What's hot that the other lot got

Ben Soar

TO CT OR NOT CT IN UNPROVOKED VTE

This multicentre, open-label, randomised controlled study compared limited occult cancer screening (routine blood tests, chest X-ray and screening for breast, cervical and prostate cancer) and limited CT screening of the abdomen and pelvis in patients with unprovoked venous thromboembolism (VTE) (Carrier *et al*, *N Engl J Med* 2015;373:697–704). A total of 854 patients were recruited, with a malignancy rate of 3.9% (33 patients). There was no statistically significant difference on adding CT scanning to the limited screening process, with four cancers missed in the limited screening group and five cancers missed in the limited screening plus CT group. This is a helpful piece of evidence in an area with widespread variation in practice from centre to centre in the UK.

THROMBOCYTOPENIA IN ACUTE EXACERBATION OF COPD

It is known that mortality from pneumonia is increased in patients with thrombocytopenia (TP). This retrospective study reviewed the notes of 200 patients admitted with acute exacerbation of COPD (AECOPD) to see if TP affected mortality in AECOPD (Rahimi-Rad *et al*, *Pneumonol Alergol Pol* 2015;83:348–51). Fifty-five had TP, and, of these, 14 died (25%); mortality was 7.5% in the non-TP group. There were also significantly higher rates of ventilation in the TP group. This potentially makes platelet count a useful and readily available prognostic marker in AECOPD.

NOT QUITE AN APPLE WATCH

Diagnostic sleep studies are expensive, with limited access at most district general hospitals. This prospective observational study sought to determine if an established sleep apnoea questionnaire (STOP-BANG) and wrist-worn oximetry data could provide high positive predictive value in obstructive sleep apnoea (OSA) (Kunisaki *et al*, *Sleep Breath* 2015). An oxygen desaturation index (ODI) of >7/h was found to

have a positive predictive value of >95% compared with a respiratory desaturation index of >15/h. In conclusion, it was felt that, in a patient population with a high prevalence of OSA, a high ODI is strongly predictive and could significantly reduce the number of patients requiring diagnostic sleep studies.

MOLECULAR TESTING FOR TARGETED THERAPY IN ADVANCED NON-SMALL-CELL LUNG CANCER

Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is now frequently used in the diagnosis of lung cancer. This study compared the yield and applicability of molecular testing of specimens obtained by EBUS-TBNA from patients with non-small-cell lung cancer (Casadio *et al*, *Am J Clin Pathol* 2015;144:629–34). The results were compared against a cohort of patients who had undergone diagnostic surgical procedures at the same institution. Molecular testing was possible in 96.9% of samples obtained by EBUS-TBNA; there was no significant difference in the mutation profile of the EBUS and surgical groups. This study demonstrates that EBUS-TBNA is effective in diagnosis and mutational testing of lung cancer.

YOU WAIT FOR EBUS AND TWO STUDIES COME ALONG AT ONCE

Is there anything EBUS cannot do? Well, diagnosing TB isn't one of them. In this study, 44 patients with confirmed TB lymphadenitis were retrospectively reviewed as they had undergone EBUS-TBNA (Kiral *et al*, *Med Ultrason* 2015;17:333–8): 42 (95.4%) had a diagnosis of TB confirmed on EBUS. The diagnostic rate was 72% on cytology, increasing to 95% with mycobacterium culture. This study demonstrates that EBUS can diagnose TB as well as the importance of sending samples for mycobacterium culture.

ERADICATION THERAPY AGAINST PSEUDOMONAS AERUGINOSA IN NON-CYSTIC FIBROSIS BRONCHIECTASIS

This single-masked, randomised study included 35 patients with bronchiectasis and confirmed isolation of *Pseudomonas* (Orriols

et al, *Respiration* 2015). Each patient was treated for 2 weeks with intravenous ceftazidime and tobramycin. They were then randomised to 3 months of inhaled tobramycin (300 mg twice daily) or placebo and followed-up for 12 months. At 12 months, 54.5% of patients in the inhaled tobramycin group were free from *Pseudomonas*, with only 29.4% free in the placebo group. The number of exacerbations, hospitalisation and hospital length of stay were also lower in the tobramycin group.

β BLOCKERS ARE SURELY SAFE IN COPD

β Blockers are likely to reduce mortality and exacerbations in COPD despite unfounded historical concerns of inducing bronchospasm. This retrospective study investigated the impact of perioperative β blockers on complications in patients with COPD undergoing lung resection (Kamath *et al*, *Lung Cancer Int* 2015;204826). The number of patients included was 520, with 205 receiving β blockers and 315 not. The post-operative exacerbation rate was 5.4% in the β blocker group and 6.3% in the non-β-blocker group. Thirty-day mortality and intensive therapy unit admissions did not differ between the groups. This is further evidence that β blockers are not harmful in COPD and are potentially beneficial.

COCHRANE NEWSFLASH

Chong J, Haran C, Chauhan BF, *et al*. Intermittent inhaled corticosteroid therapy versus placebo for persistent asthma in children and adults. *Cochrane Database Syst Rev* 2015;7:CD011032. doi:10.1002/14651858.CD011032.pub2. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011032.pub2/abstract>

A Cochrane Review of trials in children and adults with mild persistent asthma showed that intermittent inhaled steroids (compared with placebo) used early in an exacerbation halved the chance of needing to take steroid tablets, but did not show a difference in hospitalisation rates or adverse events. There was one trial in adults and one in school-age children, so more are needed!

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