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Indwelling pleural catheters versus chest tube and talc pleurodesis in malignant pleural effusion

Malignant pleural effusion causes dyspnoea in more than 1 million people annually and current guidelines recommend chest tube insertion and talc slurry as first-line treatment.

This unblinded randomised controlled trial aimed to determine whether indwelling pleural catheters (IPCs) are more effective at relieving dyspnoea in patients with malignant effusions than chest tube and talc pleurodesis. One hundred and six patients were recruited from 7 UK centres between April 2007 and February 2011 and were followed up for a year.

The primary outcome was mean daily dyspnoea over the first 42 days as measured by the patients by a 100-mm line visual analogue scale measured by two independent researchers. The study showed that patient reported dyspnoea improved in both groups, but there was no significant difference between the IPC group and the talc group.

No significant difference between the groups was shown for chest pain for the duration of the trial, survival time up to a year or quality of life at any time point. Over 12 months the IPC group spent a median of 1 day in hospital compared with 4.5 days for the talc group. The IPC group was associated with an increase in adverse events (21 of 52) compared with talc (7 of 54). Cost analysis was not included but is currently in progress.

The authors concluded that there was no significant difference in patient reported dyspnoea between IPCs and talc pleurodesis. They suggested indwelling catheters did reduce hospital stay but were associated with increased adverse events.

► Davies HE, Mishra EK, Kahan BC, *et al.* Effect of an indwelling pleural catheter vs chest tube and talc pleurodesis for relieving dyspnoea in patients with malignant pleural effusion. The TIME2 randomised controlled trial. *JAMA* 2012;307:2383–9.

E Nuttall

Correspondence to E Nuttall, Respiratory Medicine, ST4, Royal Blackburn Hospital, Haslingden Road, Blackburn BB2 3HH, UK; eknuttall@doctors.org.uk

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