

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by John R. Radford.

BARRIERS TO EARLY PRESENTATION

Differences in cancer awareness and beliefs between Australia, Canada, Denmark, Norway, Sweden and the UK (the International Cancer Benchmarking Partnership): do they contribute to differences in cancer survival?

Forbes LJL, Simon AE *et al.* *Br J Cancer* 2013; 108: 292–300

Why is there relatively poor cancer survival in the UK?

The UK has relatively poor one-year cancer survival compared with those living in Australia, Canada and Sweden, but similar to that in Denmark. In this study, a population-based telephone interview exploring cancer awareness and beliefs was carried out with almost 20,000 ≥ 50 -year-olds, living in six high-income countries. In contrast to the UK, Danish people had a high awareness of age-related risk of cancer as did those in Norway and Sweden. Apart from this lack of awareness in the UK, another possible explanation for this poor cancer survival could be that those in the UK are 'more concerned about embarrassment because of the traditional "stiff upper lip"'. Poor survival in Denmark may be as a consequence of the primary care doctor perceiving that they have a role in 'gate-keeping' secondary care services.

DOI: 10.1038/sj.bdj.2013.346

THE MISSING EIGHT UNITS

How is alcohol consumption affected if we account for under-reporting? A hypothetical scenario

Boniface S, Shelton N. *Eur J Public Health* 2013; doi: 10.1093/eurpub/ckt016

Should guidelines 'reflect actual consumption...?'

Not only should dental professionals inform patients of associations between alcohol consumption and oral diseases but dental professionals may also have a role in counselling those as to the deleterious effects of alcohol on general health. When comparing self-reported consumption and alcohol sales as compiled by HM Revenue and Customs, 8.2 units per week per adult were unaccounted for. In a 'revised scenario' that took account of this missing eight units, the prevalence of drinking more than the weekly guidelines increased by 15% for men and 11% for women, such that almost half of men and a third of women exceeded present recommendations. Again adopting the 'revised scenario', 'women have similar odds to men of binge drinking and higher odds of drinking more than daily limits'.

DOI: 10.1038/sj.bdj.2013.348

OZONE

Efficacy and tolerability of medical ozone gas insufflations in patients with osteonecrosis of the jaw treated with bisphosphonates – preliminary data

Ripamonti CI, Maniezzo M *et al.* *J Bone Oncol* 2012; 1: 81–87

Ozone offers 'a promising...therapeutic option'.

Those taking bisphosphonates and other agents that inhibit osteoclast activity such as denosumab (human monoclonal antibody), are at increased risk of osteonecrosis of the jaws (ONJ). The investigators used a Simon two-stage optimal design study to ascertain if ozone therapy 'warrant (s) more extensive development'. It was argued that it was not possible to carry out a RCT. The ozone was delivered topically to the ONJ lesion by circulating the gas in a space created in an impression recorded of the jaw. Twenty-four patients were recruited to the study and all ONJ lesions were >2.5 cm in dimension. Favorable outcomes were reported, with 1) 6 patients exfoliating a sequestrum, 2) when surgical intervention was indicated, a 'healthy mandible edge' was noted, and 3) in none of the patients was there relapse.

DOI: 10.1038/sj.bdj.2013.347

NEEDLE MODELLING

An *in vitro* investigation of the effect of bevel design on the penetration and withdrawal forces of dental needles

Steele AC, German MJ *et al.* *J Dent* 2013; 41: 164–169

Generally, this novel dental needle tip was superior.

The atraumatic needle tip that is standard for intra-oral use, has a bevel that is more rounded than earlier needle designs. It 'has the action of pushing between, rather than cutting through tissue fibres'. This study compared the forces required for the standard atraumatic needle and a novel asymmetrical bevel design needle (both 30 gauge) to penetrate and withdraw from 1) a 0.4 mm polyurethane membrane, and 2) a polyvinyl siloxane block. For the novel design of needle, the forces were significantly less when the angles of insertion were 30° and 150°, but at 90° angle of penetration the forces were higher compared with the standard atraumatic needle (polyurethane membrane model). In addition, the novel asymmetrical bevel design required less force to insert into the polyvinyl siloxane block, tested at 90° angle of penetration only, and the withdrawal forces were less.

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