Making paediatric oncological research relevant

Sir,

The editorial by Dr Makin and Professor Eden (Vol 62(10), 2001, p. 588) is timely, although they refrain from commenting on how we may finish this job. As pointed out in the article, success in treating children with cancer has come about from carefully conducted large-scale trials. These trials were largely designed and run by physicians wishing to improve the outcome of children in their care. This approach will not cure the small number of children who fail current therapeutic regimens.

Understanding the biology of the disease will provide the tools for more effective therapy. Epidemiological studies will enhance these and may unlock possible preventative mechanisms. In the examples quoted by the authors, increasingly, research is being primarily carried out by researchers and scientists who have little experience of the clinical features of the disease. As such then we appear to be in the era where the carer no longer appears to be the primary researcher. Is this important?

Medical history is littered with examples of inappropriate solutions obtained by those with no hands-on experience. In this country, the changing training programme has failed to take into account the rapid integration of science into medicine. Currently less than 4% of funding for cancer research in the UK is directed towards children. The real challenge then is to provide an environment for young clinicians to think scientifically, so that they may use the tools being developed by the scientists to effectively answer the questions most relevant to curing children with cancer.

Vaskar Saha
Senior Lecturer/Honorary Consultant in Paediatric Oncology
Department of Paediatric Haematology and Oncology
Royal London Hospital
London E1 1BB

Musical management of Parkinson's disease

Sir,

I read with interest the article on the update on guidelines for the management of Parkinson's disease by the Parkinson's Disease Consensus Working Group (Vol 62(8), 2001, p. 456).

Comorbid neuropsychiatric conditions have detrimental effects upon quality of life for the patient and carers, and increase the health-care cost associated with Parkinson's disease. The article motivated me to search the literature, focusing on the use of psychotherapies for the management of depression in Parkinson's disease.

The management of depression in this population is underinvestigated, but research into the use of psychotherapies is close to none – it focuses on physical treatments (medication and electroconvulsive therapy). I found, however, some brief but interesting literature regarding music therapy. Music therapy has been traditionally linked to the treatment of mental illness. Some studies have proven it to be effective on motor, affective and behavioural functions in Parkinson's disease as Pacchetti et al (1998, 2000) have shown. Music is well tolerated and inexpensive, with good compliance and few side effects (Myskja and Lindbaek, 2000).

In an age when cost-reduction and quality of life improvements are important targets to meet, shouldn't music be included in Parkinson's disease rehabilitation programmes?

I Agell
Staff Grade
Division of Psychiatry
Royal United Hospital
Bath BA1 3NG

Myskja A, Lindbaek M (2000) Examples of the use of music in clinical medicine. *Tidsskr Nor Laegeforen* **120(10):** 1186–90

Pacchetti C, Aglieri R, Mancini F et al (1998) Active music therapy and Parkinson's disease: methods. *Funct Neurol* **13(1):** 57–67

Pacchetti C, Mancini F, Aglieri R et al (2000) Active music therapy in Parkinson's disease: an integrative method for motor and emotional rehabilitation. *Psychosom Med* **62(3):** 386–93

Infectious mononucleosis

Sir,

Dr Nye (vol 62(7), 2001, p. 388) gives an excellent overview of infectious mononucleosis (IM). He highlights the high specificity of heterophile antibody tests in diagnosing Epstein–Barr virus (EBV)-induced IM. These tests are so specific (Linderholm et al, 1994) that further tests are not needed to confirm primary EBV infection in patients with compatible clinical features and a positive heterophile antibody test.

However, rare cases of false-positive heterophile antibody tests have occurred in patients with lymphoma, hepatitis or autoimmune disease (Auwaerter, 1999). In patients who are heterophile antibody positive but have features atypical of IM, tests for EBV-specific antibodies might be indicated: the absence of viral capsid antigen IgM antibody (present in the first 6 months after acute EBV infection) would suggest a pathological process other than EBV. For example, EBV-specific serology should be considered in heterophile antibody positive patients over 40 years as only 3–10% this population have never been infected with EBV (Auwaerter, 1999).

Philip T Murphy
Consultant Haematologist
Department of Haematology
Royal Shrewsbury Hospital Trust
Shrewsbury SY3 8XQ

Auwaerter PG (1999) Infectious mononucleosis in middle age. *JAMA* **281(5):** 454–9

Linderholm M, Boman J, Juto P, Linde A (1994) Comparative evaluation of nine kits for rapid diagnosis of infectious mononucleosis and Epstein-Barr virus-specific serology. *J Clin Microbiol* **32(1):** 259–61

Correction

In the article *Computed tomography colonography* (Vol 62(12), 2001, p. 740) an error was introduced at the subediting stage. In the section on roles of CT colonography the sign < was incorrectly changed to 'more than'. The correct sentence was: ...the 'dwell time' for a polyp to turn to cancer is estimated at about 10 years for a polyp <1 cm in size... We would like to apologise for any confusion caused by this.