

In other journals

16 JUNE



MOBILE MEDICO

With three-quarters of the world's population having no access to medical imaging, a group of US and Israeli researchers has set out to use mobile phone technology in the fight against disease in developing countries. Motivated by World Health Organization reports highlighting this alarming lack of access to affordable and reliable medical imaging technologies, researchers developed a system through which raw imaging data can be sent via mobile phone to a base where it can be processed and reconstructed to produce a medical image. The image can then be interpreted and reported back to the patient site. The potential feasibility of the system is promising, with the authors concluding that a standard commercial mobile phone can be used in both the data-collection phase and the display of results. They comment that this technology could decrease the complexity of operating imaging systems and make diagnostic and interventional imaging available in disadvantaged, non-industrialised countries.

PLoS ONE 2008; 3: e2075

BIOMARKERS MARK THE WAY

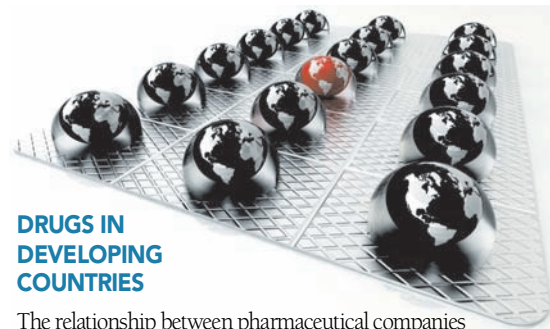
Multiple biomarkers from different diseases may be useful in predicting the risk of death from cardiovascular causes. Using data from a Swedish longitudinal study of older men, researchers determined levels of biomarkers such as troponin I, N-terminal pro-brain natriuretic peptide, cystatin C, and C-reactive protein. Measurement of these biomarkers appeared to improve the risk stratification for death from cardiovascular causes beyond assessment based on established risk factors for cardiac disease, such as cholesterol level, diabetes, smoking status, and body mass index. Moreover, the biomarkers remained useful for risk assessment in the subgroup of participants who did not have cardiovascular disease at baseline.

N Engl J Med 2008; 358: 2107-2116

BLOOD PRESSURE CONTROL — AGE IS NOT AN ISSUE

The benefits of reducing blood pressure are not limited to younger adults, according to the results of a large international meta-analysis of randomised trials. A total of 31 trials, involving over 190000 participants, were included in the study. Researchers aimed to determine if a difference exists between age groups (<65 v ≥65 years) in the effects of a reduction in blood pressure on cardiovascular events such as stroke, coronary heart disease, and heart failure, and on the incidence of death from these causes. The meta-analysis also looked at the effects of different drug classes on the major cardiovascular events in the two age groups. In contrast to some other published studies, the analysis did not show evidence for the selective use of particular classes of drugs according to the age of the patient. The authors comment that, due to the nature of the statistical analysis, their findings do not completely exclude the possibility of differences in the effectiveness of drug regimes between age groups, though such variances are likely to be minor.

BMJ 2008; 336: 1121-1123



DRUGS IN DEVELOPING COUNTRIES

The relationship between pharmaceutical companies and developing countries may be set to change from a largely charitable and cost-cutting exercise to a more even and mutually profitable partnership, according to a commentary in *The Economist*. In the past, protecting patents in places such as India and Brazil has been difficult, and pharmaceutical firms have been slow to invest research dollars into treating diseases in developing countries. New drug companies are emerging that aim to make licensing deals for branded drugs in developing countries, and some firms are now opening research centres in these areas, hopefully leading to an increase in local skill and research funding.

The Economist (online) 2008; 15 May

MESOTHELIOMA AND CHEMO

Patients with malignant pleural mesothelioma have traditionally been given few treatment options, with active symptom control (ASC) the main recommendation for management. The role of chemotherapy with ASC has been unclear, with little evidence of its benefit for survival or improved quality of life. In order to clarify the issue, British and Australian researchers have conducted a randomised controlled trial involving 409 patients with malignant pleural mesothelioma. Participants were randomly allocated to receive ASC alone (which could include steroids, bronchodilators, and palliative radiotherapy), or ASC plus a chemotherapy regime. The chemotherapy treatments consisted of either MVP (mitomycin, vinblastine, cisplatin) or vinorelbine alone. Results showed no apparent significant benefits in terms of survival or quality of life for the addition of chemotherapy to ASC. However, a small, non-significant increase in survival was noted in the group receiving vinorelbine, prompting the authors to suggest that this chemotherapeutic agent deserves further investigation in the treatment of this almost universally fatal malignancy.

Lancet 2008; 371: 1685-1694

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