



RESEARCH, p 15

## NEWS

- General practice needs investment to provide more services, says BMA  
Care of dying review shows shortcomings in palliative care
- Government denies that introduction of Better Care Fund will be delayed  
Waste in medical academia must be addressed, Chalmers urges at The BMJ Awards ceremony
- Newborn babies will be tested for more disorders  
Women from Northern Ireland have no right to free abortions in England
- First patient with MERS in US recovers, but number of cases shows a sharp rise  
Surgeon gives patient a vasectomy by mistake  
Two thirds of British public think spending on NHS should increase
- Labour would divert £100m from NHS revamp into primary care  
Easy stem cell production published in Nature "does not work"



## RESEARCH

### RESEARCH PAPERS

- Comparative effectiveness of long term drug treatment strategies to prevent asthma exacerbations: network meta-analysis  
Rik J B Loymans et al  
EDITORIALS, p 7
- Quantification of risk factors for herpes zoster: population based case-control study  
Harriet J Forbes et al
- Long term maintenance of weight loss with non-surgical interventions in obese adults: systematic review and meta-analyses of randomised controlled trials  
S U Dombrowski et al
- Screening women for intimate partner violence in healthcare settings: abridged Cochrane systematic review and meta-analysis  
Lorna J O'Doherty et al

## COMMENT

### BMJ CONFIDENTIAL

- Alistair Burns  
professor of old age psychiatry at the University of Manchester and national clinical director for dementia at NHS England, replies to the *BMJ's* questions about work, life, and less serious matters



## EDITORIALS

- Maintenance treatment for adults with chronic asthma  
Christopher Cates  
RESEARCH, p 12
- Poverty in the United Kingdom: from bad to worse  
Graham Watt
- Collecting data on female genital mutilation  
Katrina Erskine
- Why schools should promote students' health and wellbeing  
Chris Bonell et al
- Adverse effects of statins  
Fiona Godlee

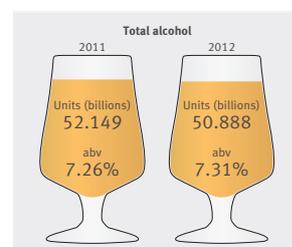


## FEATURES

- Is the billion unit pledge just window dressing?

Last month the government announced that the alcohol industry was a quarter of the way to meeting

its pledge to reduce alcohol consumption by a billion units, but what do the figures tell us about industry intentions? Jonathan Gornall investigates



## ANALYSIS

- Operating to remove recurrent colorectal cancer: have we got it right?

A randomised controlled trial that remained unpublished for 20 years casts doubt on the survival benefit of further surgery after curative resection of colorectal cancer. Tom Treasure and colleagues tell the story of the first trial to be analysed under the restoring invisible and abandoned trials initiative and discuss what it means today

Articles appearing in this print journal have already been published on [bmj.com](http://bmj.com), and the version in print may have been shortened. [bmj.com](http://bmj.com) also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on [bmj.com](http://bmj.com).

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2013; 346:f286.

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

**recycle**  
When you have finished with this magazine please recycle it.  
The *BMJ* is printed on 100% recycled paper (except the cover)



Joseph Larner, p 28

## COMMENT

## LETTERS

- 21 The "Saatchi bill"
- 22 Targets for dementia diagnoses
- 23 Fat and oil consumption

## OBSERVATIONS

## THE ART OF RISK COMMUNICATION

- 25 Breast cancer screening pamphlets mislead women  
Gerd Gigerenzer

## YANKEE DOODLING

- 26 The world's deadliest animal Douglas Kamerow

## PERSONAL VIEW

- 27 Declare incentives for non-white trial participants  
Arch G Mainous III



Who's in? p 27

## OBITUARIES

- 28 Joseph Larner  
Pharmacology chairman who held a lifelong research interest in the mechanisms of insulin activity
- 29 Solomon Leonard Barron; Basil Frank Clarke; David John Christopher Felton; Nicola Jane Gilbertson; James Francis Hanratty; Maurice George Philpott

## LAST WORDS

- 39 Who pays this doctor? It's time patients knew  
Margaret McCartney  
*BMJ* blog of the week: General practitioners should give up their independent contractor status and become NHS employees  
Azeem Majeed

## EDUCATION

## CLINICAL REVIEW

- 30 Managing common breastfeeding problems in the community  
Lisa H Amir



Good attachment, p 30

## PRACTICE

## THERAPEUTICS

- 35 Procedural sedation and analgesia for adults in the emergency department  
Paul Atkinson et al

## ENDGAMES

- 38 Quiz page for doctors in training

## MINERVA

- 40 Low carb diets, and other stories

**BMJ** Informatica  
Contract+

*Delivering better healthcare outcomes*

MAKE THE MOST OF THE  
QOF RULESETS AND  
ENHANCED SERVICES



**Contract+ makes it easier for your practice to maximise QOF performance and practice income whilst enabling clinicians to deliver best patient care.**

**FIND OUT MORE**

Call 020 7383 6608 or visit  
[informatica.bmj.com/contract-plus](http://informatica.bmj.com/contract-plus)



17 May 2014 Vol 348

The Editor, *BMJ*  
 BMA House, Tavistock Square,  
 London WC1H 9JR  
 Email: editor@bmj.com  
 Tel: +44 (0)20 7387 4410  
 Fax: +44 (0)20 7383 6418

**BMA MEMBERS' ENQUIRIES**  
 Email: membership@bma.org.uk  
 Tel: +44 (0)20 7383 6955

**BMJ CAREERS ADVERTISING**  
 Email: sales@bmjcareers.com  
 Tel: +44 (0)20 7383 6531

**DISPLAY ADVERTISING**  
 Email: sales@bmjgroup.com  
 Tel: +44 (0)20 7383 6386

**REPRINTS**  
 UK/Rest of world  
 Email: ngurneyrandall@bmjgroup.com  
 Tel: +44 (0)20 8445 5825  
 USA  
 Email: mfogler@medicalreprints.com  
 Tel: +1 (856) 489 4446

**SUBSCRIPTIONS**  
 BMA Members  
 Email: membership@bma.org.uk  
 Tel: +44 (0)20 7383 6955  
 Non-BMA Members  
 Email: support@bmjgroup.com  
 Tel: +44 (0)20 7111 1105

**OTHER RESOURCES**  
 For all other contacts:  
 resources.bmj.com/bmj/contact-us  
 For advice to authors:  
 resources.bmj.com/bmj/authors  
 To submit an article:  
 submit.bmj.com

The *BMJ* is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors ([www.wame.org/wamestmt.htm#independence](http://www.wame.org/wamestmt.htm#independence)) and the code on good publication practice produced by the Committee on Publication Ethics ([www.publicationethics.org.uk/guidelines/](http://www.publicationethics.org.uk/guidelines/)).

The *BMJ* is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement. To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the *BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2014 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly.

Printed by Polestar Limited



## PICTURE OF THE WEEK

One of a series of photographs on the subject of domestic violence that won Sara Naomi Lewkowicz the 2014 L'Iris d'Or/Sony World Photography Award for photographer of the year. Her series takes an "unflinching look at domestic abuse as a process, as opposed to a single incident, examining how a pattern of abuse develops and eventually peaks, as well as its short and long-term effects on victims, their families, and their abusers."

## RESPONSE OF THE WEEK

When influential non-medical publications such as the *Financial Times* are happy to make strong recommendations on important and controversial health issues, *The BMJ* and other public interface medical journals do not best serve the public interest by presenting information in a purely disinterested and dispassionate way. Today, balance requires us to speak up rather than shut up: activism may have its risks but passivism will ultimately harm our patients.

Claire Lister, CT2 anaesthesia, and Mark Davies, consultant, Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool, UK, in response to "The *BMJ*'s activism will ultimately harm its reputation" (*BMJ* 2014;348:g2976)

## MOST READ

The survival time of chocolates on hospital wards: covert observational study  
 Qualitative research methodologies: ethnography  
 PLAB and UK graduates' performance on MRCP(UK) and MRCPG examinations: data linkage study  
 Bad medicine: gabapentin and pregabalin  
 Anticoagulation in atrial fibrillation

## BMJ.COM POLL

Last week's poll asked: "Is there such a thing as humane capital punishment?"

**70%** voted no  
 (total 844 votes cast)

▶ [BMJ 2014;348:g2670](#)



This week's poll asks:

"Should the NHS in England fund abortions for women from Northern Ireland?"

▶ [BMJ 2014;348:g3211](#)

▶ [Vote now on bmj.com](#)

## EDITOR'S CHOICE

## Colorectal cancer: a cautionary tale

**The story of how Treasure and his colleagues discovered the abandoned data is worth reading. Future patients may well be in their debt**

► To receive Editor's Choice by email each week, visit [www.bmj.com/newaccount](http://www.bmj.com/newaccount)

## Twitter

► Follow the editor, Fiona Godlee, at [twitter.com/fgodlee](https://twitter.com/fgodlee), and the *BMJ* at [twitter.com/bmj\\_latest](https://twitter.com/bmj_latest)



## Sign up today using your smartphone

—follow these steps:

- Download a free QR reader from your handset's app store
- Hold your smartphone over the QR code
- You will then be forwarded to the email sign up page

This week our sister journal *BMJ Open* publishes a report of a trial that was stopped early in 1993 and was never published.<sup>1</sup> The report, by Tom Treasure and colleagues, is one of the first outputs of the “restoring invisible and abandoned trials” (RIAT) initiative, launched in an article in *The BMJ* last year.<sup>2</sup> And in this week's journal, Treasure and colleagues tell us the story of the trial, what its abandonment meant for the way clinical practice developed in the intervening years, and what its restored findings mean today (p18).<sup>3</sup>

The trial sought to discover whether patients who had had a colonic cancer resected could be spared routine “second look” surgery and might survive longer if they had regular monitoring of the tumour marker carcinoembryonic antigen (CEA). Second look surgery, by which patients underwent laparotomy and, if necessary, further resection every six months or so, was the standard of care, but it carried the risk of operative morbidity and mortality. It was thought that patients with raised CEA levels might be spared this unnecessary surgery.

The trial started in 1982. By 1993, it had randomised 216 patients with raised CEA levels to either immediate second look surgery or regular clinical review and intervention, if needed. At that stage the data monitoring committee decided it was highly unlikely that any survival benefit would be shown and stopped the trial. As Treasure and colleagues explain, when the trial was unblinded it was found that there were slightly more deaths in the active arm than in the control arm.

This important finding remained unpublished for 20 years. Instead, the treatment of patients with colorectal cancer was guided by observational studies, registry data, and case series. CEA testing after

curative resection became the norm, and detection and resection of liver and lung metastases is now commonplace. The practice has not gone undisputed over the years. Claims that metastasectomy increased five year survival by up to 25% led surgeons at the Mayo Clinic in the United States to publish a power calculation showing that they would need to randomise only 36 patients to confirm an effect. But further trials were hampered by the view that it would be hard to get ethical approval or informed consent to randomise patients to no treatment if they had resectable metastases.

The story of how Treasure and his colleagues discovered the abandoned data is worth reading. It took them five years to extract, analyse, and write up the results. Future patients may well be in their debt. Their updated analysis confirms that there is “no hint of a survival advantage associated with knowledge of the CEA.” The Follow-up Associated with Colorectal Surgery (FACS) trial, recently published in *JAMA*,<sup>4</sup> confirmed the lack of survival benefit, finding a higher death rate in patients who were intensively monitored.

This cautionary tale shows yet again that we can't rely on observational data to decide whether a treatment is effective, that we should nurture rather than dismiss clinical uncertainty and scientific equipoise, that randomisation should be our default setting, and that all trials should be registered and all results reported, as the AllTrials campaign urges ([alltrials.net](http://alltrials.net)).

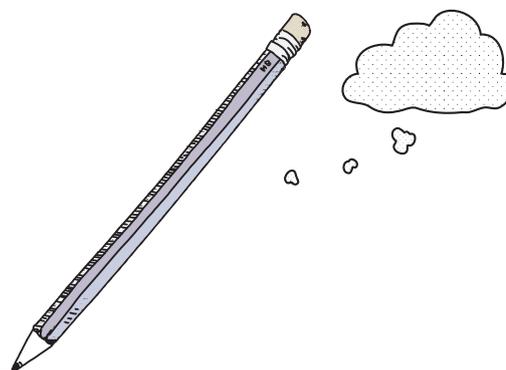
References are in the version on [bmj.com](http://bmj.com)

**Fiona Godlee, editor in chief, *The BMJ***  
[fgodlee@bmj.com](mailto:fgodlee@bmj.com)

Cite this as: *BMJ* 2014;348:g3311

## Author submissions Get published

Have you ever thought about submitting your work to one of the most respected general medical journals in the world? Think no longer—here's your chance. Find out how you can get your research published in the *BMJ* today.



Visit

[bmj.com/authors](http://bmj.com/authors)

**BMJ**