

**LANCE ARMSTRONG EFFECT**

The “Lance Armstrong effect” does not describe an ability to win multiple, gruelling Tours de France. Rather, it refers to the many patients, who, like Armstrong, have been successfully treated for their advanced metastatic testicular cancer. US researchers now suggest that a better understanding of this “effect” could help patients with other types of disseminated solid tumours, who generally do not do as well. They suggest the core reason for the effect may lie in the unusual thermal hypersensitivity of normal testicular germ cells and cancerous testicular cells — both have a propensity to die when at normal, instead of below normal, body temperature. The researchers also point out that the hyperthermia of fever can give a transient boost to immunity. Although hyperthermia, a very old form of cancer therapy, is not widely accepted as a cancer treatment, new types of thermal delivery systems are inviting another look. Targeted induced hyperthermia, achieved, for example, by applying external magnetic fields to heat up iron-containing nanoparticles or liposomes attached to tumour cell surface markers might help to enhance tumour responses to other cancer therapies.

*JAMA 2006; 296: 445-448*

**MALE CIRCUMCISION AND HIV**

Waiting lists for adult male circumcision continue to grow in South Africa, as news spreads about a single, randomised controlled trial.<sup>1</sup> The trial, conducted in South Africa and published last year, found that male circumcision could reduce the sexual transmission of HIV from women to men by about 60%.<sup>2</sup> Further trials are being conducted in Zambia and Kenya and are due to be completed in 2007. If these trials confirm the earlier findings, the problem of providing safe and effective circumcision services will become even more important. However, the largest potential problem may well be a false perception of security — circumcision may reduce, but it does not remove, the risk of transmission.

1. *Bull World Health Organ* 2006; 84: 509-511  
 2. *PLoS Med* 2005; 2: e298

**SURGICAL OUTREACH**

Concerns that specialist outreach clinics in remote communities would uncover an overwhelming burden of illness requiring hospitalisation seem to be unfounded, say Australian researchers. Gruen and colleagues studied three Indigenous remote communities in the Northern Territory from 1990 to 2001; each community received some visits from consultants in four surgical disciplines — general surgery, gynaecology, ophthalmology and ear, nose and throat — as part of the federally funded Specialist Outreach Service (SOS). Overall, 2339 new surgical problems presented in 2368 people, and there were 156 opportunistic presentations on outreach clinic days. However, while SOS improved access to (and completion of) consultations and procedures, there was no increase in elective referral rates for hospital outpatient clinics or for inpatient services.

*Lancet* 2006; 368: 130-138

**IN BED WITH DAME EDNA ...**

“As long as I keep the pill between my knees, it’s safe and it works”, quipped Dame Edna Everage on TV in the early 1980s, when then-TV doctor Richard Smith was being interviewed (in a bed) about a complex study which suggested certain contraceptive pills were linked with breast cancer. Dr Smith went on to become editor of the *BMJ* but never forgot the many challenges and lessons learned in his time with the mass media. At that time, journals were offhand about or even hostile to media coverage. Today, Smith notes that medical journals are courting the mass media with media releases to reach the public as well as their readership and to engage in the political process and increase citations. Smith believes that medical and health issues should be debated in the mass media and, further, that journals can offer a place for a higher level of debate — including for non-doctors.

*J R Soc Med* 2006; 99: 347-352

**KIDNEYS A-PLENTY**

A Spanish transplant centre has been able to initiate a pre-dialysis transplant program thanks to a surplus of kidney donors — principally, non-heart-beating donors. Since 1989, the Hospital Clínico San Carlos in Madrid, Spain, has been procuring kidneys from adults aged younger than 60 years of age who died suddenly of irreversible cardiac arrest outside the hospital. Declared dead by circulatory rather than neurological criteria, they were transferred to the hospital for the sole purpose of organ donation. Recipient data from 1989 to 2004 showed that kidneys from non-heart-beating donors had a slightly higher incidence of non-viable transplantation and of delayed graft function. However, 1- and 5-year graft survival rates were similar to those for transplants from heart-beating donors younger than 60 years of age (and better than rates for transplants from heart-beating donors older than 60).

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