

WHTH Publications 2023

Title: Increasing frailty is associated with higher prevalence and reduced recognition of delirium in older hospitalised inpatients: results of a multi-centre study

Source: *European Geriatric Medicine* (2023): 1-8.

Author(s): Geriatric Medicine Research Collaborative

Abstract: Purpose: Delirium is a neuropsychiatric disorder delineated by an acute change in cognition, attention, and consciousness. It is common, particularly in older adults, but poorly recognised. Frailty is the accumulation of deficits conferring an increased risk of adverse outcomes. We set out to determine how severity of frailty, as measured using the CFS, affected delirium rates, and recognition in hospitalised older people in the United Kingdom. **Methods:** Adults over 65 years were included in an observational multi-centre audit across UK hospitals, two prospective rounds, and one retrospective note review. Clinical Frailty Scale (CFS), delirium status, and 30-day outcomes were recorded. **Results:** The overall prevalence of delirium was 16.3% (483). Patients with delirium were more frail than patients without delirium (median CFS 6 vs 4). The risk of delirium was greater with increasing frailty [OR 2.9 (1.8-4.6) in CFS 4 vs 1-3; OR 12.4 (6.2-24.5) in CFS 8 vs 1-3]. Higher CFS was associated with reduced recognition of delirium (OR of 0.7 (0.3-1.9) in CFS 4 compared to 0.2 (0.1-0.7) in CFS 8). These risks were both independent of age and dementia. **Conclusion:** We have demonstrated an incremental increase in risk of delirium with increasing frailty. This has important clinical implications, suggesting that frailty may provide a more nuanced measure of vulnerability to delirium and poor outcomes. However, the most frail patients are least likely to have their delirium diagnosed and there is a significant lack of research into the underlying pathophysiology of both of these common geriatric syndromes.

Title: Reports from Watford General Hospital Advance Knowledge in Polycystic Ovary Syndrome (Risk of Endometrial Cancer In Patients With Polycystic Ovarian Syndrome: a Meta-analysis)

Source: *Human Reproduction*, 24(1), 219-225.

Author(s): Amer, S. A., Li, T. C., Metwally, M., Emarh, M., & Ledger, W. L. (2009).

Abstract: While existing literature suggests an association between polycystic ovarian syndrome (PCOS) and endometrial cancer, the sparsity and inconsistency of current evidence indicates a lack of clarity regarding the exact strength of this association. It also remains uncertain whether the degree of risk of disease is affected by confounding factors, such as age and body mass index (BMI). The present meta-analysis is aimed to quantify the risk of endometrial cancer in female subjects with PCOS compared to those without PCOS. PubMed, MEDLINE, EMBASE, Scopus and Cochrane were searched from inception to October 31, 2022, to identify peer-reviewed case-control, cohort and cross-sectional studies that assessed the association between endometrial cancer and PCOS and contained original data. Two researchers independently extracted data and performed quality assessment using the Newcastle-Ottawa criteria. Pooled odds ratios (ORs) were calculated using the random-effect model and inverse variance. The degree of heterogeneity was assessed using I² statistics. A total of 10 relevant studies were identified and included in the meta-analysis (comprising 12,248 female patients with PCOS and 54,120 controls). Females with PCOS had a significantly increased odds of developing endometrial cancer as compared to those without PCOS [OR, 4.07; 95% confidence interval (CI), 2.13-7.78; P<0.0001]. When postmenopausal subjects (age, >54 years) were excluded from the meta-analysis, the odds increased further (OR, 5.14; 95% CI, 3.22-8.21; P<0.00001). Patients with PCOS are up to 5 times more likely to develop endometrial cancer compared to those without PCOS. Larger, prospective studies that are well-controlled for confounding factors, such as BMI, are required.

Title: Detection rates of a national fetal anomaly screening programme: A national cohort study

Source: *BJOG: An International Journal of Obstetrics & Gynaecology*, 130(1), 51-58.

Author(s): Aldridge N, Pandya P, Rankin J, Miller N, Broughan J, Permalloo N, McHugh A, Stevens S

Abstract: **Objective:** To measure condition-specific detection rates for 14 physical conditions screened for by the NHS fetal anomaly screening programme (FASP) fetal anomaly (FA) ultrasound scan. **Design:** Retrospective audit of 12 694 diagnoses across a 3-year national cohort. **Setting:** All English NHS and crown-dependency hospital trusts providing maternity services. **Population:** Pregnancies booked for maternity services with an expected date of delivery between 1 April 2017 and 31 March 2020 and at least one diagnosis of a condition screened for by FASP **Methods:** Active multi-source ascertainment, linkage, audit and validation of clinical information to identify the subset of diagnoses meeting the condition-specific positivity threshold for the FA scan. **Main outcome measure:** The accuracy of the FA scan compared with diagnostic reference standards. **Results:** FA scan detection rates were: anencephaly 96.3% (95% confidence interval [CI] 81.7-99.3%), atrioventricular septal defect: 69.2% (95% CI 65.8-72.4%), bilateral renal agenesis: 98.7% (95% CI 95.4-99.6%), cleft lip: 89.5% (95% CI 87.8-90.9%), congenital diaphragmatic hernia: 60.8% (95% CI 56.5-65%), Edwards syndrome: 73.8% (95% CI 67.5-79.3%), exomphalos: 59.4% (95% CI 49.4-68.7%), gastroschisis: 88.6% (95% CI 79-94.1%), hypoplastic left heart syndrome: 92.7% (95% CI 90-94.8%), lethal skeletal dysplasia: 93.2% (95% CI 88.6-96%), Patau syndrome: 82.3% (95% CI 72.4-89.1%), spina bifida: 93.8% (95% CI 91.8-95.3%), tetralogy of Fallot: 75.4% (95% CI 72.1-78.4%) and transposition of the great arteries: 84.9% (95% CI 81.7-87.5%). **Conclusions:** The performance of the FA scan is above the expectations set in 2010 for most conditions. For the remaining conditions, the majority of fetuses and babies affected are detected before the FA scan.

Title: 'Methodology for Systematic Reviews on Measurement Properties of Patient Reported Outcome Measures (PROMS)'

Source: In *Patient Reported Outcomes and Quality of Life in Surgery* (pp. 27-54). Springer, Cham.

Author(s): Argyriou, O., Chatzikonstantinou, M., Patel, V. and Athanasiou, T.

Abstract: The current chapter serves as an introduction and guide to the methodology for performing systematic reviews of the measurement properties of Patient Reported Outcome Measures (PROMs). The aim of this chapter is to inform clinicians of the most commonly used terms, definitions and processes in the field, in order to enable them to participate meaningfully in any relevant research projects, bearing in mind the limitations discussed at the chapter. A step-wise approach is followed, initially informing the readers about the definitions related to PROMs, but most importantly, explaining what the measurement properties entail. Following this, the methodology for performing a systematic review, is discussed. The chapter's authors have opted to follow the methodological recommendations that have been proposed by the COSMIN initiative (Consensus-based Standards for the selection of health Measurement Instruments), who has produced significant publications in the field, providing detailed guidance for each step. All steps are reviewed and discussed, with particular focus on the evaluation of content validity, internal structure and the remaining measurement properties. Examples and tables of the necessary steps to perform the aforementioned assessments are presented throughout. Lastly, the process of how the results of this evaluation are amalgamated in order to produce the systematic review is presented.

Title: 'Quality of Life Following Bariatric and Metabolic Surgery'

Source: In *Patient Reported Outcomes and Quality of Life in Surgery* (pp. 85-96). Cham: Springer International Publishing.

Author(s): Askari, A., Arhi, C. and Mamidanna, R.

Abstract: **Introduction:** Obesity has rapidly become a global health pandemic, resulting in an increasing number of patients undergoing bariatric and metabolic surgery with a substantial impact on patient Quality of Life (QoL). The focus of this chapter will be on QoL after bariatric surgery

encompassing both the physical and psychological aspects. The chapter will further examine whether post-operative QoL in bariatric surgery is influenced by the type of bariatric procedure undertaken. **Methods:** A thorough search of the literature were performed using PubMed in keeping with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (PRISMA) guidance. All studies that reported QoL post bariatric surgery (with a minimum of 12 months follow up) were included. **Results:** A total of eight studies (four of them meta-analyses) were included in this chapter, totalling 12,216 patients. The methodology of the studies included in the reviews were varied, ranging from cohort, case control studies and Randomised Control Studies (RCTs). The tools used in the assessment of QoL was highly varied, however, all the studies unanimously concluded that bariatric surgery has a significant positive impact on a patient's physical QoL. For psychological well-being, the results were mixed with some studies reporting an improvement in mental health post bariatric surgery, whilst others reported no difference compared to a patient's pre-operative mental health. There were also differences in QoL depending on what type of bariatric surgery was undertaken. Gastric Sleeve and Gastric Bypass tended to have better QoL scores compared to gastric band. **Discussion:** Bariatric surgery (irrespective of the type) significantly improves physical QoL mainly by improving mobility, reducing musculoskeletal pain, and promoting general physical fitness. The results are less clear in mental QoL. Certain bariatric procedures (bypass and sleeve) are associated with better QoL scores compared to other procedures (gastric band).

Title: Patient Reported Outcomes and Quality of Life in Surgery

Source: Springer Nature

Author(s): Athanasiou, T., Patel, V. and Darzi, A.

Abstract: This book provides a guide to the assessment of quality of life and patient reported outcomes measures in general surgery. The rapidly emerging field helps contextualise patients and helps the decision-making process within health economics, bedside medicine, public health, and health policy. All subspecialties of general surgery are covered, as well as the core principles of quality of life. The book aims to demonstrate how clinicians and policymakers can easily get access to a single source of patient reported outcomes measures and quality of life evidence to help them make the best-informed decisions in the field of general surgery. This book is relevant to healthcare managers, doctors, allied health professionals, healthcare scientists, consultants, healthcare economists, and medical statisticians working in healthcare.

Title: Significant haemoglobinopathies: A guideline for screening and diagnosis

Source: Br J Haematol. 2010 Apr; 149(1): 35–49

Author(s): Bain, Barbara J.; Daniel, Yvonne; Henthorn, Joan; de la Salle, Barbara; Hogan, Amanda; Roy, Noémi BA; Mooney, Ciaran and Langabeer, Lisa

Abstract: Antenatal screening/testing of pregnant women should be carried out according to the guidelines of the National Health Service (NHS) Sickle Cell and Thalassaemia Screening Programme. Newborn screening and, when necessary, follow-up testing and referral, should be carried out according to the guidelines of the NHS Sickle Cell and Thalassaemia Screening Programme. All babies under 1 year of age arriving in the United Kingdom should be offered screening for sickle cell disease (SCD). Preoperative screening for SCD should be carried out in patients from ethnic groups in which there is a significant prevalence of the condition. Emergency screening with a sickle solubility test must always be followed by definitive analysis. Laboratories performing antenatal screening should utilise methods that are capable of detecting significant variants and are capable of quantitating haemoglobins A2 and F at the cut-off points required by the national antenatal screening programme. The laboratory must ensure a provisional report is available for antenatal patients within three working days from sample receipt.

Title: COPD Virtual Wards offer more than just home comforts

Source: European Respiratory Journal 2023; 62: Suppl. 67, PA4143

Author(s): Andrew Barlow, Michael Shaw, Neel Kapoor, Harry Mitchell, Eleanor Zinkin, Rahul Mogal, Ajitha Jayaratnam, Jonathan Phimister, Maria Buxton, Hannah O’Keeffe, Niall Keenan, Dominique Auger, Michael Van Der Watt

Abstract: Background: Virtual wards are an increasingly important component of the NHS strategy to help early supported discharge. We present data from the COPD Virtual Hospital (VH) pathway in West Hertfordshire Teaching Hospitals NHS Trust and Herts & West Essex Integrated Care System.

Methods: MDT was implemented for COPD inpatients. Patients were assessed at MDT for VH suitability and discharged with 7-days follow up: pulse oximetry monitoring, app and tablet provided, daily nursing virtual contact and consultant virtual ward round. Outcomes for VH group (n=81) were compared to non-VH group (n=792), from December 2021 to August 2022, and a standard care group (January to August 2019 admissions) (n=959). **Results:** Demographics were similar between VH group and a random selection of 50 patients in non-VH and standard care groups; there was no significant difference in to gender, age, co-morbidities, performance status, frailty score, spirometry (FEV1, FEV1/FVC ratio), smoking burden, home oxygen or NIV use. VH group however had more exacerbations than non-VH (p=0.037) or standard care groups (p=0.002). When comparing both VH and non-VH groups to standard care group there was a significant reduction in admissions per month (p=0.00011), readmissions within 30 days (p=0.00033) and 90 days (p = 0.00001) and fewer bed days utilised (p = 0.0006). Subgroup analysis suggested VH pathway led to a reduction in readmission within 30 days (RR 0.66, ARR 3.17%, p=0.354) and 90 days (RR 0.71, ARR 4.6%, p=0.291) compared to non-VH group, however did not reach significance. There were no deaths while on VH pathway and patient feedback was positive. **Conclusion:** Our data shows safety and benefit of virtual wards to assist future hospital and community care.

Title: Clinical Manifestation Treatment and Prognosis of Peripheral Facial Nerve Palsy in Children

Source: *NeuroQuantology*, 21(5), 1425.

Author(s): Bilal Naeem Toor; Husnain Hashim; Tahleel Javed; Nahl Shahzad; Hasan Ali Awan and Owais, Busmah

Abstract: Peripheral Facial nerve palsy (PFNP) could be characterized by sudden onset of weakness of one side of the upper and lower facial muscles. PFNP can also occur due to other causes like infections, lower immunity, neoplasms and trauma. The aim of the present study was to examine PFNP in children and to report on the clinical manifestations, evaluation, and prognosis in the cases under study.

Title: Association of a Mediterranean Diet With Outcomes for Patients Treated With Immune Checkpoint Blockade for Advanced Melanoma

Source: *JAMA oncology* 9, no. 5 (2023): 705-709.

Author(s): Bolte, Laura A.; Lee, Karla A.; Björk, Johannes R.; Leeming, Emily R.; Campmans-Kuijpers, Marjo; de Haan, Jacco J.; Vila, Arnau Vich; Maltez-Thomas, Andrew; Segata, Nicola; Board, Ruth; Harries, Mark; Lorigan, Paul; de Vries, Elisabeth G. E.; Nathan, Paul; Fehrmann, Rudolf; Bataille, Véronique; Spector, Tim D.; Hospers, Geke A. P. and Weersma, Rinse K.

Abstract: Key Points: Question: Is a habitual diet associated with tumor response to immune checkpoint blockade (ICB) in advanced melanoma? Findings: In this cohort study of 91 patients with advanced melanoma in the UK and the Netherlands, higher adherence to the principles of a Mediterranean diet was associated with a higher probability of response to treatment with ICB. Meaning: The results of this study suggest that while further studies across different countries will be needed to confirm the findings and offer patient-specific advice, habitual diet may have a role in improving responses to ICB. Importance: Immune checkpoint blockade (ICB) has improved the survival of patients with advanced melanoma. Durable responses are observed for 40% to 60% of patients, depending on treatment regimens. However, there is still large variability in the response to treatment with ICB, and patients experience a range of immune-related adverse events of

differing severity. Nutrition, through its association with the immune system and gut microbiome, is a poorly explored but appealing target with potential to improve the efficacy and tolerability of ICB. Objective: To investigate the association between habitual diet and response to treatment with ICB. Design, Setting, and Participants: This multicenter cohort study (the PRIMM study) was conducted in cancer centers in the Netherlands and UK and included 91 ICB-naïve patients with advanced melanoma who were receiving ICB between 2018 and 2021. Exposures: Patients were treated with anti-programmed cell death 1 and anti-cytotoxic T lymphocyte-associated antigen 4 monotherapy or combination therapy. Dietary intake was assessed through food frequency questionnaires before treatment. Main Outcomes and Measures: Clinical end points were defined as overall response rate (ORR), progression-free survival at 12 months (PFS-12), and immune-related adverse events that were grade 2 or higher. Results: There were a total of 44 Dutch participants (mean SD] age, 59.43 12.74] years; 22 women 50%]) and 47 British participants (mean SD] age, 66.21 16.63] years; 15 women 32%]). Dietary and clinical data were prospectively collected from 91 patients receiving ICB between 2018 and 2021 for advanced melanoma in the UK and the Netherlands. Logistic generalized additive models revealed positive linear associations between a Mediterranean dietary pattern that was high in whole grains, fish, nuts, fruit, and vegetables and the probability of ORR and PFS-12 (probability of 0.77 for ORR; $P = .02$; false discovery rate, 0.032; effective degrees of freedom, 0.83; probability of 0.74 for PFS-12; $P = .01$; false discovery rate, 0.021; effective degrees of freedom, 1.54). Conclusions and Relevance: This cohort study found a positive association between a Mediterranean diet, a widely recommended model of healthy eating, and response to treatment with ICB. Large prospective studies from different geographies are needed to confirm the findings and further elucidate the role of diet in the context of ICB. This cohort study examines the association between habitual diet and response to treatment with immune checkpoint blockade among patients with advanced melanoma.

Title: QI initiative to reduce the number of inpatient falls in an acute hospital Trust

Source: *BMJ Open Quality* 12.1 (2023).

Author(s): Boot, Michelle; Allison, Jennifer; Maguire, Jack and O'Driscoll, Gemma

Abstract: Inpatient falls are one of the most frequent concerns to patient safety within the acute hospital environment, equating to 1700 falls per year in an 800-bed general hospital. They are predicted to cost approximately £2600 per patient, however, this estimate does not capture the costs and impact that inpatient falls have on the wider health and social care system. It also does not take into the account loss of confidence and delays in functional recovery.

Title: P137 Drug-induced liver injury in tuberculosis treatment: a retrospective review from a district general hospital

Source: *Thorax* 2023;**78**:A190.

Author(s): Braby, T. S.; Kido, A.; Marau, A. and Jayaratnam, A.

Abstract: Treatment of tuberculosis (TB) entails a small but significant risk of drug-induced liver injury (DILI); this can have an adverse effect on treatment adherence, in addition to the impact of the DILI itself. We describe the number and characteristics of patients having DILI during TB treatment, their monitoring and alterations to treatment, and the associated outcomes.

Title: Alemtuzumab-induced Graves' disease management in pregnancy

Source: *Endocrine Abstracts*. Vol. 94. Bioscientifica, 2023.

Author(s): Calvo, L.J., Kostoula, M., Galliford, T., Mehta, A., Sheikh, A., Radia, F. and Ezenwa, C. Endocrine Abstracts

Abstract: Atypical Graves disease (GD) is a common complication in multiple sclerosis (MS) patients treated with alemtuzumab. We present epidemiological, clinical, and biochemical characteristics of alemtuzumab-induced GD.

Title: Pheochromocytomas in patients with Parkinson

Source: *Endocrine Abstracts* **50** PL1

Author(s): Calvo, L.J., Patel, B., Sheikh, A., Radia, F. and Ali, T.R.

Endocrine Abstracts

Abstract: Arnold A 2017 Primary hyperparathyroidism: molecular genetic insights and clinical implications. Presented at Society for Endocrinology BES 2017, Harrogate, UK. *Endocrine Abstracts* **50** PL1

Title: Evaluation of 13,466 Fecal Immunochemical Tests in Patients Attending Primary Care for High-and Low-Risk Gastrointestinal Symptoms of Colorectal Cancer

Source: *Dig Dis Sci* **68**, 2023–2029 (2023). <https://doi.org/10.1007/s10620-022-07754-8>

Author(s): Cama, Rigers; Kapoor, Neel; Sawyer, Philip; Patel, Bharat and Landy, Jonathan

Abstract: Quantitative fecal immunochemical tests (FIT) were recommended by NICE for patients in primary care presenting with low-risk symptoms of colorectal cancer (CRC). FIT is more accurate in the detection of CRC than symptom criteria. Despite this, CRC still occurs with a negative FIT and the importance of safety netting for patients with severe or persistent symptoms is paramount. We aimed to evaluate the utilization and accuracy of FIT for CRC in low and high-risk symptom groups presenting to primary care, the effectiveness of safety netting in primary care, referral practices with FIT utilization for symptomatic patients and the clinical features of FIT negative patients with CRC.

Title: Mastitis and Mammary Abscess Management Audit (MAMMA) in the UK and Ireland

Source: *British Journal of Surgery*, Volume 111, Issue 1, January 2024,

znad333, <https://doi.org/10.1093/bjs/znad333>

Author(s): Courtney, Alona; Clymo, Jonathon; Parks, Ruth; Wilkins, Alexander; Brown, Ruth; O'Connell, Rachel; Dave, Rajiv; Dillon, Marianne; Fatayer, Hiba and Gallimore, Rachel

Abstract: The aim of this multicentre prospective audit was to describe the current practice in the management of mastitis and breast abscesses in the UK and Ireland, with a specific focus on rates of surgical intervention.

Title: BT01 Taking pressure off the skin cancer service: impact of primary care dermoscopy pilot, medical photographer-led clinics and non-2-week-wait skin lesion advice and guidance pathway

Source: *British Journal of Dermatology*, 188(Supplement_4), ljad113-367

Author(s): Darwish, Iman; Sandhu, Daisy; Batta, Kapila and Champagne, Caroline

Abstract: Since the COVID-19 pandemic, we have struggled with similar pressures and capacity issues as most dermatology departments across the country. Our number of 2-week-wait (2WW) and general referrals have increased by 26%. To manage this, we have gradually introduced strategies based around a triaging system for 2WW referrals received with photographic images from the general practitioner (GP) via the National Health Service e-Referral Service (e-RS). We triage patients either to a face-to-face 2WW clinic, a spot clinic run by supervised junior members of the team or a photography/dermoscopy clinic. If we receive dermoscopic images with the GP referral, where appropriate, we can discharge or downgrade the patient to a routine clinic. Strategy 1: in September 2021, we set up a 1-year primary care 2WW dermoscopy pilot. Dermatoscopes were delivered to interested GP practices (appropriate technical training was provided), and the GPs attended skin lesion teaching sessions every 2 months. Thirteen per cent of all our 2WW referrals came through this dedicated pilot 2WW e-RS pathway. We discharged or downgraded 26% of those that were referred with both macroscopic and dermoscopic images. All GP practices (not just the pilot practices) in our region now have dermatoscopes. Strategy 2: in July 2022, we introduced secondary care photography/dermoscopy clinics run by both dermatology nurses and medical photographers using the Pathpoint/eDERMA platform. We triage patients from 2WW e-RS referrals with macroscopic images suggestive of benign lesions to these clinics. We can discharge or

downgrade directly from the platform, which immediately sends patients' information about their diagnosis and management plan via text message. Around 15% of 2WW referrals are booked to eDERMA clinics and around 60% are discharged. Strategy 3: in October 2022, we developed a non-2WW advice and guidance (A&G) e-RS skin lesion pathway for lesions of diagnostic uncertainty and basal cell carcinomas. Dermatoscopic images are not an essential requirement as this is not a 2WW pathway. Referrals are triaged within 72 h, providing rapid advice to GPs. Initial data show that since introducing this service, 2WW referral numbers decreased by 32%. Of the A&G referrals, 28% were discharged with advice and 17% were upgraded to 2WW. Within 3 months of starting this pathway, our department's 2WW and Faster Diagnostic Standard 28-day cancer targets were no longer breaching. The combination of GP-based photography and dermoscopy, careful triage to a 2WW photography clinic in secondary care and a non-2WW lesion A&G pathway has significantly improved our 2WW service.

Title: Bridging pre-surgical endocrine therapy for breast cancer during the COVID-19 pandemic: outcomes from the B-MaP-C study

Source: *Journal Breast Cancer Research and Treatment* 199(2), pp. 265-279

Author(s): Dave, Rajiv V.; Elsberger, Beatrix; Taxiarchi, Vicky P.; Gandhi, Ashu; Kirwan, Cliona C.; Kim, Baek; Camacho, Elizabeth M.; Coles, Charlotte E.; Copson, Ellen; Courtney, Alona; Horgan, Kieran; Fairbrother, Patricia; Holcombe, Chris; Kirkham, Jamie J.; Leff, Daniel R.; McIntosh, Stuart A.; O'Connell, Rachel; Pardo, Ricardo; Potter, Shelley; Rattay, Tim, et al

Abstract: Purpose: The B-MaP-C study investigated changes to breast cancer care that were necessitated by the COVID-19 pandemic. Here we present a follow-up analysis of those patients commenced on bridging endocrine therapy (BrET), whilst they were awaiting surgery due to reprioritisation of resources.; Methods: This multicentre, multinational cohort study recruited 6045 patients from the UK, Spain and Portugal during the peak pandemic period (Feb-July 2020). Patients on BrET were followed up to investigate the duration of, and response to, BrET. This included changes in tumour size to reflect downstaging potential, and changes in cellular proliferation (Ki67), as a marker of prognosis.; Results: 1094 patients were prescribed BrET, over a median period of 53 days (IQR 32-81 days). The majority of patients (95.6%) had strong ER expression (Allred score 7-8/8). Very few patients required expedited surgery, due to lack of response (1.2%) or due to lack of tolerance/compliance (0.8%). There were small reductions in median tumour size after 3 months' treatment duration; median of 4 mm IQR - 20, 4]. In a small subset of patients (n = 47), a drop in cellular proliferation (Ki67) occurred in 26 patients (55%), from high (Ki67 \geq 10%) to low (< 10%), with at least one month's duration of BrET.; Discussion: This study describes real-world usage of pre-operative endocrine therapy as necessitated by the pandemic. BrET was found to be tolerable and safe. The data support short-term (\leq 3 months) usage of pre-operative endocrine therapy. Longer-term use should be investigated in future trials. (© 2023. The Author(s).)

Title: Current practice and provision of oncoplastic breast-conserving surgery in the UK: results of the ANTHEM national practice questionnaire

Source: *Breast Cancer Res Treat* 200, 163–170 (2023). <https://doi.org/10.1007/s10549-023-06924-0>

Author(s): Davies, Charlotte; Whisker, Lisa; Skillman, Joanna; Macmillan, Douglas; Holcombe, Christopher; Fairbrother, Patricia; Potter, Shelley and ANTHEM Study Steering Group Conefrey C. Commins C. Davies C. Fairbrother P. Holcombe C. Hollingworth W. Skillman J. MacMillan D. Mills N. Potter S. Whisker L. White P

Abstract: Oncoplastic breast-conserving surgery (OPBCS) may be a better option than mastectomy \pm immediate breast reconstruction (IBR) for women with breast cancer but studies directly comparing the techniques are lacking. We surveyed UK breast units to determine the current practice of OPBCS to inform the design of a future comparative study.

Title: Safety of early weightbearing after ankle fracture fixation

Source: Journal Article - European Journal of Orthopaedic Surgery & Traumatology : Orthopedie Traumatologie

Author(s): de Sa, Russell; Shah, Nikki; Rudge, Benjamin and leong, Edmund

Abstract: Patients with surgically treated ankle fractures are traditionally kept non-weightbearing for at least six weeks post-operatively; however, recent literature suggests numerous benefits of early weightbearing (EWB) before six weeks without significantly impacting long-term outcomes. This study aims to review the safety of early vs late weightbearing following ankle fracture fixation by assessing the complication rate.

Title: Pseudoaneurysm - A Late and Rare Occurrence Following Shoulder Arthroscopy

Source: Journal of Orthopaedic Case Reports 13(7), pp. 65-69

Author(s): Devaraj, Ankitha; Elsakka, Mohamed; Makki, Daoud; Zamir, Muhammad and Dubey, Vivek

Abstract: Introduction: The incidence of vascular injuries from arthroscopic surgeries has been reported to be 0.005%. Pseudoaneurysms account for 11% of those injuries.; Case Report: In this case report, we discuss a 76-year-old female who presented with a pulsatile swelling in the right shoulder after 10 years following arthroscopic rotator cuff repair. Imaging confirmed the diagnosis of a posterior circumflex artery pseudoaneurysm. The patient was successfully embolised using a transradial approach with thrombosis of the pseudoaneurysm.; Conclusion: Vascular injuries following arthroscopic shoulder surgery are rare. However, a pseudoaneurysm should be considered in patients who present with swelling at the surgical site, regardless of the post-operative interval.; Competing Interests: Conflict of Interest: Nil (Copyright: © Indian Orthopaedic Research Group.)

Title: 91 Introduction of a Simple Proforma Improves Documentation of Neuro-Vascular Status in Paediatric Supracondylar Humerus Fractures (Closing Loop Audit)

Source: *British Journal of Surgery*, Volume 110, Issue Supplement_7, September 2023, znad258.081, <https://doi.org/10.1093/bjs/znad258.081>

Author(s): El-Gendy, M.; Hassan, A.; Soliman, E. and Deierl, K.

Abstract: Supracondylar fractures of the humerus are the most common fracture around the elbow in children. There is a risk of significant complications including nerve injury, vascular compromise, compartment syndrome and clinical deformity. BOAST (British Orthopaedic Association Standards for Trauma) published guideline 11 in 2014 (updated in Oct 2020) which lists criteria that should be assessed and documented for each child with this injury.

Title: Impact of COVID-19 on the practice of breast pathologists: a survey of breast pathologists in the UK and Ireland

Source: *Journal of Clinical Pathology* 2023;76:234-238.

Author(s): Elghobashy, Mirna; Wahab, Lutful; Gunavardhan, Anu; O'Sullivan, Emma; Provenzano, Elena; Deb, Rahul; Pritchard, Susan; Di Palma, Silvana; Ellis, Ian O. and Boyd, Clinton

Abstract: There is little information on the impact of COVID-19 on breast pathologists. This survey assessed the effect of the COVID-19 pandemic on UK and Ireland-based breast pathologists to optimise working environments and ensure preparedness for potential future pandemics.

Title: Safety and Efficacy of Mitoxantrone Hydrochloride Injection for Identification of Axillary Sentinel Lymph Nodes in Patients with Primary Breast Cancer

Source: *World J Surg* 47, 1956–1960 (2023). <https://doi.org/10.1007/s00268-023-07011-7>

Author(s): Elzayat, Ibrahim; Abdelaal, Mohamed and Monib, Sherif

Abstract: The dual technique using blue dye in combination with a radioisotope is considered the gold standard for identifying sentinel lymph nodes (SLNs) in patients with breast cancer. Unfortunately, not all cancer centres have access to radioactive material, which jeopardizes the SLN identification rate and patient safety.

Title: 117 Achilles Tendon Rupture Clinic, a Successful and Reproducible Model

Source: *British Journal of Surgery*, Volume 110, Issue Supplement_7, September 2023, znad258.489, <https://doi.org/10.1093/bjs/znad258.489>

Author(s): Eniola, G.; El-Gendy, M.; Soliman, E.; Shah, N.; Hassan, A.; Leong, E. and Rudge, B.

Abstract: In the view of busy Emergency departments and general fracture clinics, a delay in the assessment, diagnosis and treatment of Achilles tendon injuries can lead to poor outcomes. A dedicated Achilles tendon rupture clinic can provide efficient care and avoid such complications.

Title: An occupational health survey of the UK's mortuary workforce

Source: *Occupational Medicine*, Volume 73, Issue 4, May 2023, Pages 208–210, <https://doi.org/10.1093/occmed/kqad048>

Author(s): Estrin-Serlui, T.; Bailey, D. and Osborn, M.

Abstract: Mortuaries are predominantly staffed by anatomical pathology technologists (APTs) and pathologists, and the work they undertake carries implicit health risk due to its nature. Until now there has not been a nationwide assessment of the occupational health of these essential workers in the UK.

Title: How to critically appraise a systematic review: an aide for the reader and reviewer

Source: *Journal Clinical and Experimental Dermatology* 48(8), pp. 854-859

Author(s): Frewen, John; de Brito, Marianne; Pathak, Anjali; Barlow, Richard and Williams, Hywel C.

Abstract: The number of published systematic reviews has soared rapidly in recent years. Sadly, the quality of most systematic reviews in dermatology is substandard. With the continued increase in exposure to systematic reviews, and their potential to influence clinical practice, we sought to describe a sequence of useful tips for the busy clinician reader to determine study quality and clinical utility. Important factors to consider when assessing systematic reviews include: determining the motivation to performing the study, establishing if the study protocol was prepublished, assessing quality of reporting using the PRISMA checklist, assessing study quality using the AMSTAR 2 critical appraisal checklist, assessing for evidence of spin, and summarizing the main strengths and limitations of the study to determine if it could change clinical practice. Having a set of heuristics to consider when reading systematic reviews serves to save time, enabling assessment of quality in a structured way, and come to a prompt conclusion of the merits of a review article in order to inform the care of dermatology patients.; Competing Interests: Conflicts of interest H.W. founded the Cochrane Skin Group in 1987 and was coordinator editor until 2018. The other authors declare they have no conflicts of interest. (© The Author(s) 2023. Published by Oxford University Press on behalf of British Association of Dermatologists.)

Title: TNT and local recurrence in the RAPIDO trial—untangling the puzzle

Source: *Nat Rev Clin Oncol* 20, 357–358 (2023). <https://doi.org/10.1038/s41571-023-00751-4>

Author(s): Glynne-Jones, Robert and Hollingshead, James

Abstract: Neoadjuvant chemotherapy offers a pragmatic alternative to the difficulties associated with delivering timely adjuvant chemotherapy in rectal cancer. Enthusiasm for administering neoadjuvant therapy to all patients with locally advanced rectal cancer is based on data from several phase III trials. Data from the RAPIDO trial are a critical component of this evidence.

Title: Nailing distal tibial fractures: does entry technique affect distal alignment?

Source: *Eur J Orthop Surg Traumatol* 33, 61–66 (2023). <https://doi.org/10.1007/s00590-021-03148-0>

Author(s): Hague, Matthew; Texeira, Dominic; Anderson, Thomas; Williamson, Mike and Trompeter, Alex

Abstract: In treating distal third tibial fractures, restoration of the axial alignment and therefore accurate reduction of the distal fragment minimise the risk of tibiotalar joint malalignment. The aim of this study is to investigate whether there was a difference in accuracy of reduction and axial alignment, when nailing distal third tibial fractures using either the suprapatellar or the infrapatellar tibial nailing entry technique

Title: Instant Wisdom for GPs: Pearls from All the Specialities

Source: CRC Press; 2023 Nov 22.

Author(s): Hopcroft, K.

Abstract: Every consultant has pearls of wisdom they wish they could share with GPs: knowledge they have acquired from years of experience and evidence-based study, which could lead to improved speed and decision in referral, more efficient use of resources and, overall, better patient care. Instant Wisdom for GPs gathers these pearls together, presenting ten bullet-point gems from a comprehensive range of clinical specialties, together with advice on obscure or overlooked diagnoses, guidance on how to distinguish tricky differentials and tips on prescribing. The content has been thoroughly revised and updated for this second edition. New chapters have been added on alcohol use disorders, behavioural problems in children, clinical biochemistry, emergency presentations, genetics and genomics, obesity and bariatric medicine, and women's health, all from contributors expert in these fields. Key Features: Each specialty chapter offers ten pearls of wisdom, with detailed explanation from a leading consultant 'Obscure or overlooked diagnoses' flag conditions which the GP might not have heard about or might overlook or confuse with others 'Easily confused' sections highlight at-a-glance diagnoses which can be challenging to distinguish from each other, presented in an easy-to-read table 'Prescribing points' in each chapter highlight relevant issues around prescribing, including tips, warnings and clarifications Fully revised and updated with six new chapters Edited by Keith Hopcroft, author of the critically acclaimed Symptom Sorter, this practical and accessible guide distils years of knowledge, experience, and key evidence into 32 concise and easy-to-navigate chapters and is essential reading for trainee and practicing GPs.

Title: Iatrogenic Breast Lymphoedema: Incidence, Diagnosis, and Associated Risk Factors

Source: *Indian J Surg Oncol* **14**, 637–643 (2023). <https://doi.org/10.1007/s13193-023-01725-9>

Author(s): Ibrahim, Mohamed; Habashy, Hany and Monib, Sherif

Abstract: While upper limb lymphoedema following breast and axillary surgery is well established in the literature, breast lymphoedema is rarely documented. Our primary objective was to identify risk factors of breast lymphoedema, and our secondary aim was to assess the possibility of using a breast ultrasound scan to assess breast lymphoedema. This study was a case series analysis, including patients who had wide local excision for primary breast cancer treatment between January 2013 and January 2018. Patients' demographics, including age, weight, body mass index (BMI), breast volume, tumour characteristics, and histological findings, were noted. All patients had a clinical assessment and ultrasound scan 6 months and 12 months after surgery, comparing ipsilateral to the contralateral breast skin, subcutaneous thickness, as well as parenchymal changes. We have included two hundred eighty-six breast cancer; the mean age was 54.7 years SD 17.3, the mean weight was 76.5 kg SD 12.6, the mean BMI was 31.5 SD 5.2, and the mean breast volume was 1223 ml SD 179. This study identified breast lymphoedema in patients with clinically detected skin oedema in the absence of radiotherapy skin changes; skin and subcutaneous 5 mm added thickness more than the contralateral side, and based on that, 22 patients (7.7%) were found to have breast lymphoedema. We have also found that patients with high BMI, larger breast volume, upper outer quadrant tumours, and patients who had axillary lymph node clearance had an increased incidence of breast lymphoedema. The incidence of breast lymphoedema in this cohort was 7.7%. We suggest

that breast lymphoedema should be considered if skin and subcutaneous thickness are 5 mm more than the contralateral side in the absence of severe radiotherapy skin changes. Also, we have found that high body mass index (BMI), larger breast volume, upper outer quadrant tumours, and patients who had axillary lymph node clearance are associated with an increased incidence of breast lymphoedema.

Title: Unraveling the Myths Around Epilepsy: A Cross-Sectional Study of Knowledge, Attitude, and Practices Among Pakistani Individuals

Source: *Cureus* 15, no. 5 (2023).

Author(s): Javed, Tahleel; Awan, Hasan A.; Shahzad, Nahl; Ojla, Deewan; Naqvi, Hanniya B.; Arshad, Hafsa; Owais, Syeda B.; Abrar, Shazil; Awan, Hasan Ali and Shahzad, Nahl Shahzad

Abstract: Across its historical trajectory, epilepsy has frequently been linked to evil forces, particularly in the sub-continent. This research was created to find out if educated Pakistanis still believe that epilepsy is caused by being possessed by spirits (Jinns). The objective of the study is to assess the knowledge, attitudes, and practices (KAP) regarding epilepsy within the educated populace of Pakistan.

Title: Eyes and the heart: what a clinician should know

Source: *Heart* (2023).

Author(s): Jing Yong Ng; Essa Zarook; Nicholson, Luke; Mohammed Yunus Khanji and Choudhary Anwar Ahmed Chahal

Abstract: The eye is prone to various forms of afflictions, either as a manifestation of primary ocular disease or part of systemic disease, including the cardiovascular system. A thorough cardiovascular examination should include a brief ocular assessment. Hypertension and diabetes, for example, would present with retinopathy and dyslipidaemia would present with corneal arcus. Multisystem autoimmune diseases, such as Graves's disease, rheumatoid arthritis and sarcoidosis, would present with proptosis, episcleritis and scleritis, respectively. Myasthenia gravis, while primarily a neuromuscular disease, presents with fatigable ptosis and is associated with Takotsubo cardiomyopathy and giant cell myocarditis. Connective tissue diseases such as Marfan syndrome, which commonly presents with aortic root dilatation, would be associated with ectopia lentis and myopia. Wilson's disease, which is associated with arrhythmias and cardiomyopathies, would present usually with the characteristic Kayser-Fleischer rings. Rarer diseases, such as Fabry disease, would be accompanied by ocular signs such as cornea verticillata and such cardiac manifestations include cardiac hypertrophy as well as arrhythmias. This review examines the interplay between the eye and the cardiovascular system and emphasises the use of conventional and emerging tools to improve diagnosis, management and prognostication of patients.

Title: A randomized controlled trial to investigate the use of acute coronary syndrome therapy in patients hospitalized with COVID-19: the COVID-19 Acute Coronary Syndrome trial

Source: *Journal of Thrombosis and Haemostasis* Volume 21, Issue 8, August 2023, Pages 2213-2222

Author(s): Kanagaratnam, Prapa; Francis, Darrel P.; Chamie, Daniel; Coyle, Clare; Marynina, Alena; Katritsis, George; Paiva, Patricia; Szigeti, Matyas; Cole, Graham; de Andrade Nunes, David; Howard, James; Esper, Rodrigo; Khan, Masood; More, Ranjit; Barreto, Guilherme; Meneguz-Moreno, Rafael; Arnold, Ahran; Nowbar, Alexandra; Kaura, Amit; Mariveles, Myril, et al

Abstract: Patients hospitalized with COVID-19 suffer thrombotic complications. Risk factors for poor outcomes are shared with coronary artery disease.

Title: Empirical use of temocillin in hospitalized patients: results from a retrospective audit

Source: *JAC-Antimicrobial Resistance*, Volume 5, Issue 2, April 2023, dlad030, <https://doi.org/10.1093/jacamr/dlad030>

Author(s): Resist, JAC Antimicrob

Abstract: Following a global shortage of piperacillin/tazobactam in 2017, a formulary decision was taken at a large District General Hospital in the East of England to partly replace piperacillin/tazobactam with either temocillin as monotherapy or as part of a combination regimen. A retrospective audit was then conducted to assess the clinical effectiveness of temocillin therapy.

Title: P79 Enhancing efficiency and accessibility in endobronchial ultrasound-guided transbronchial needle aspiration(EBUS-TBNA): trained biomedical scientists deliver accurate rapid on site evaluation (ROSE) comparable to cytopathologists

Source: *Thorax* 2023;**78**:A154.

Author(s): Sehajpal, R.; Tang, W.; Mogal, R.; Barlow, ABT and Maddox, A.

Abstract: ObjectivesRapid on-site evaluation (ROSE) of endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) samples adds value by including adequacy assessment, enhanced sampling (once ROSE has revealed the status of the target), triage for ancillary tests and if appropriate, assignment of a preliminary diagnosis. At West Hertfordshire Teaching Hospitals NHS Trust (WHTH), this may be performed by either a trained Biomedical Scientist (BMS) or a Consultant Cytopathologist. The aim of this study was to compare outcomes by BMS and Consultant cytopathologist, reviewing their independent assessments of adequacy and diagnosis, referring to the final pathology report as the gold standard. ROSE reduces the number of sites requiring sampling and may enhance acquisition of material for molecular analysis. The lack of cytopathologists availability is one of the limiting factors for implementing a ROSE service. In the UK, the Institute of Biomedical Science (IBMS) now has a formal qualification allowing BMSs to perform ROSE. MethodsThe BMS and cytopathologist findings for 318 passes from 86 target sites (78 lymph nodes, 5 lung masses, 3 left adrenal glands) from 43 patients over a 1-year period were compared. Comparisons of adequacy and preliminary diagnoses were based on inter-observer Cohen Kappa coefficient with a 95% confidence interval (CI). The broad diagnostic categories were: 1. Inadequate 2. Adequate 2a. Benign 2b. Malignant. Adequacy was defined as 40 lymphocytes per high power field (in benign nodes) or the presence of diagnostic material. ResultsPerfect correlation was found between BMS and Cytopathologist in the above diagnostic categories. The kappa coefficient was 0.82 [CI: 0.72–0.92] and the weighted kappa (appropriate for categories which are ordered or increase in severity) 0.92. Abstract P79 Table 1Comparative analysis of sample adequacy assessment and diagnosis by biomedical scientists (BMS) and cytopathologists in ROSE serviceSample Adequacy assessment Total BMS Cytopathologist Kappa Adequate 66 65 66 0.82 [CI: 0.72–0.92] Inadequate 20 17 20 Weighed Kappa Diagnosis 0.92 Malignant 24 24 24 Benign 44 41 44 Conclusion - Both adequacy assessments and preliminary diagnoses performed by BMS were highly correlated with the assessment by the cytopathologist, the overall correlation being almost perfect, This confirms previous studies showing that appropriately trained, competency assessed BMSs can provide a comprehensive ROSE service which may increase availability in UK centres. ReferenceSchacht MJ, et al. EBUS TBNA: performance of biomedical scientists on rapid on-site evaluation and preliminary diagnosis. *Cytopathology*. 2016 Oct;**27**(5):344–50. PMID: 27146559.

Title: 100 Cases in Clinical Pathology and Laboratory Medicine

Source: 100 Cases in Clinical Pathology and Laboratory Medicine (2nd ed.). CRC Press.

<https://doi.org/10.1201/9781003242697>

Author(s): Shamil, E., Ravi, P. and Chandra, A.

Abstract: **100 Cases in Clinical Pathology and Laboratory Medicine** presents 100 clinical scenarios commonly seen by medical students and junior doctors in the emergency department, outpatient clinic, operating theatre or in general practice. A succinct summary of the patient's history, examination and initial investigations is followed by questions on each case, with particular emphasis on the interpretation of the results and in which an understanding of the underlying clinical pathology is central to arriving at the correct diagnosis. The answer includes a detailed discussion on each topic, providing an essential revision aid as well as a practical guide for students and junior doctors, especially those preparing for undergraduate and postgraduate examinations.

Title: P80 Comparing the Effects of Local Anaesthetic Via Transcricoid Injection Vs Direct Visualisation on Cough, Choking and Patient Comfort during Flexible Bronchoscopy—an Observational Study

Source: *Thorax* 2023;**78**:A154-A155.

Author(s): Shaw, J.; Petty, H.; Malik, M. and Bongers, T.

Abstract: British Thoracic Society bronchoscopy guidelines suggest either direct visualization (DV) or transcricoid local anaesthetic (LA) delivery can be used during bronchoscopy to anaesthetize the upper airways. This study aimed to assess the effect on lidocaine requirement and patient comfort when using DV vs transcricoid LA delivery during bronchoscopy.

Title: Doege-Potter Syndrome, cause of paraneoplastic hypoglycaemia in a patient with a Solitary Fibrous Tumour: A Case Report

Source: *Endocrine Abstracts* (2023) **90** EP1135 | DOI: [10.1530/endoabs.90.EP1135](https://doi.org/10.1530/endoabs.90.EP1135)

Author(s): Sheikh, A., Calvo, L.J. and Kehinde, R.

Endocrine Abstracts

Abstract: Non-islet-cell tumour hypoglycaemia (NICTH) is a rare paraneoplastic syndrome caused by an extra pancreatic tumour(1). Solitary fibrous tumour (SFT), amongst other tumours, is one of the rare causes of NICTH. We report a case of NICTH who presented with recurrent hypoglycaemias and was identified to have a fibrous tumour as part of the work up for his symptomatic hypoglycaemias.

Title: Improving Education Around High-Risk Psychotropic Medication in Supported Living Facilities

Source: *BJPsych Open*. 2023;**9**(S1):S100-S100. doi:10.1192/bjo.2023.297

Author(s): Shweta Madhusudanan Dr; Mosun Fapohunda Dr; Rickard, Joy, Ms; Best, Christine, Ms and Sanaa Loothfaully Ms

Abstract: Aims Of the medication-related incidents that have been reported in supported living placements, many involved high-risk psychotropic medications such as Clozapine, Lithium and Sodium Valproate. An evaluation of these incidents found problems with administration and inadequate monitoring. Consequently, a virtual education programme was commissioned to educate support staff in living placements in South West Hertfordshire which showed strong positive evidence that the training session improved learning and management surrounding psychotropic medication. This education programme has now been expanded to supported living facilities in the North of the trust to further ameliorate safe medication management and care provision within these placements. The aim of this teaching programme is to provide an educational platform to improve the knowledge and risks associated with Clozapine, Lithium and Sodium Valproate in an effort to reduce medication-related incidents within the placements. Methods Virtual training was developed and delivered for support staff across supported living facilities in the Northern directory of the trust. This teaching was collaboratively designed and delivered by a multidisciplinary team including pharmacists, doctors and nurses. The virtual nature of the session lent increased accessibility to staff members from various regions. Results 28 staff members from 6 support living facilities covering a resident population of over 65,000 people attended the 3-hour virtual education programme. Quantitative studies run on the pilot lecture in the high-risk psychotropic learning

programme found strong evidence that this training leads to increased understanding of the administration, management and risk profiling of the aforementioned high-risk medication. Conclusion Education surrounding high-risk medication will reduce long-term incidences of medication-related adverse events. The expansion of this learning programme to the entirety of the Hertfordshire trust is a step further in improving patient care within local mental health services.

Title: A variation of laparoscopic ovarian transposition: the ovarian pedicle suspension (PS technique)

Source: Oxford (Sep 2022): ijgc-2022-003789. DOI:10.1136/ijgc-2022-003789

Author(s): Stanciu, Paul I. and Padwick, Malcolm L.

Abstract: Laparoscopic ovarian transposition has already been proven to be a safe and effective procedure to preserve ovarian function in patients receiving pelvic radiotherapy for a variety of gynecological malignancies with high success rates.^{1 2}

Title: UK clinicians' attitudes towards the application of molecular diagnostics to guide antibiotic use in ICU patients with pneumonias: a quantitative study

Source: *Journal of Antimicrobial Chemotherapy*, Volume 79, Issue 1, January 2024, Pages 123–127, <https://doi.org/10.1093/jac/dkad355>

Author(s): Stewart, Sarah-Jane; Pandolfo, Alyssa M.; Moon, Zoe; Jani, Yogini; Brett, Stephen J.; Brealey, David; Singh, Suveer; Enne, Virve I.; Livermore, David M. and Gant, Vanya

Abstract: Molecular diagnostic tests may improve antibiotic prescribing by enabling earlier tailoring of antimicrobial therapy. However, clinicians' trust and acceptance of these tests will determine their application in practice.

Title: Rise of The Hot Clinic

Source: *British Journal of Surgery*, Volume 110, Issue Supplement_10, December 2023, znad388.029, <https://doi.org/10.1093/bjs/znad388.029>

Author(s): Tamanna, Rezuana; Pandey, Vikas; Nayak, Peramapally and Cheetham, Drostan

Abstract: The surgical hot clinic was opened in December 2019 as part of our emergency surgical service. Despite initially poor uptake, the clinic has demonstrated its resilience through two national lockdowns and continuing pressures within the NHS. We report a two-month snapshot of activity in the unit.

Title: The Role of Artificial Intelligence in Prospective Real-Time Histological Prediction of Colorectal Lesions during Colonoscopy: A Systematic Review and Meta-Analysis

Source: *Diagnostics* 2023, 13(20), 3267; <https://doi.org/10.3390/diagnostics13203267>

Author(s): Vadhvana, Bhamini; Tarazi, Munir and Patel, Vanash

Abstract: Artificial intelligence (AI) presents a novel platform for improving disease diagnosis. However, the clinical utility of AI remains limited to discovery studies, with poor translation to clinical practice. Current data suggests that 26% of diminutive pre-malignant lesions and 3.5% of colorectal cancers are missed during colonoscopies. The primary aim of this study was to explore the role of artificial intelligence in real-time histological prediction of colorectal lesions during colonoscopy. A systematic search using MeSH headings relating to "AI", "machine learning", "computer-aided", "colonoscopy", and "colon/rectum/colorectal" identified 2290 studies. Thirteen studies reporting real-time analysis were included. A total of 2958 patients with 5908 colorectal lesions were included. A meta-analysis of six studies reporting sensitivities (95% CI) demonstrated that endoscopist diagnosis was superior to a computer-assisted detection platform, although no statistical significance was reached ($p = 0.43$). AI applications have shown encouraging results in differentiating neoplastic and non-neoplastic lesions using narrow-band imaging, white light imaging, and blue light imaging. Other modalities include autofluorescence imaging and elastic

scattering microscopy. The current literature demonstrates that despite the promise of new endoscopic AI models, they remain inferior to expert endoscopist diagnosis. There is a need to focus developments on real-time histological predictions prior to clinical translation to demonstrate improved diagnostic capabilities and time efficiency.

Title: Effects of haemodynamically atrio-ventricular optimized His bundle pacing on heart failure symptoms and exercise capacity: the His Optimized Pacing Evaluated for Heart Failure (HOPE-HF) randomized, double-blind, cross-over trial

Source: *European journal of heart failure* 25.2 (2023): 274-283.

Author(s): Whinnett, Zachary I.; Shun-Shin, Matthew; Tanner, Mark; Foley, Paul; Chandrasekaran, Badri; Moore, Philip; Adhya, Shaumik; Qureshi, Norman; Muthumala, Amal; Lane, Rebecca; Rinaldi, Aldo; Agarwal, Sharad; Leyva, Francisco; Behar, Jonathan; Bassi, Sukh; Ng, Andre; Scott, Paul; Prasad, Rachana; Swinburn, Jon; Tomson, Joseph, et al

Abstract: Aims: Excessive prolongation of PR interval impairs coupling of atrio-ventricular (AV) contraction, which reduces left ventricular pre-load and stroke volume, and worsens symptoms. His bundle pacing allows AV delay shortening while maintaining normal ventricular activation. HOPE-HF evaluated whether AV optimized His pacing is preferable to no-pacing, in a double-blind cross-over fashion, in patients with heart failure, left ventricular ejection fraction (LVEF) $\leq 40\%$, PR interval ≥ 200 ms and either QRS ≤ 140 ms or right bundle branch block.; Methods and Results: Patients had atrial and His bundle leads implanted (and an implantable cardioverter-defibrillator lead if clinically indicated) and were randomized to 6 months of pacing and 6 months of no-pacing utilizing a cross-over design. The primary outcome was peak oxygen uptake during symptom-limited exercise. Quality of life, LVEF and patients' holistic symptomatic preference between arms were secondary outcomes. Overall, 167 patients were randomized: 90% men, 69 ± 10 years, QRS duration 124 ± 26 ms, PR interval 249 ± 59 ms, LVEF $33 \pm 9\%$. Neither peak oxygen uptake ($+0.25$ ml/kg/min, 95% confidence interval CI -0.23 to $+0.73$, $p = 0.3$) nor LVEF ($+0.5\%$, 95% CI -0.7 to 1.6 , $p = 0.4$) changed with pacing but Minnesota Living with Heart Failure quality of life improved significantly (-3.7 , 95% CI -7.1 to -0.3 , $p = 0.03$). Seventy-six percent of patients preferred His bundle pacing-on and 24% pacing-off ($p < 0.0001$).; Conclusion: His bundle pacing did not increase peak oxygen uptake but, under double-blind conditions, significantly improved quality of life and was symptomatically preferred by the clear majority of patients. Ventricular pacing delivered via the His bundle did not adversely impact ventricular function during the 6 months. (© 2022 The Authors. European Journal of Heart Failure published by John Wiley & Sons Ltd on behalf of European Society of Cardiology.)

Title: Adalimumab in the treatment of refractory non-infectious scleritis: 6-month outcomes

Source: *Eye*, pp.1-3.

Author(s): Yeung, Ian; Bober, Emilia Agata; Frain, Kristina; Fotuhi, Majid; Virgo, Jonathan; Hindle, Edward; Ma, Jianfei; Addison, Peter; Okhravi, Narciss and Tucker, William

Abstract: Scleritis is a serious, painful, sight-threatening condition that can significantly impact patients' quality of life and wellbeing. Its management is focused on the control of scleral inflammation using oral corticosteroids and/or corticosteroid-sparing (e.g. conventional immunosuppressive) agents. However, a subset of patients does not tolerate or respond to these treatment regimens, which puts them at risk of persisting morbidity and losing vision. In recent years, novel biological therapies have become a highly attractive option for those with refractory scleritis, giving them hope for disease control and thus better outcomes.

Title: Can ingesting local honey reduce symptoms of allergic rhinitis (hay fever) in children and young people?

Source: *Archives of Disease in Childhood* (2023).

Author(s): Yip, Alphonsus and Reece, Ashley

Abstract: A 14-year-old boy with allergic rhinitis (AR), more commonly known as hay fever, presents with sneezing, runny nose and itchy eyes. He is sensitised to grass, tree and birch pollen on skin prick testing. His symptoms affect him throughout the spring and summer months, affecting his performance at school. Despite medical therapies including oral antihistamine, nasal spray and eye drops, there are some days he remains symptomatic, and his mother is keen to find better treatment. She has heard that if you eat local honey, then this can improve the symptoms of hay fever and asks for your advice. You wonder whether eating local, unpasteurised honey can help reduce the symptoms of AR or even be a cure for the symptoms of hay fever.