SHORT CUTS

ALL YOU NEED TO READ IN THE OTHER GENERAL JOURNALS

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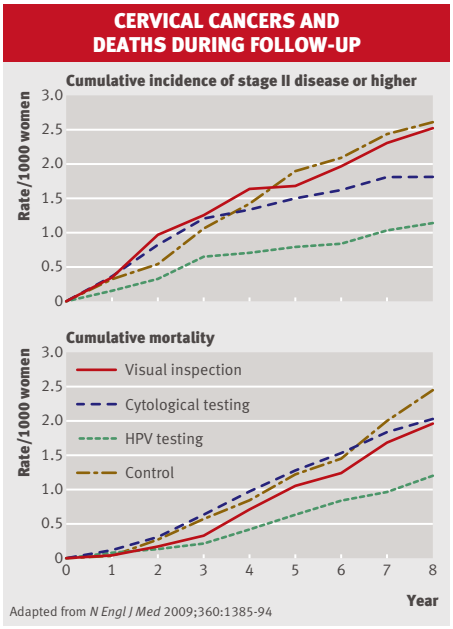
HPV test is best for a single round of cervical cancer screening in India



Most developing countries cannot afford the luxury of repeated rounds of screening for cervical cancer, so in 1999 researchers in India began a trial to compare three different screening tests, done just once in women aged 30-59: a test for human papillomavirus (HPV) infection, a visual inspection of the cervix with acetic acid, or cytology.

The HPV test worked best. In the eight years after a single round of screening and treatment, women screened with an HPV test were significantly less likely to develop advanced cancer (hazard ratio 0.47, 95% CI 0.32 to 0.69) and significantly less likely to die from cervical cancer (0.52, 0.33 to 0.83) than unscreened controls. Visual inspection and cytology did not help prevent advanced cancers or deaths in this trial. In all groups, women who tested positive were offered colposcopy, biopsy, and appropriate treatment of all detected lesions. One in 10 women screened positive for HPV (2812/27 192).

HPV tests are currently more expensive than other tests, although affordable options are on the way. These could and should be incorporated into simple screening strategies that need minimal infrastructure, says a linked editorial (p 1453). Developed nations should also think carefully about switching from primarily cytology based screening strategies to HPV based strategies for older women. HPV infections are often benign and self limiting in younger women.

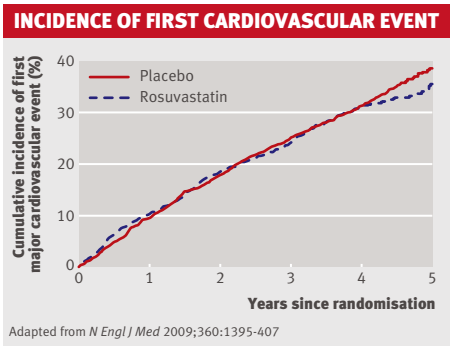
N Engl J Med 2009;360:1385-94

People on haemodialysis get no cardiovascular benefit from statins

People on maintenance haemodialysis have a high risk of cardiovascular events and the search is on for a safe way to protect them from this lethal companion to end stage renal disease. Statins now join the long list of interventions that have fallen by the wayside, after rosuvastatin failed to protect patients from heart attacks, strokes, or death from cardiovascular disease in a placebo controlled trial (hazard ratio for rosuvastatin *v* placebo 0.96, 95% CI 0.84 to 1.11). All participants were over 50. About a quarter had diabetes, and about 40% had pre-existing cardiovascular disease. Rosuvastatin worked no better than a placebo for anyone, although it reduced serum concentrations of low density lipoprotein cholesterol by a mean of 43% from a baseline of 2.6 mmol/l.

The trial was large (n=2776) and just powerful enough to exclude a clinically meaningful effect, says an editorial (p 1455). The most likely explanation for the disappointing results is that statins simply don't work in these patients—probably because their heart disease has an unusual aetiology that doesn't respond to cholesterol lowering treatments. People on maintenance haemodialysis tend to have left ventricular hypertrophy and aortic calcification, rather than the atheromatous heart disease encountered in the general population.

N Engl J Med 2009;360:1395-407



US medical associations must cut ties with industry or lose public trust

Many opinion leaders in the US believe that the complex web of interactions between the drugs industry and professional medical associations is undermining scientific integrity, safe health care, and public trust in the profession. A purge is long overdue, and one group of authors recently set out in the clearest possible terms how associations should go about doing this. Their recommendations include working towards a ban on all industry funding, except for revenue from journal advertising and exhibition stands at meetings (which must be placed out of the way, so delegates are not forced to walk past them); systematic separation of all association output from linked marketing—no logos, gifts, pens, notepads, tote bags, or lunches at meetings; no sponsored supplements, no satellite symposiums, no industry funding for research or training if it comes with strings attached, and no funding at all for practice guidelines.

Professional medical associations set clinical and ethical standards for members and the wider public, say the authors. They need strict and transparent competing interest policies governing all their activities. Key decision makers, including members of the board of trustees, should sever all ties with industry during their term of office. Many associations will have to reform their operations from top to bottom to achieve these standards, say the authors. But sacrifices must be made to restore public trust.

JAMA 2009;301:1367-72

Deferring treatment of HIV may cost lives

Early treatment of HIV infection could be making a comeback after a new study showed that people treated earlier in the course of their infection live longer that those treated only when their CD4 count

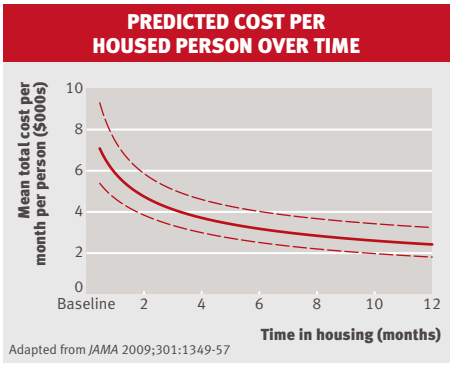
falls below a certain threshold. Guidelines currently recommend deferred treatment in an attempt to limit toxicity and control the emergence of resistance.

Randomised trials would be difficult, so the authors looked instead at what happened to 17 517 adults from the US and Canada who were first treated between 1996 and 2005. Those who deferred treatment until their CD4+ count fell below either 500 or 350 cells/mm^3 had significantly higher mortality than adults treated at higher cell counts (relative risk 1.94 (95% CI 1.37 to 2.79) *v* 1.69 (1.26 to 2.26)). The excess mortality persisted after multiple adjustments for baseline differences between people treated earlier or later in the course of their infection—adults treated later were more likely to be injecting drug users and to have hepatitis C infection, for example. In both groups, most deaths were caused by hepatic disease, renal disease, cardiovascular disease, or cancer, not AIDS defining illnesses.

Prompt treatment of HIV with antiretroviral drugs probably controls viral replication faster and helps prevent enduring or even permanent damage to the immune system, say the authors. About three quarters of the adults in this study had their treatment deferred.

N Engl J Med 2009; doi:10.1056/NEJMoa0807252

Housing the homeless reduces alcohol misuse and saves money



A controversial housing programme in Seattle, USA, could be saving public authorities thousands of dollars a month housing homeless people with intractable alcohol problems, according to a new trial. Unlike other housing programmes, "Housing First" does not require residents to stop drinking or agree to medical treatment. In this trial, participants who were housed did cut their drinking more than controls on the waiting list, but the biggest difference was in their use of public health services. Medicaid bills fell significantly and contributed a large proportion of the cost savings, which totalled $2449 (£1679; €1837) per person per month over six months.

The authors deliberately targeted people with severe problems. The 134 participants had been homeless for around two decades, and they had multiple mental and physical illnesses in addition to chronic alcohol misuse. It would have been unethical to allocate housing randomly, so these authors housed all eligible people until their rooms were full, then put everyone else on a waiting list. Additional analyses matched the two groups using propensity scoring, and the results were the same—housing with no strings attached halved costs in the short term and medium term by reducing the use of expensive crisis services, such as emergency departments and jails.

JAMA 2009;301:1349-57

Rosuvastatin may help prevent deep vein thrombosis in older adults

Last year, a major drug trial reported that rosuvastatin helps protect healthy older people from cardiovascular events, including heart attacks and strokes. Further results from the same trial now suggest that rosuvastatin may also reduce the risk of venous thromboembolism. Researchers originally randomised nearly 18 000 older men and women with no history of cardiovascular disease to take a placebo or 20 mg a day of rosuvastatin. The trial was terminated after just two years, but in that time 34 of the 8901 people given the statin had a first symptomatic episode of venous thrombembolism compared with 60 of 8901 controls (hazard ratio 0.57, 95% CI 0.37 to 0.86). The difference was caused by a reduction in symptomatic deep vein thrombosis. Rosuvastatin had no effect on the risk of pulmonary embolus. Just under half (44/94) the venous thromboses were associated with cancer, trauma, hospital admission, or surgery. The trial was paid for by AstraZeneca.

Venous thromboembolism was not the trial's main focus, and these exploratory results need independent confirmation. We don't yet know how or why statins have this effect, and it may not generalise beyond the select population in this trial. One third of the participants were obese, 42% had the metabolic syndrome, and 41% had a serum C reative protein concentration of at least 5.0 mg/l.

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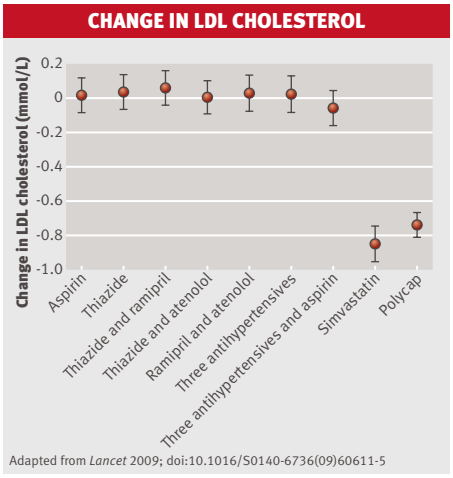
An encouraging start for the polypill



Researchers chasing the dream of a polypill that controls multiple cardiovascular risk factors have tested one pill that combines five drugs in middle aged adults from India. Polycap—which contains simvastatin 20 mg, thiazide 12.5 mg, atenolol 50 mg, ramipril 5 mg, and aspirin 100 mg—lowered blood pressure, reduced concentrations of low density lipoprotein (LDL) cholesterol, and impaired platelet activity to broadly the same extent as its components. The trial had nine arms, which allowed detailed comparisons to be made between the polypill and its separate antihypertensive, antiplatelet, and cholesterol lowering elements. The only unexpected result was that Polycap wasn't quite as good as simvastatin alone at lowering LDL cholesterol concentrations. (0.7 mmol/l (95% CI 0.62 to 0.78) *v* 0.83 mmol/l (0.72 to 0.93); P=0.04). It seemed to be well tolerated and no serious side effects emerged. The 2053 participants had a mean age of 54, no history of cardiovascular disease, and at least one risk factor such as diabetes, obesity, or smoking.

This trial lasted just 12 weeks and was too small to test the polypill's effects on death or disease, but the general approach looks feasible, and it is certainly appealing, says a linked comment (doi:10.1016/S0140-6736(09)60652-8). Larger, longer trials are justified.

The ultimate goal is a magic bullet to prevent heart disease and stroke in a broad population. Quite how this pill or others like it would work in real life where people have different combinations of risk factors and need different drug doses isn't yet clear.

Lancet 2009; doi:10.1016/S0140-6736(09)60611-5

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