

safety of new oral anticoagulants in cancer patients with venous thromboembolism is limited. Few cancer patients have been included in phase III trials, most of which were inadequately powered (Noble and Jenkins, 2009). Moreover, in the AMPLIFY-EXTENSION trial, comparing two different dosages of apixaban, only 1.7% of the patients with active cancer were included and without subgroup analysis (Agnelli et al, 2013b).

Future trials must evaluate the efficacy of new oral anticoagulants in oncology patients, as well as comparing the efficacy of new oral anticoagulants with low-molecular weight heparin for superiority or non-inferiority. Outstanding issues surrounding new oral anticoagulants, including monitoring and management of bleeding, require further consideration.

Ankur Khajuria

Medical Student
Imperial College London
London SW7 2AZ
(ankur.khajuria09@imperial.ac.uk)

Agnelli G, Buller HR, Cohen A et al (2013a) Oral apixaban for the treatment of acute venous thromboembolism. *N Engl J Med* **369**(9): 799–808

Agnelli G, Buller HR, Cohen A et al (2013b) Apixaban for extended treatment of venous thromboembolism. *N Engl J Med* **368**(8): 699–708

den Exter PL, Kooiman J, van der Hulle T, Huisman MV (2013) New anticoagulants in the treatment of patients with cancer-associated venous thromboembolism. *Best Pract Res Clin Haematol* **26**(2): 163–9

Gonsalves WI, Pruthi RK, Patnaik MM (2013) The new oral anticoagulants in clinical practice. *Mayo Clin Proc* **88**(5): 495–511

Noble S, Jenkins DA (2009) Management of venous thromboembolism in patients with cancer. *Br J Hosp Med (Lond)* **70**(7): 380–5

Caveats in the diagnosis of iron deficiency

Sir,

The point is well made that iron deficiency sometimes manifests itself as a fall in mean corpuscular haemoglobin without a concurrent fall in mean cell volume or a fall in haemoglobin (vol 74(12), 2013, C184). The same observation was made in four patients with serum ferritin <10 µg/litre, in whom mean corpuscular haemoglobin <27 pg was associated with mean cell volume >80 fl in the presence of a haemoglobin level of 12 g/dl or more (Jolobe and Rakicka, 1993).

It is also important to recognize that the microcytic haematological profile can sometimes totally replace the mac-

rocytic picture in some patients who have coexisting iron deficiency anaemia and vitamin B₁₂ deficiency (Jolobe, 2009).

This phenomenon is probably attributable to the fact that some risk factors, such as autoimmune gastritis and helicobacter gastritis, are common to both haematinic deficiencies (Jolobe, 2009).

OMP Jolobe

Retired Geriatrician
Manchester Medical Society
c/o John Rylands University Library
Manchester M13 9PP

Jolobe OMP (2009) Microcytic anaemia can "mask" co-existing cobalamin deficiency. *QJ Med* **102**: 362–3

Jolobe OMP, Rakicka H (1993) Significance of low serum ferritin in elderly inpatients. *Postgrad Med J* **69**: 892

Registration would not provide sufficient oversight

Sir,

There have been considerable and welcome improvements in the quality of patient care and safety since the publication of the Francis Report. It is important that we continue to identify further areas for improvement to ensure patients are as safe and well cared for as possible.

This should include revisiting the need for robust oversight and regulation for sections of the NHS workforce that are not currently regulated but perform invasive procedures on patients. This includes clinical

physiologists, who diagnose patients and increasingly administer treatment, but are subject to voluntary registration rather than regulation.

The Chief Executive of the Health and Care Professions Agency has publicly endorsed the need for clinical physiologists to be statutorily regulated. In continuing to improve the NHS, the government should consider this expert recommendation, which would better enforce codes of practice, help identify mistakes and best protect patients.

Amanda Casey

Chair
Registration Council for Clinical
Physiologists
Lichfield
Staffs WS14 9DZ
(a.e.a.casey@aston.ac.uk)

CORRESPONDENCE

If you would like to comment on any of the articles in *British Journal of Hospital Medicine*, please write in no more than 250 words to:

Professor Rob Miller, Editor-in-Chief, BJHM
c/o Rebecca Linssen, MA Healthcare
St Jude's Church, Dulwich Road, London SE24 0PB

email: rebecca.linssen@markallengroup.com

fax: 020 7978 8316