

In brief



Dominick/Reuter/Reuters

A “Monster”-sized A1 Peppercorn Burger with Bottomless Steak Fries and a Monster Salted Caramel Milkshake, at a Red Robin restaurant in Foxboro, Massachusetts in the United States, was listed as the single unhealthiest meal in the 2014 Xtreme Eating Awards, run by the not-for-profit Center for Science in the Public Interest. The meal contains a total of 3540 calories, 3.5 days’ worth of saturated fat (69 g), and 4 days’ worth of sodium (6280 mg).

From NPS MedicineWise

Demystifying bioequivalence

Doctors are key to helping patients understand any real or perceived differences between different brands of medicines, but confusion still abounds among health professionals and consumers when it comes to choosing between alternative (or generic) brands of medicines.

The availability of alternative brands can lead to cost savings in the health system, and alternative brands represent an important choice for patients. Much of our work in this area over the past few years has been designed to improve health literacy and understanding about active ingredients in a marketplace where both innovator and generic brands of medicines are available, and to support safe and effective use of these medicines.

It is fair to say that there remains a perception that alternative brands are somehow inferior. While consumer confidence has increased over the past few years, there are still occasionally media reports or comments from prominent health professionals supporting a view that generics are of a lower standard.

The reality in Australia is that for generic medicines to be established as bioequivalent they must meet stringent standards for quality, and they are only approved by the Therapeutic Goods Administration if these standards are met.

NPS MedicineWise recently launched a freely available e-learning program, *Demystifying bioequivalence* (<http://learn.nps.org.au>). Produced for health



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undergraduates and practising health professionals, it addresses scientific and clinical questions about bioequivalence, explaining how alternative medicines are established as bioequivalent and approved for the Australian market. It is designed to help doctors support patients to understand why they might be offered a choice of medicines, and to answer questions that patients may have about medicine quality. The program debunks some of the myths that exist around bioequivalence and explores questions of the safety and effectiveness of alternative brands.

Bioequivalence is an area of great uncertainty. This program is designed to provide health professionals with a greater level of confidence and understanding. □

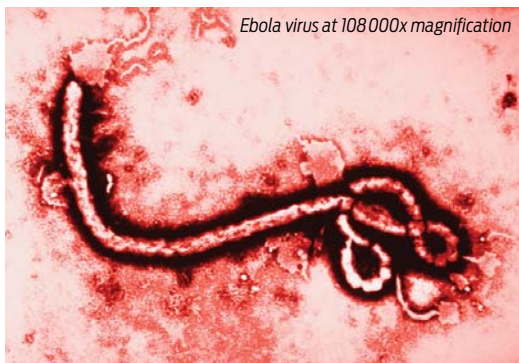
News

Tragic end to stem cell controversy

A coauthor of two controversial stem cell studies which have been retracted by *Nature* has committed suicide in the wake of the scandal, the *Japan Times* reports. Yoshiki Sasai, who was a supervisor and coauthor of stem cell researcher Haruko Obokata, publicly apologised for “research misconduct” when the retractions occurred. He was found in the stairwell of his employer, the RIKEN Center for Developmental Biology, alongside a suicide note. He was rushed to hospital but could not be revived. A reform panel had called for severe penalties for Obokata and Sasai.

Latest Ebola numbers out of West Africa

There have now been 887 deaths attributed to an outbreak



Ebola virus at 108,000x magnification

of the Ebola virus in West Africa, according to the **World Health Organization**. Guinea, Nigeria, Liberia and Sierra Leone are involved, with 163 cases since 31 July. Among the deaths are more than 60 doctors, **Reuters** reports. Two US staff from the charity Samaritan's Purse have been infected. One was flown home and has since improved. The other is on his way to Atlanta, Georgia, for further treatment. Mount Sinai Hospital in New York said it was testing a man who had travelled to West Africa recently. The World Bank has announced up to \$200 million in emergency assistance to the nations affected.

Less testosterone, more technology

Researchers at Duke University in the United States have found that a drop in testosterone in humans coincided with the development of tools and an interest in art some 50 000 years ago, *Medical News Today* reports. By studying ancient human skulls the researchers found that the heavier brows and long faces of earlier humans changed to softer, more rounded, more “feminine” features at about the same time. They theorise that lower testosterone levels led to humans becoming more sociable and cooperative, and less aggressive and competitive, using teamwork to make technological and societal advances.

Crowdsourcing to solve medical mysteries

A new online service called CrowdMed has emerged to help patients with hard-to-diagnose problems find a cure for what ails them, reports *Medscape*. Nearly 2000 retired doctors, nurses and other “medical detectives” put their collective knowledge together to help patients for a \$50 deposit which is refunded once the case is solved. CrowdMed founder Jared Heyman said he started the business after watching his sister suffer from a chronic undiagnosed condition. Critics worry that diagnosing without being able to examine the patient in person will lead to inaccuracy. CrowdMed claims to have solved more than 200 of the 400 cases submitted to them so far.

Cate Swannell doi:10.5694/mja14.n0818



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Suggested topic:

In light of recent media attention on anticoagulants, will your prescribing habits change and are the regulatory authorities doing enough?

What can be done to assist patients in rural and remote Australia to access optimal care for cancer?

Optimal treatment of cancer must always include the ready availability of appropriate surgery, radiotherapy and chemotherapy with the particular mix depending on the type of cancer. Accessing all three can be difficult in rural situations. Cancer patients are often forced to accept inferior treatment as they are financially unable to leave their home town for the extended period particularly required with radiotherapy. This is associated with inferior cancer cure rates. There must be continued effort to provide radiotherapy and medical oncology services in rural centres and further upgrades of transport and accommodation assistance, like the Isolated Patients Travel and Accommodation Assistance Scheme in New South Wales, if the statistically proven poorer cure rate of rural and regional cancer sufferers is to be corrected.

Stuart Porges

Retired General and Breast Cancer Surgeon, Orange, NSW

Country patients with head and neck cancer need multidisciplinary treatment, including oral surgery. If the cancer involves the jaws, tonsils, saliva glands or base of tongue, then the patient's dental status must be reviewed. Decayed teeth must be removed before radiotherapy and there is usually only a narrow window of opportunity before radiotherapy starts. If the teeth are overlooked because of the constraints on the system then the patient is at risk of radionecrosis of the jaw if teeth have to be removed after treatment. Mucositis is another post-treatment consequence and this needs dental support also. There is extremely limited dental specialist support for country patients.

Dr Evan Godfrey

Oral Surgeon, Sydney, NSW



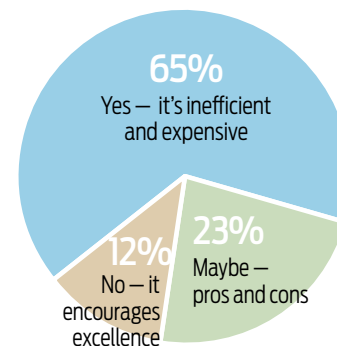
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MJA InSight Poll

Are there too many subspecialties in Australian medicine?

Total respondents: 107

Take part in next week's poll on:
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