INVITATION TO READ

In this part of the Iraqi New Medical Journal, the Editorial board is providing few articles from the international medical journals. We will comment on the results of these articles trying to connect them to our Iraqi situation. Our few remarks will not, by any way, replace the need for readers to read the original article to gain the full benefit. You will find the details of the resources from which the articles have been published.

Title of the article: Six screening tests for adults:What's recommended? What's controversial?
Author/s: Craig Nielsen, MD, Associate Professor, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University,Cleveland, OH; Department of Internal Medicine,Cleveland Clinic
Journal: Cleveland Clinic Journal of Medicine 2014; 81(11):652-655.

Screening Tests in Medical Guidelines

It is always fascinating to detect a disease in its early stage, especially in malignant diseases where staging is remarkably affect prognosis. Many studies have been conducted to define the best test and the best situation to screen a disease; however, controversies are still existed to have a single agreed upon recommendations. Many still argue that screening cancer is not out of harm as it is not always detection of cancer will eventually lead to improve survival; in addition, most of the patients underwent screening will suffer psychological and economic burden due to detection of benign lesions or very indolent lesions that have no consensus about its treatment.

CRAIG NIELSEN, in his article "Six screening tests for adults: What's recommended? What's controversial?", published in Cleveland Clinic Journal of Medicine 2014; 81(11):652-655, summarises guidelines from the US Preventive Services Task Force (USPSTF) and other recommending bodies for screening for six diseases: abdominal aortic aneurysm and cancers of the colon, cervix, lung, breast, and prostate.

Abdominal aortic aneurysm: It is recommended to screen smoker, aged 65-75 year by abdominal ultrasound once in lifetime.

Cancer of the lung: The recommendation is to have annual screening by low dose chest CT for person who is 55-80 year-old, has a history of current smoking of 30 packs per year. Screening should be continued for 15 years post quitting.

For colonic cancer the author write down the recommendations of the USPSTF and that of American Cancer Society 2013. Both recommend screening after age of 50 years, but they are different in identifying the upper limit of age to be involved and the type of procedure recommended.

Cervical cancer screening recommendations are fairly uniform among the major organizations. Usually we depend on cytology and human papillomavirus tests.

For breast cancer and prostatic cancer are many controversies among different societies and bodies.

For more details about these recommendations you are invited to read the full article Cleveland Clinic Journal Of Medicine 2014; 81(11):652-655.

Title of the article: Coronary Revascularization in Diabetic Patients: A Systematic Review and Bayesian Network Meta-analysis
Author/s: Benny Tu, MBBS; Ben Rich, PhD; Christopher Labos, MD, CM, MSc; and James M. Brophy, MD, PhD
Journal: Ann Intern Med. 2014;161(10):724-732

CABG Versus PCI in Diabetic Patients;

which one is better? This hot debate seems to favor CABG, specially when long term outcome is sought. This is according to results of a systematic reviews and meta-analysis. Yet the optimal revascularization technique in diabetic patients remains uncertain. This is according to Dr. James M. Brophy from McGill University Medical Center and the Royal Victoria Hospital in Montreal, Quebec, Canada. Where recently he and his team published an article in ANNNALS OF INTERNAL MEDICINE (Ann Intern Med 2014;161;724-732.) using systematic reviews and meta-analysis of 40 published trials to compare CABG with PCI using bare-metal stents (BMS) or drug-eluting stents (DES). They used three primary end points (death,MI,strock) to compare the outcomes between the studies. The primary endpoints were 40% more likely with PCI-DES than CABG, and the risk of mortality was 65% higher with PCI-DES than with CABG. Likewise PCI-BMS was associated with a 36% increase in the primary composite endpoint, compared with CABG. Collectively speaking PCI increased the primary composite endpoint by 33% and total mortality by 44%, compared with CABG according to all the evidence from the randomized trials in the network meta-analysis which was used by Dr.Brophy's team. Similarly, a study published in the International Heart Journal in October, Dr. Francesco Nicolini and colleagues from Universita degli Studi di Parma, Parma, Italyreached the same conclusion which is CABG should remain the standard of care for diabetic patients with multivessel coronary artery disease. He Strongly confirmed by Hi study study ThatCABG is preferred for the most favorable long-term outcomes in high-risk SYNTAX Score patients without high surgical risk, Yet both researchers agreed that still there is a place for PCI in diabetic patient with multivessel disease specially when the patient have high risk for surgery Or low severity of coronary lesion. Cite this article: CABG May Be Preferred for Revascularization in Diabetics. Medscape. Nov 19, 2014.

Title of the article: European Association for the Study of the Liver : EASL Clinical Practice Guidelines: Management of hepatitis C virus infection
Author/s: **European Association for the Study of the Liver**
Journal: Journal of Hepatology 2014;60:392–420.

Treatment of Hepatitis C virus : A rapidly evolving evidence

The World Health Organization estimates the global prevalence of chronic infection with hepatitis C virus (HCV) to be 3%, with wide epidemiological variation.

Clinical care for patients with HCV-related liver disease has advanced considerably during the last two decades, thanks to an enhanced understanding of the pathophysiology of the disease, and because of developments in diagnostic procedures and improvements in therapy and prevention. In spite of that Interferon-based therapy has many drawbacks, such as poor tolerance and marginal response. On January 2014, the European Association for the study of the liver released their clinical practice guidelines on HCV management1. They stated the completion of phase III development of two protease inhibitors and their registration in Europe and elsewhere. On October 2014, the American Association for the study of liver diseases released their Recommendations for Testing, Managing, and Treating Hepatitis C that included sofosbuvir and simeprevir in the initial treatment or interferon failures in genotypes 1,2 and 3.2

The global burden of HCV lead to such fast development of evidence and implementation of these guidelines.

1. European Association for the Study of the Liver : EASL Clinical Practice Guidelines: Management of hepatitis C virus infection. Journal of Hepatology 2014 vol. 60 j 392–420

2.Recommendations for Testing, Managing, and Treating Hepatitis C . American Association for the study of liver diseases. Accessed October 2014

Title of the article: Withdrawal of Inhaled Glucocorticoids and Exacerbations of COPD
Author/s: Helgo Magnussen, M.D., Bernd Disse, M.D., Ph.D., Roberto Rodriguez-Roisin, M.D., Anne Kirsten, M.D., Henrik Watz, M.D., Kay Tetzlaff, M.D., Lesley Towse, B.Sc., Helen Finnigan, M.Sc., Ronald Dahl, M.D., Marc Decramer, M.D., Ph.D., Pascal Chanez, M.D., Ph.D., Emiel F.M. Wouters, M.D., Ph.D., and Peter M.A. Calverley, M.D. for the WISDOM Investigators
Journal: N ENGL J MED 2014;371(14):1285-1294

Inhaled Glucocorticoids and Exacerbations of COPD

With each exacerbation of COPD we are urged to use inhaled glucocorticoids in addition to the long acting Beta agonists and anticholinergics. There is a trend to continue on inhaled steroids after successful management of the acute episode but still the benefit on long term run is not well established in the view of preventing future exacerbations.

The Withdrawal of Inhaled Steroids during Optimized Bronchodilator Management (WISDOM) trial, reported in the New England Journal of medicine address the issue of stepping-down in patients with moderate-to-severe COPD.

The key message for continuing glucocorticoid therapy in patients who are also taking long-acting bronchodilators should be based on symptomatic improvement attributable to the glucocorticoid rather on the prevention of exacerbations.

Title of the article: Strategies to improve drug development for sepsis
Author/s: Mitchell P. Fink and H. Shaw Warren
Journal: Nature Reviews Drug Discovery 2014;13:741–758

How to improve drug development for sepsis Management?

Sepsis is a life-threatening inflammatory disorder and the immune system's response to infection. It affects more than 750,000 persons annually, with a prevalence of three cases per 1,000 persons. Advances in pharmacotherapy and supportive care have improved survival rates; however, mortality rates remain between 25% to 30% for severe sepsis and 40% to 70% for septic shock.1

Currently there is no specific therapeutic agent approved for the treatment of sepsis. To improve upon these dismal records in fatalities and management, investigators will need to identify more suitable therapeutic targets, improve their approaches for selecting candidate compounds for clinical development and adopt better designs for clinical trials.

This review of Nature drug discovery tries to find better targets through more understanding of pathophysiology or to have better study designs.

1. ROBERT L. GAUER. Early Recognition and Management of Sepsis in Adults: The First Six Hours. Am Fam Physician. 2013 Jul 1;88(1):44-53.