

Read all about it... It can be awkward when a patient asks you about a report in their favourite tabloid detailing an amazing research breakthrough or a 'cutting-edge' new treatment / test and you don't know what they are talking about! So this section fills you in on the facts.

E-cigarettes DO inflict life-long damage on non-smokers' hearts that is similar to tobacco cigarettes

Mail Online – 20 September 2017

Just a quick mention of this story as a follow on to a previous article (from two issues ago) where I debunked some research that claimed e-cigarettes caused as much cancer as tobacco. I think it is important to be aware of these facts; I'm being asked often now by patients with high-risk non-muscle invasive bladder cancer if they can switch from tobacco to 'vaping' an e-cigarette and get benefit. This particular story references a research publication from UCLA that showed that if non-smokers used a nicotine containing

e-cigarette, it raised their heart rate. The researchers then make the link that chronically raised heart rate is associated with increased risk of a myocardial infarction. Surely though, the same research could easily have picked nicotine patches or gum. As with the previous story, this article is lacking balance. Whilst it is absolutely right that impressionable young people must be dissuaded from taking up a nicotine addiction, I fear some smokers will take this story as validation that it is pointless to try quitting.

'Game-changing' urine test called UroMark could spare invasive procedure for bladder cancer patients and save NHS millions

The Mail on Sunday – 9 September 2017

Again, another quick-fire story after we covered a similar story in the last issue. This story concerns development of a test called 'UroMark' which is being developed at UCL in conjunction with Professor John Kelly. The test is a micro-droplet PCR platform which analyses 150 epigenetic alterations in urinary sediment. Two trials are underway to

first validate its role in patients with haematuria and secondly in a cohort study as follow-up for patients with newly diagnosed high and low grade cancer. It is unlikely there will be a publication before 2020, but it is increasingly looking as though 'where there is a will, there is a way' and one day, 'flexi lists' may be consigned to the history books.

Treatment discovered for previously incurable prostate cancer

The Independent – 25 September 2017

The story concerns intensity-modulated radiation therapy (IMRT), something that has been discussed here for a couple of years now. IMRT is a technique that allows more accurate dose delivery to specific areas of tumour or, in this case, to lymph nodes. This story was picked up by most of the newspapers and is based on the publication of trial data from the Institute of Cancer Research and The Royal Marsden in the *International Journal of Radiation Oncology*. This was a Phase I/II study, enrolling 447 patients with advanced, localised cancer over a 10-year period. Different sub-groups of patients received differing radiation doses

to the pelvic lymph nodes, in addition to the prostate. The primary outcome was radiation toxicity, for which the results are extremely promising. The newspaper headlines however point towards the fact that 87% of men were alive after a median follow-up of eight years as the major finding. Clearly, though – this is more or less what you expect with standard treatment and the fact that all of the patients were on continuous androgen deprivation therapy. Reducing the toxicity of radiotherapy has been a constant battle since the outset and I have no doubt, as this research shows, that IMRT is the future of radiotherapy.

How faulty medical tests could deny YOU the antibiotics your body needs to fight infection

The Daily Mail – 4 September 2017

This story details the personal account of a young lady from Somerset who had suffered three urinary tract infections (UTI) in three years, but then upon going to see her new GP with similar symptoms was 'denied' antibiotics due to a negative urine dipstick test. Unfortunately, details are scarce in this story, but given the scale of the UTI issue (indeed the article notes that 1 in 20 women seeing a GP are seeking help for a presumed UTI) this story will be of interest to many patients. There was a publication in *Journal of Family Medicine and Primary Care* in 2015 which compared dipstick testing to midstream specimen of urine (MSU) test; when nitrite and / or blood and / or leucocyte esterase positivity was used as an indicator of UTI, dipstick testing is 74.02% sensitive. There is also plenty of evidence that our standard $>10^5$ cfu/ml cut-off for a significant MSU is too low; $>10^2$ cfu/ml has been validated in symptomatic women and the EAU advises $>10^3$ for diagnosing recurrent UTIs. The lady in this story does have a point – a 2001 study in the *Annals of Internal Medicine* showed that in females with recurrent UTI, 84% can accurately and reliably tell when they have a positive MSU, based on their symptoms. I do worry though that this story will do nothing to assist antimicrobial stewardship in the community.



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