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Longitudinal study on posttraumatic stress symptoms in adolescent children of a parent recently diagnosed with cancer

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Background: The diagnosis and treatment of cancer may cause substantial stress for children when a parent has cancer, and may be a traumatic experience for some of them. This study investigated the prevalence of posttraumatic stress symptoms (PTSS) in adolescents (aged 11−18 years) during the first year after the parent's cancer diagnosis, factors affecting PTSS (such as gender, age and cancer-related variables), concurrent associations between PTSS and emotional/behavioural problems, and prospective predictive effects of initial PTSS on later PTSS and emotional/behavioural problems.
Materials and Methods: Forty-nine adolescents (21 sons, 28 daughters, aged 11−18 years), 37 parents with cancer and 37 spouses completed questionnaires within 4 months after the parent's diagnosis (T1), and at six (T2) and twelve months (T3) after the first assessment. Sixty-two percent of the parents with cancer were women, and breast cancer was the most common diagnosis.
Results: Clinically-elevated PTSS were found in 29% of adolescents at T1, 16% at T2, and 14% at T3. Ten percent of the adolescents reported clinically-elevated PTSS at all assessments. Daughters seemed slightly more at risk than sons. Age was not significantly related to PTSS. Adolescent children of a mother with cancer reported similar levels of PTSS to those of a father with cancer. Intensity and length of the parent's treatment did not affect PTSS. Adolescents who suffered more PTSS reported also more emotional/behavioural problems. Parents with cancer and spouses observed fewer problems in adolescents with more PTSS than these adolescents did themselves. Initial PTSS was related to PTSS and emotional problems later on in the year, while behavioural problems were not.
Conclusions: PTSS were highest shortly after the parent's diagnosis and decreased over time. Adolescents with high initial distress were more at risk for later problems. Adolescents' and parents' reports on problems of adolescents with PTSS were discrepant.

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Meta-analysis of randomised comparisons between the effects of warfarin and low molecular weight heparin in thromboprophylaxis and mortality in cancer patients

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Introduction: The role of anticoagulants warfarin and low molecular weight heparin (LMWH) in the prophylaxis of venous thromboembolism (VTE) in cancer patients remains uncertain. A meta-analysis was performed to determine the effects of warfarin and LMWH on primary and secondary VTE rates and mortality.
Methods: Computerised searches in MedLine, NCI Trials Register, ISTH, ASCO and ASH proceedings and reference checks were carried out for papers from 1984 onwards, to October 2006. The inclusion criteria set were: RCTs; medical cancer patients; thromboprophylaxis; warfarin or heparin vs no treatment or placebo or warfarin (oral) vs heparin. Standard meta-analysis methods were utilised and results were presented as ORs and CIs with tests for interaction used to determine heterogeneity of treatment effect.
Results: 27 trials with 6320 patients were found to match the criteria; this included thromboprophylaxis in patients with central venous catheters (CVCs); some cancer data were extracted for patients from all disease trials if possible.
In 6 trials (n = 1667) of warfarin vs not, there was no clear evidence of a decrease in VTEs (OR = 0.72, CI = 0.49−1.06, p = 0.09) A total of 8 trials (n = 2344) had survival data: there was no clear benefit of a decrease in mortality with warfarin (OR = 0.92, CI = 0.82−1.02, p = 0.1)
In 7 trials (n = 2441) of LMWH vs not, VTE was reduced with the anticoagulant (OR = 0.62, CI = 0.44−0.89, p = 0.009) 5 trials (n = 1211) contained survival data and mortality was also reduced with LMWH (OR = 0.78, CI = 0.67−0.91 p = 0.002)
In 8 trials of LMWH vs oral anticoagulation (mainly warfarin), (n = 1179), VTE rates were less with LMWH (OR = 0.49 C = 0.35−0.69, p ⩽ 0001). No significant mortality benefit was observed with LMWH in 10 trials (n = 1100) (OR = 0.95, CI = 0.80−1.14, p = 0.6)
Conclusions: The results of these meta-analyses suggest that LMWH is the preferred form of prophylaxis for VTE in cancer patients and that overall, there may be an anti-tumour effect, leading to a survival benefit.

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Invasive acupuncture for radiotherapy-induced nausea and vomiting is not more effective than placebo acupuncture

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Treatment with acupuncture is, despite sometimes unclear evidence, increasing in curative and palliative cancer care. Acupuncture is used for indications such as pain and nausea, but for radiotherapy (RT) induced nausea it is still an unexplored treatment. For evaluation of the method, the use of sham acupuncture as a control treatment provides a tool resembling placebo for drugs.
Aim: To investigate whether acupuncture reduces nausea caused by radiotherapy in a patient group with a >50% risk of experiencing the symptoms (abdominal or pelvic region).
Method: 237 patients were randomised to invasive acupuncture (IA) or placebo acupuncture (PA) 30 min, 2−3 times/week during the whole RT period; md 5 weeks. IA was administered bilaterally to the point PC6 using an invasive needle and PA with a needle, which looks identical but is not pointed and is not fixed in its handle. When this comes into contact with the surface of the skin and gives a feeling of penetration it glides upwards in its handle and is therefore shortened, which gives an illusion that the needle has entered the tissue. Nausea and vomiting was documented in diaries and questionnaires under the entire treatment period as well as two and four weeks after radiotherapy.
Results: Of 215 evaluable patients, 110 received IA and 105 PA. Both groups stated that they believed that the treatment had been invasive and effective in reducing nausea. In group IA, 68% experienced nausea during radiotherapy for a mean number of 19 days. In group PA, 61% experienced nausea, for a mean number of 17 days. 24% and 28% of patients in the IA and PA groups experienced vomiting during the treatment period. Fifty eight patients received RT combined with chemotherapy (CT). Of those 23 (82%) in group IA and 24 (80%) in group PA experienced nausea, for a mean number of 19 and 13 days, respectively. There were no statistical significant differences between IA and PA in number of days with nausea or vomiting or in intensity of nausea, neither in those receiving RT alone or RT combined with CT. Both IA (66%) and PA (71%) groups stated a high interest in receiving acupuncture treatment if future RT would be needed.
Conclusion: This large, randomized study shows that manual invasive acupuncture 2−3 times/week is not more effective than placebo acupuncture in preventing radiotherapy-induced nausea. However, due to treatment satisfaction both groups were highly interested in receiving further treatment with acupuncture.

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Patient-level integrated analysis of data from 6 randomized, double-blind, placebo-controlled trials of darbepoetin alfa (DA) in patients (pts) with chemotherapy-induced anemia (CIA)

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Background: Individual multicenter, randomized, controlled trials (RCTs) have provided repeated evidence of efficacy and tolerability of erythropoiesis-stimulating agents (ESAs) in treating pts with CIA.
Materials and Methods: Pt-level data from 6 Amgen-sponsored, placebo (PBO)-controlled, RCTs of DA to treat CIA in pts with screening hemoglobin (Hb) ⩽11 g/dL, nonmyeloid malignancies, ⩾1 prior chemotherapy (CTX) cycle, and additional planned CTX cycles. Data for individual pts who received ⩾1 dose were combined into pooled analysis sets according to randomized group. To account for differences in study durations,