

Surgical Safety Checklist is not a magic bullet to prevent unsafe surgery

A study by researchers from the University of Leicester and the University of Oxford has compared the use of the Surgical Safety Checklist in operating theatres in two English hospitals and one sub-Saharan African hospital (Aveling et al, 2013).

Used in 1800 institutions worldwide, the checklist combines checks for technical items such as administering antibiotics and use of pulse oximeters with non-technical items such as team introductions.

The team conducted extensive observations in operating theatres in the UK and an African country, and interviewed clinicians and managers to see if the checklist was used at all, used properly and used fully.

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In the UK settings use of the checklist was high (but not 100%) for most procedures. In the African setting it was highly inconsistent – during staff shortages, emergencies or busy periods, the checklist was abandoned altogether. Checkboxes were ticked without tasks such as equipment counts being undertaken.

The results of the study are likely to foster debate worldwide. Policy-makers and the World Health Organization have supported the checklist since it was reported to have reduced the rate of deaths and complications by more than a third across eight diverse hospitals in a 2009 pilot study.

Dr Emma-Louise Aveling, who carried out the field research, said: 'An important feature of the checklist is its claim to universality: it is meant to be as simple to use in a rural hospital in Namibia as it is in a private medical centre in New Zealand.'

The team has made a number of recommendations that it hopes will make the checklist more effective across the world: surgical teams should be trained together on the use of the checklist, not within disciplines; collection and feedback of data has to be improved; and senior staff need to 'champion' the checklist where there is resistance to use. Most importantly, the checklist needs to be part of an institution-wide campaign to improve patient safety.

Aveling EL, McCulloch P, Dixon-Woods M (2013) A qualitative study comparing experiences of the Surgical Safety Checklist in hospitals in high and low-income countries. *BMJ Open* 3(8): e003039

Rituximab first licensed treatment for ANCA vasculitides

MabThera (rituximab) is now licensed, in combination with glucocorticoids, as the first treatment for granulomatosis with polyangiitis and microscopic polyangiitis, two ANCA vasculitides which affect over 13 000 people in the UK.

Vismodegib available to treat basal cell carcinoma

Vismodegib (Erivedge), the first-of-a-kind once-daily treatment, has been shown to shrink visible lesions in 47% of patients with locally advanced basal cell carcinoma inappropriate for surgery or radiotherapy and shrink tumours in 33% of those with metastatic basal cell carcinoma.

Pomalidomide licensed to treat adults with relapsed or refractory multiple myeloma

Pomalidomide is now available for use in combination with dexamethasone for the treatment of adults with relapsed and refractory multiple myeloma who have received at least two prior therapies, and have demonstrated disease progression on their last therapy.

Carbon ion radiotherapy safe and effective for treating inoperable spinal sarcomas

A new analysis has found that carbon ion radiotherapy, a type of radiation therapy, can control cancer growth and prolong survival in patients with spinal sarcomas (Matsumoto et al, 2013). The study indicates that the treatment is a promising alternative for patients whose spinal tumours cannot be surgically removed.

To investigate the effectiveness and safety of carbon ion radiotherapy for inoperable spinal sarcomas, Dr Reiko Imai and colleagues, from the Research Center Hospital for

Charged Particle Therapy at the National Institute of Radiological Sciences in Japan, studied the outcomes of 47 patients who received the treatment between 1996 and 2011.

In 79% of patients, tumour growth was controlled for at least 5 years, and 52% of patients survived for at least 5 years (with 48% of patients surviving that long without experiencing cancer progression). None of the 15 patients with tumours that were smaller than 100 cm³ had a cancer recurrence.

No fatal toxicities occurred from the treatment, although one patient had a skin reaction, seven patients experienced vertebral compression salvaged by surgical intervention, and one developed a spinal cord reaction. Twenty-two of the 28 patients who were alive at the last follow-up appointment could walk without supportive devices.

Matsumoto K, Imai R, Kamada T et al; the Working Group for Bone and Soft Tissue Sarcomas (2013) Impact of carbon ion radiotherapy for primary spinal sarcoma. *Cancer* Aug 12 (Epub ahead of print)