

Fidaxomicin non-inferior to vancomycin, more than halves rate of recurrent *C. difficile* infection

Data published in *The Lancet Infectious Diseases* demonstrate that fidaxomicin (Dificlir) provides a similar efficacy and safety profile to vancomycin, but more than halves the rate of recurrent infection in patients with *Clostridium difficile* infection compared to vancomycin (12.7% vs 26.9%, $P < 0.001$) (Cornely et al, 2012).

In this multicentre, double-blind, randomized, non-inferiority phase III trial, 509 adults with *C. difficile* infection in seven European countries, including the UK, and North America received oral fidaxomicin 400 mg/day or oral vancomycin 500 mg/day for 10 days.

Clinical cure was achieved in a similar proportion of subjects

for the two treatments (91.7% for fidaxomicin vs 90.6% for vancomycin), meaning that fidaxomicin met the primary end point of non-inferiority to vancomycin. Clinical cure was resolution of diarrhoea for the duration of treatment and no need for further therapy 2 days after completion of study medication, as determined by the investigator.

Fidaxomicin recipients were more likely to experience a sustained antibiotic response (clinical cure without recurrence) within 30 days of completing treatment than those treated with vancomycin (76.6% vs 63.4%, $P = 0.001$).

Professor Robert Masterton, Consultant in Microbiology,

NHS Ayrshire and Arran, commented: '...This new treatment, fidaxomicin, offers a major step forward in combating the prevalence and impact of this disease since, when compared to current normal therapy, the data demonstrate a very significant reduction in the recurrence of CDI [*C. difficile* infection].'

Fidaxomicin is the first new antibiotic to be licensed for the treatment of *C. difficile* infection since the 1950s.

Cornely OA, Crook DW, Esposito R et al for the OPT-80-004 Clinical Study Group (2012) Fidaxomicin versus vancomycin for infection with *Clostridium difficile* in Europe, Canada, and the USA: a double-blind, non-inferiority, randomised controlled trial. *Lancet Infect Dis* 12(4): 281–9

More choice for diabetic patients with renal impairment

Sitagliptin (Januvia) has received UK authorization for use in patients with moderate to severe renal impairment, increasing the treatment options for patients with sub-optimum kidney function (up to one third of all people with diabetes).

Anti-TNF approved for severe ulcerative colitis in children

Infliximab (Remicade) is now indicated for the treatment of severely active ulcerative colitis in patients aged 6–17 years, who have had an inadequate response to conventional therapy, or who are intolerant to or have contraindications for such therapies.

Biomarkers improve mortality prediction in COPD

Adding white blood cell counts and measurement of changes in systemic levels of inflammatory markers such as interleukin-6 and -8 and C-reactive protein significantly improves the ability of clinical variables to predict mortality in patients with chronic obstructive pulmonary disease (COPD), according to research published in the *American Journal of Respiratory Research and Critical Care Medicine*.

Mortality from elective abdominal aortic aneurysm repairs falls up to two thirds

The Vascular Society has published its first public outcome report for elective abdominal aortic aneurysm surgery in the UK, detailing unit outcomes for elective abdominal aortic aneurysm repair between October 2008 and September 2010, derived from surgeon-collected data held on the Vascular Society's National Vascular Database.

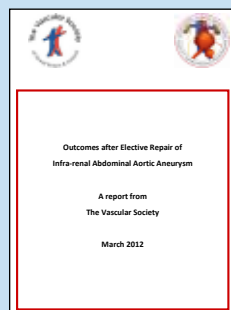
The mortality rate following 8380 elective infra-renal aortic procedures is 2.4% – well within the 3.5% target set down by their quality improvement programme.

Despite the significant reduction in overall mortality, there is still strong evidence that case volume influences outcome. The 31 highest volume hospitals (which perform 57% of all elective abdominal aortic aneu-

rysm procedures in the UK) have mortality rates under half those seen in the 32 hospitals with the lowest volume of abdominal aortic aneurysm procedures.

These data support the move towards performing major arterial surgery in larger volume units in order to further optimize outcomes.

There are areas of concern regarding data submission quality and coding. It is a condition for treating NHS AAA Screening Programme screened patients that data are submitted to the National Vascular Database. In the near future, it is also likely that this will be a condition for reimbursement from commissioners. It is



therefore essential that appropriate time is built into the consultant job plan to enable data to be submitted in a timely fashion to the National Vascular Database.

There are also major variations in quality regarding hospital coding, with some units having almost twice as many cases registered on the National Vascular Database as submitted nationally.

Vascular Society (2012) Outcomes after Elective Repair of Infra-renal Abdominal Aortic Aneurysm. A report from The Vascular Society. www.vascularsociety.org.uk/about/yearbooks/doc_download/170-outcomes-after-elective-repair-of-infra-renal-abdominal-aortic-aneurysm.html (accessed 28 March 2012)