Call for better end of life care for people with liver disease

Health-care providers, commissioners and patient groups are being urged to improve end of life care for people living with liver disease – the fifth biggest cause of death in the UK.

To help achieve this, NHS Liver Care and the National End of Life Care Programme have published a new report, which looks at how the pathway described in the Department of Health's *End of Life Care Strategy* can be applied for patients with advanced liver disease.

Getting it Right: Improving End of Life Care for People Living with Liver Disease, (NHS Liver Care and National End of Life Care Programme, 2013) examines the challenges of delivering good end of life care for patients with liver disease, including how to discuss it with patients and relatives, the assessment, planning and coordination of high-quality care in different settings, as well as pastoral needs and care after death.

Dr Elizabeth Kendrick, co-author of the report and Chair of the End of Life Clinical Innovation Team at NHS North East, said: 'Deaths due to liver disease are rising, and it is a significant issue for all health care providers. Identification and management of the end of life period in liver disease is particularly challenging.'

She continued: 'Leading clinicians have worked to draw together evidence, opinion and examples of best practice in end of life care, to focus on providing better care for patients with liver disease approaching end of life. We hope this document will help clinicians, educators, commissioners and patients to work towards improvements in service provision and outcomes.'

NHS Liver Care, National End of Life Care Programme (2013) Getting it Right: Improving End of Life Care for People Living with Liver Disease. www.liver.nhs.uk/resources/end_of_life_care/ (accessed 27 February 2013)

Prospective study: bronchiectasis increases mortality risk in moderate to severe COPD

Bronchiectasis is independently associated with an increased mortality risk in patients with moderate-to-severe chronic obstructive pulmonary disease (COPD), according to new research (Martínez-García et al, 2013).

A multicentre prospective observational study included 201 consecutive patients with moderate-to-severe COPD; 115 of them (57.2%) had bronchiectasis, as diagnosed by high-resolution computed tomography of the chest. COPD severity was classified according to Global Initiative for Chronic Obstructive Lung Disease criteria.

During a median 48 months of follow up, there were 51 deaths, including 43 among patients with bronchiectasis. In a multivariate analysis adjusted for dyspnoea, body mass index, presence of potentially pathogenic microorganisms in sputum, comorbidities, number of severe exacerbations and other potentially confounding factors, bronchiectasis was associated with a significantly increased risk of all-cause mortality (hazard ratio 2.54, 95% confidence interval 1.16–5.56; P=0.02).

Age, Charlson index, and post-bronchodilator ratio of forced expiratory volume in 1 second were also shown to have prognostic value.

'If the prognostic value of bronchiectasis in patients with moderate-to-severe COPD that we found is confirmed in further and larger studies, it would have an important clinical impact,' said lead author Dr Miguel Ángel Martínez-García, La Fe University and Polytechnic Hospital, Valencia, Spain.

Martinez-Garcia MA, de la Rosa D, Soler-Cataluña JJ et al (2013) Prognostic Value of Bronchiectasis in Patients with Moderate-to-Severe Chronic Obstructive Pulmonary Disease. *Am J Respir Crit Care Med* Feb 7 (Epub ahead of print)

Gene in some melanomas linked to worse outcomes

Scientists at Queen Mary, University of London have identified a gene present in some melanomas which appears to make the tumour cells more resistant to treatment (Matin et al, 2013).

The researchers analysed 156 melanoma tissue samples from 129 individuals for expression of the protein p63. They found that p63 was expressed in more than 50% of the samples (58% of primary metastatic samples, 53% of recurrent samples and 66% of metastatic samples) and correlated significantly with death from melanoma.

It is hoped this new understanding of what makes some melanoma cells so difficult to kill will help develop new therapies.

Dr Daniele Bergamaschi, a senior lecturer in cutaneous research at Queen Mary, said: 'We did not expect to find the TP63 gene... It is not usually found in the melanocytes... However, it appears in some cases this gene is turned on as the tumour forms, and when it does it is linked to a worse prognosis.'

The researchers suggest that the TP63 gene, and subsequent production of p63 in some melanoma, is inhibiting the apoptotic function of the protein p53.

Matin RN, Chikh A, Chong SLP et al (2013) p63 is an alternative p53 repressor in melanoma that confers chemoresistance and a poor prognosis. *J Exp Med* Feb 25 (Epub ahead of print)