (HIV).

Researchers questioned surgeons at three district general hospitals in the UK. Although a large majority of the surgeons questioned had experienced one or more sharps injuries in the last year, only 25.8% of those affected had reported them all. When asked why, more than a third of surgeons responded that they did not think it was necessary as they considered the patient to be at a low risk of carrying an infectious virus. A further third said they had no time and almost a quarter simply said they were not concerned.

This report supports a previous study published earlier this year (Thomas and Murray, 2009) which found that only 9% of the surgeons who sustained a needlestick injury followed set procedures for such an event, and the evidence points to problems with surgeons' attitudes and awareness of risk.

A report published in 2003 by the Senate of Surgery of Great Britain and Ireland – an association of all major surgical bodies – recommended that all sharps injuries should be reported at the earliest possible stage, as early treatment can significantly reduce the chance of acquiring some infections, particularly HIV.

John Black, President of the Royal College of Surgeons



Emeritus Professor Jangu Banatvala, a leading authority on virology, said: 'Some surgeons do not fully appreciate the inherent risks and dangers associated with sharps injuries. This is an issue that can be addressed at the training stage: awareness and training of the risks of blood-borne infections should start in the undergraduate curriculum and be reinforced from time to time thereafter'.

John Black, President of the Royal College of Surgeons, said: 'While the probability of acquiring a blood-borne infection remains low, the potential consequences are severe. In failing to report sharps injuries, surgeons are missing this opportunity for treatment, and masking the true scale of the problem. With a third of surgeons reporting they don't have time to report sharps injuries, NHS trusts should ensure their reporting systems are easy, quick and well publicised within the hospital.'

Kerr H-L, Stewart N, Pace A, Elsayed S (2009) Sharps injury reporting amongst surgeons. *Ann R Coll Surg Engl* **91**: 430–2

Thomas WJC, Murray JRD (2009) The incidence and reporting rates of needle-stick injury amongst UK surgeons. *Ann R Coll Surg Engl* **91**(1): 12–17

Risk of stroke increased in Hodgkin's lymphoma survivors

Patients treated for Hodgkin's lymphoma with radiation therapy have a substantially higher risk of stroke, according to a new study.

To quantify the long-term risks, a team from the Netherlands Cancer Institute in Amsterdam performed a retrospective cohort study of 2201 Hodgkin's lymphoma survivors. The patients, who had survived at least 5 years from the time of diagnosis, had been treated between 1965 and 1995 before the age of 51 years. The researchers compared incidence rates of clinically verified stroke and transient ischaemic attack in this cohort with rates in the general population.

After a median follow-up of almost 18 years, 96 patients developed cerebrovascular disease. The incidence rate for stroke was 2.2 times the incidence in the general population and for transient ischaemic attack was 3.1. Risks also remained elevated, compared to those in the general population, after prolonged follow-up. Radiation to the neck and mediastinum was associated with increased risk, whereas chemotherapy was not.

De Bruin ML, Dorresteijn LD, Van't Veer MB et al (2009) Increased risk of stroke and transient ischemic attack in 5-year survivors of Hodgkin lymphoma. *J Natl Cancer Inst* **101**: 928–37 (Epub ahead of print 17 June)

First European vaccine for Japanese encephalitis

The first licensed vaccine in Europe to protect British travellers against a potentially fatal mosquito disease has been launched. The new vaccine for the prevention of Japanese encephalitis will be marketed in the UK as Ixiaro by Novartis Vaccines.

Japanese encephalitis, a mosquito-borne infection, is a potentially devastating disease that results in 10 000–15 000 deaths annually and is a threat for travellers to Asia.

Although imported vaccines have been available on a named patient basis, this is the first licensed Japanese encephalitis vaccine in Europe.

The risk of contracting Japanese encephalitis from a short urban visit to Asia is generally given as 'extremely low' but there have been cases among short-stay holiday-makers. The risks for long stays in rural areas during transmission season are higher. Most Japanese encephalitis

infections are asymptomatic: only 1 in 250 infections develop into encephalitis.

Dr Richard Dawood, Medical Director of Fleet Street Travel Clinic, London, said: 'I have come across at least two cases of Japanese encephalitis in young British travellers over the years, both of whom were very severely affected; I am therefore delighted that a modern, generally well tolerated and effective vaccine has now been licensed in Europe.'

Call for more gastric banding for type 2 diabetes

UK experts are calling for greater consideration of gastric banding as an option for obese people with type 2 diabetes who need to lose weight.

Dr Jonathan Pinkney, a diabetologist, and Mr Paul Super, an obesity surgeon, initiated this call to action following the recent European label change confirming that weight loss with Allergan's Lap-Band AP System can lead to improvement or remission of type 2 diabetes. The risk of developing type 2 diabetes is increased up to 10 times in obese people and the UK has the fastest growing rate of obesity in the developed world.

The decision by TUV SUD – a European Union notified body responsible for the certification of medical devices – recognizes the Lap-Band AP System as the first obesity intervention device in Europe to be officially approved for its effect on type 2 diabetes in obese patients through weight loss.

Specifically, the Lap-Band AP System directions for use now state that weight loss

associated with the Lap-Band AP System has been shown to improve or lead to remission of type 2 diabetes.

'Type 2 diabetes is becoming an increasing problem as the prevalence of severe or morbid obesity in the population rises', said Dr Pinkney, Consultant Senior Lecturer and Diabetologist, Peninsula College of Medicine and Dentistry, Universities of Exeter and Plymouth.

He continued: 'The gastric banding procedure is a highly effective option for selected obese patients who are failing to reduce their weight through traditional weight-reduction methods. The recognition of a device such as the Lap-Band AP System by the European health authorities is an important advance for the medical community and obese patients in our efforts to effectively manage type 2 diabetes.'

Gastric banding procedures are a well-established method of achieving significant and sustained weight loss. In 2006, the National Institute for Health and Clinical Excellence

recommended bariatric surgery such as gastric banding as a treatment option for people whose body mass index is between 35 kg/m² and 40 kg/m² and have other significant diseases such as type 2 diabetes or high blood pressure or for those with a body mass index greater than 40 kg/m².

According to Mr Super, Consultant Upper Gastrointestinal Surgeon, Heart of England NHS Foundation Trust, Birmingham, 'There are many people who could benefit from gastric banding procedures but are currently not being referred. Given this recent development, doctors who manage obese patients with type 2 diabetes should seriously consider gastric banding as an option to help these patients get their weight down and under control.'

'This important label change endorses the evidence that gastric banding could reduce the burden of the management of type 2 diabetes and could result in significant cost savings to the NHS.'

Link between dietary animal fat intake and pancreatic cancer

High intake of dietary fats from red meat and dairy products is associated with an increased risk of pancreatic cancer. Men and women who consumed high amounts of total fats had 53% and 23% higher relative rates of pancreatic cancer respectively than those with the lowest fat consumption.

Cardiovascular risk similar for diabetes medications

Clinical trial results presented at the American Diabetes Association annual meeting and published in the *Lancet* show that overall rates of cardiovascular hospitalization, stroke and death are similar in patients taking rosiglitazone compared to those receiving metformin and sulfonylurea.

Improving nocturnal symptoms in advanced Parkinson's disease

Data presented at the 13th International Congress of Parkinson's Disease and Movement Disorders show that ropinirole prolonged release tablets (ReQuip XL) improve nocturnal symptoms experienced by patients with advanced Parkinson's disease.

Sustained remission in patients with Crohn's disease

Long-term data show that adalimumab (Humira) maintains remission in moderate to severe Crohn's disease patients through 3 years of therapy.

Results from the 1-year, placebo-controlled clinical trial CHARM and its 2-year open label extension ADHERE were presented during Digestive Disease Week in Chicago.

Sixty-four per cent of adalimumab-treated patients who were in remission after 1 year in the CHARM study remained in remission at the end of two additional years in the open label extension. Furthermore, 73% of adalimumab-treated

patients who were in steroid-free remission after 1 year in CHARM remained in steroid-free remission 2 years later.

Remission is defined as a Crohn's Disease Activity Index score of less than 150.

'Crohn's is a chronic disease and patients require a therapy that not only brings their disease under control, but also keeps it that way,' said Dr James Lindsay, Consultant Gastroenterologist at the Royal London Hospital, Barts and the London NHS Trust. 'Three years of efficacy data offers increased confidence to clinicians who may be prescribing

Humira for their Crohn's patients.'

A separate sub-analysis evaluated Crohn's disease patients who had achieved steroid-free remission at the end of CHARM. Patients considered in steroid-free remission were those who were receiving steroids at CHARM baseline, and were both off steroids and in remission at the end of CHARM.

'The Humira data presented at Digestive Disease Week demonstrate that people with Crohn's disease may be able to achieve long-term steroid-free remission, which is important,' added Dr Lindsay.

AMERICAN SOCIETY OF CLINICAL ONCOLOGY ORLANDO, FLORIDA, 28 MAY–2 JUNE

Vandetanib improves progression-free survival in lung cancer

Encouraging results were reported with vandetanib (Zactima), which targets two key receptors in non-small cell lung cancer – epidermal growth factor (EGFR) and vascular endothelial growth factor (VEGF). Adding the oral drug to second-line chemotherapy with docetaxel improved progression-free survival in patients with advanced disease.

The phase III ZODIAC study randomized 1391 patients previously treated with chemotherapy to docetaxel (75 mg/m² every 21 days) plus vandetanib (100 mg/day) or docetaxel plus placebo, for a maximum of six 21-day cycles.

Patients treated with vandetanib showed a 21% reduction in the risk of disease progression after a median follow-up of 12.8 months (hazard ratio 0.79, $P < 0.001$). The median progression-free survival time was 17.3 weeks in the vandetanib group *vs* 14 weeks in the control arm.

Results also showed a trend to improved overall survival, which did not reach statistical significance but will continue to be analysed over longer follow-up. Reporting the findings, Professor Roy Herbst, chief of thoracic medical oncology at the University of Texas M.D. Anderson Cancer

Center, USA, said: ‘Vandetanib is the first oral targeted agent to show significant evidence of clinical benefit when added to standard chemotherapy in NSCLC [non-small-cell lung cancer] in phase III trials.’

Roy Herbst, Chief of Thoracic Medical Oncology, University of Texas M.D. Anderson Cancer Center, USA



Treatment with vandetanib was also associated with an improvement in objective response rate, improvement in symptoms related to the underlying cancer – including cough, shortness of breath and weight loss – and a 22% reduction in the risk of symptoms worsening, compared to controls.

Professor Herbst commented: ‘In a disease as heterogeneous as lung cancer, the need to target multiple pathways has become clear. This agent – targeting two pathways critical for NSCLC growth and metastasis – could play a key role.’

Susan Mayor

Chemotherapy enough for most metastatic colorectal cancer

Modern chemotherapy regimens mean that most patients newly diagnosed with metastatic colorectal cancer do not need immediate surgery to remove their primary tumour. This was the finding of a retrospective study from Memorial Sloan-Kettering Cancer Center, New York.

Investigators identified 233 consecutive patients presenting with and receiving chemotherapy for metastatic colorectal cancer from 2000 to 2006. Patients had no serious symptoms requiring immediate surgery, and received one of three ‘triple’ regimens: FOLFOX (folinic acid [leucovorin], 5-fluorouracil [5FU], oxaliplatin), IFL (irinotecan, 5FU, folinic acid) and FOLFIRI (folinic acid, 5FU, irinotecan). Some patients also received bevacizumab.

Ninety-three per cent (217) of patients never developed com-

plications requiring removal of their primary tumour. Of 16 (7%) patients eventually needing treatment, 14 underwent successful surgery. Location of the primary tumour, metastatic disease burden or use of bevacizumab was not associated with increased likelihood of surgery.

Removal of the tumour at the time of diagnosis is designed to prevent complications in patients with metastatic colorectal cancer. But, according to Dr Philip Paty: ‘If the tumour is not causing obstruction, perforation, or bleeding, we’ve found these patients are best treated with chemotherapy. By moving straight to chemotherapy, patients can avoid the risk of surgical complications and can start treatment for all sites of disease without delay.’

Abstract CRA4030

Sue Lyon

Best outcomes for anal cancer

In the ACT II study, continuous radiotherapy given at the same time as chemotherapy (5-fluorouracil (5-FU) and mitomycin C) resulted in the best outcomes so far reported in anal cancer. Investigators from the UK National Cancer Research Institute also found cisplatin was no better than mitomycin C, and no benefit in adding maintenance chemotherapy to standard care.

ACT II randomized 940 patients to radiotherapy plus 5-FU and either mitomycin C or cisplatin. Patients were also randomized to follow-up maintenance therapy with cisplatin plus 5-FU or no maintenance therapy.

After median follow up of 3 years, there was no significant difference in outcomes: complete response rate at 6 months was 94% in the

mitomycin C group and 95% with cisplatin. Recurrence-free survival was 75% in both groups, while overall survival was 85% in the maintenance group and 84% in the non-maintenance group.

ACT II built on ACT I which randomized patients to chemotherapy plus radiotherapy or radiotherapy alone. Asked about improved outcomes in ACT II compared to ACT I, Professor Roger James, Maidstone Hospital, Kent, replied: ‘During ACT II, there was a major reorganization of cancer services into centres, and an increase in the numbers of radiation oncologists treating anal cancer. I am sure that this centralization of services was important in improving outcomes.’

Abstract LBA4009

Sue Lyon

AMERICAN SOCIETY OF CLINICAL ONCOLOGY ORLANDO, FLORIDA, 28 MAY–2 JUNE

Novel vaccine improves survival in metastatic melanoma

Preliminary results with a novel vaccine that targets an antigen on the surface of melanoma cells showed improved progression-free survival compared to standard therapy.

The therapeutic vaccine – gp100:209-217(210M) peptide – is made from a peptide that is part of the gp100 protein, an antigen found on the surface of melanoma cells. It stimulates T cells to multiply and attack melanoma cells by locating this gp100 protein antigen.

The study randomly allocated 86 patients with metastatic melanoma to the vaccine plus standard treatment with interleukin-2 (IL-2) and compared outcomes with 93 patients treated with IL-2 alone. More than twice as many patients in the vaccine group responded to treatment with tumour shrinkage (22.1% *vs* 9.7%).

Progression-free survival and overall survival were also longer in the vaccine group (2.9 and 17.6 months respectively) compared with the IL-2 only group (1.6 and 12.8 months).

Patrick Hwu, professor and chairman, Center for Cancer Immunology Research, University of Texas M.D. Anderson Cancer Center, said: 'Metastatic melanoma is the deadliest of skin cancers, with a median survival of less than 1 year. It is difficult to treat and is very resistant to most current therapies. This is one of the first studies to show promising results for a vaccine in melanoma.'

Susan Mayor

CA125 blood testing does not influence survival in patients with recurrent ovarian cancer

Early treatment based on rising CA125 blood levels does not improve survival compared to treatment in response to symptoms, according to a study from the MRC/NCRI and EORTC Gynaecological Cancer Intergroups. CA125 is a marker of growth of ovarian cancers, and women may undergo the inconvenience and anxiety associated with frequent blood testing for several years after their initial treatment.

The study compared overall survival in over 500 women

with ovarian cancer in remission after first-line chemotherapy: 265 began second-line treatment after a rise in CA125, while 264 women with rising CA125 delayed treatment until the appearance of relapse symptoms, such as pelvic pain or bloating.

Women treated in response to rising CA125 began second-line chemotherapy a median of 5 months earlier than women treated in response to symptoms. However, overall survival was similar in both groups at

41 months since completion of first-line chemotherapy.

Professor Gordon Rustin, from the Mount Vernon Cancer Centre, Middlesex, felt that these results should reassure women that they can safely delay treatment until symptoms appear. 'Chemotherapy has disadvantages in terms of side effects. If we can delay treatment without disadvantage, we will have done a huge service to patients,' he said.

Abstract P1

Sue Lyon

Combined HRT increases non-small cell lung cancer mortality

Combined oestrogen plus progestin hormone replacement therapy (HRT) is associated with increased non-small-cell lung cancer mortality, warn latest results from the Women's Health Initiative.

The study evaluated the health effects of conjugated equine oestrogen plus medroxyprogesterone in 161 808 healthy postmenopausal women compared to placebo. It has previously shown increased risk of breast cancer and cardiovascular disease associated with combined hormone replacement therapy.

A secondary analysis of 16 608 women looked at non-small-cell lung cancer incidence and mortality during 5.6 years of taking hormone replacement therapy or placebo and during 2.4 years of follow up after stopping treatment.

Results showed no difference in the incidence of non-small-cell lung cancer between women who had taken hormone replacement therapy and those on placebo, but women who had taken hormone replacement therapy had a 61% higher risk of death from non-small-cell lung cancer than the control group (67 deaths *vs* 39 deaths). The mortality risk was particularly high in women on hormone replacement therapy who smoked, at 3.4% compared to 2.3% in smokers in the placebo group.

Reporting the findings, Rowan Chlebowski, a medical oncologist at the Los Angeles Biomedical Research Institute, USA, said: 'One in 100 current smokers in the trial using combined hormone replacement therapy had an avoidable



Rowan Chlebowski, Medical Oncologist, Los Angeles Biomedical Research Institute, USA

death from non-small-cell lung cancer during the 8 years of the study.' He considered this was 'a colossal mortality for a treatment that is used for symptom management.' 'The clear message is don't smoke and take hormones,' he concluded, adding that women who are diagnosed with non-small-cell lung cancer should stop hormonal therapy.

Susan Mayor