Updated systemic sclerosis criteria improve disease classification

New, more sensitive, classification criteria for systemic sclerosis have been published, enabling earlier identification and treatment of this disabling autoimmune disease.

The criteria were developed by a joint committee commissioned by the American College of Rheumatology (ACR) and European League Against Rheumatism (EULAR) (van den Hoogen et al, 2013).

Systemic sclerosis, also known as scleroderma, is a connective tissue disease characterized by sclerodermatous skin changes, Raynaud's phenomenon and internal organ fibrosis. The ACR estimates that systemic sclerosis affects 49 000 adults in the USA.

The joint ACR-EULAR committee was led by Dr Janet Pope from Western University, St. Joseph's Health Care London in Ontario, Canada, and Dr Frank van den Hoogen from St. Maartenskliniek in The Netherlands. The committee's intent was to improve the classification of systemic sclerosis by clustering items and simplifying the weighting of the different criteria.

Dr Janet Pope, Professor and Chair of the Division of Rheumatology, Western University, St. Joseph's Health Care London, Ontario, Canada

The new criteria set was tested for specificity and sensitivity by comparing scleroderma cases with controls (patients with disorders similar to scleroderma), and validated by experts viewing cases with and without the disease.

The validation testing shows that sensitivity and specificity were both greater than 90% for the 2013 systemic sclerosis classification criteria compared to 75% for the 1980 ACR criteria.

'The new systemic sclerosis classification criteria should correctly classify more patients with the disease,' concluded Dr Pope. 'Criteria that are more specific will allow for earlier identification and better treatment for those with systemic sclerosis.'

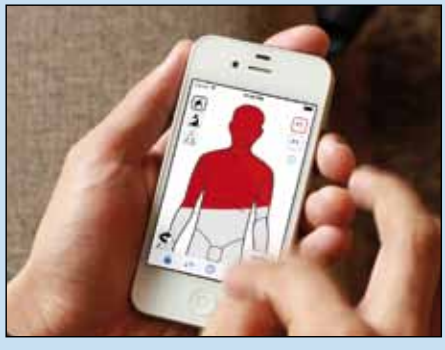
van den Hoogen F, Khanna D, Fransen J et al (2013) 2013 classification criteria for systemic sclerosis: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheum* 3 October (Epub ahead of print) (doi: 10.1002/art.38098)

Mersey Burns App wins top EHI Award

An app that enables doctors to quickly and accurately assess the extent of a burn and so deliver the best possible treatment to patients has emerged as the overall winner of the EHI Awards 2013 in association with CGI.

The Mersey Burns App was developed by a PhD student, Chris Seaton, and two plastic surgeons at St Helen's and Knowsley NHS Trust, Rowan Pritchard Jones and Professor Paul McArthur, with further support from the Knowsley Health Informatics Service.

Traditionally, doctors sketch a burn on paper to assess its extent and decide what fluids to give to a patient. The app enables them to shade the area of a burn on a plan of the human body, does the fluid calculations for them, and collects patient details that can be forwarded to a specialist unit.



The app is also the first UK healthcare app to carry a CE mark from the Medicines and Healthcare Products Regulatory Agency, making it the first, regulated phone app in the UK.

EHI director Linda Davidson said: 'Improving the working lives of their clinical colleagues and helping them to improve the care they deliver to patients is what motivates the healthcare IT teams and the suppliers who enter the EHI Awards each year.

She added: 'The Mersey Burns App is a wonderful example of how modern technology can be used to make care better and faster, and so is a very fitting winner of this year's awards. We would like to congratulate the team behind it.'

Arterial hardening may contribute to Alzheimer's in older people

Older people with hardening of the arteries are more likely to have a build-up of beta-amyloid plaques in the brain, even if they have no visible signs of dementia, according to research published in *Neurology*.

New hepatitis C injection device

A new injection device, ViraferonPeg Clearclick, has launched for hepatitis C patients to accurately titrate and self-administer their weekly dose of peginterferon alfa-2b (ViraferonPeg). The device has been designed to maintain dosing flexibility across five dosage strengths, helping patients to deliver the optimal dose and help maximize patient outcomes.

Nab-paclitaxel shows survival advantage in metastatic pancreatic cancer

Nab-paclitaxel (Abraxane) plus gemcitabine demonstrated clinically meaningful results across primary and key secondary end points and patient subgroups compared with gemcitabine alone, according to a study published in the *New England Journal of Medicine*.