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

'Pressure on clinicians'

Antimicrobial resistance and antimicrobial stewardship programmes: benefiting the patient or the population?

Giubilini A. *J Med Ethics* 2017; **43:** 653–654

'…bedside rationing of antimicrobials is 'fair and ethically sound' even if it doesn't promote the short-term best medical interest of the individual patients'.

The readers of this section of the *Br Dent J* have been questioned as to how society can tackle the abuse of antibiotics;. whether it is usage fees to restrict non-human use of antibiotic growth promoters (*N Engl J Med* 2013; **369:** 2474–2476), the discovery of new antibiotics from soils of a 'grassy field in Maine' (*Nature* 2015; **517:** 455–459), legislation that supports antimicrobial stewardship (*Lancet Infect Dis* 2015; **26:** 377–378) or merely discontinuing a course of antibiotics when symptoms resolve (*BMJ* 2017; **358:** j3418). But is the antibiotic crisis just more fake news (*Lancet Infect Dis* 2017; **17:** 473–474)? The author of this Editorial, who is a distinguished bioethicist, is persuaded by the argument that antimicrobial resistance is a 'slowly emerging disaster'. He draws an analogy with 'the tragedy of the commons'. He cites Simon Oczkowski's article in this issue of the same journal *(J Med Ethics* 2017; **43:** 684–687) that bedside rationing is 'fair and ethically sound' if the clinician, 'behind a Rawlsian veil ignorance', can weigh up the competing needs of society and prescribing an antibiotic for their patient.

DOI: 10.1038/sj.bdj.2017.917

Adjusting all-ceramic crowns

Fracture resistance of zirconia-based all-ceramic crowns after bur adjustment

Rues S, Schwindling FS *et al.* *Eur J Oral Sci* 2017; **125:** 310–313

Is the use of a fine grit diamond bur before polishing the best approach to carry out occlusal adjustment of all-ceramic crowns?

How does a dentist remove a prematurity at the try-in stage of an all-ceramic crown? It has even been advocated to perform occlusal recontouring of the opposing tooth. In this *in vitro* study, the fracture resistance of veneered zirconia crowns following adjustment with fine-, medium-, or coarse-diamond-coated burs (grit sizes 46, 107, or 151 μm, respectively) was measured. There was increased fracturing of the ceramic with larger grit size burs; deep scores within the veneering layer may result in crack propagation. Crowns that were not adjusted 'exceeded, by far, the values measured in the present study for adjusted and polished crowns'. This revisits the the thorny question as to whether or not recontouring the opposing tooth is the preferred option. This study also examined the effect of simulated aging of crowns. Not unexpectedly aged crowns failed more readily.

DOI: 10.1038/sj.bdj.2017.918

'Marginal or uncertain benefits at high cost'

EDITORIALS. Do cancer drugs improve survival or quality of life?

Prasad V. *BMJ* 2017; **359:** j4528 DOI: 10.1136/bmj.j4528

'Patient commentary: the current model has failed'

Robertson E. *BMJ* 2017; **359:** j4568 DOI: 10.1136/bmj.j4568

The substantive paper in this issue states (*BMJ* 2017; 359: j4530) 'most drugs entered the market without evidence of benefit on survival or quality of life.'

Nick Robinson, Radio 4's *Today* presenter and survivor of cancer, wrote 'No amount of courage no measure of cowardice can decide the outcome.' in a poem as a tribute to his friend and fellow broadcaster Steve Hewlett who sadly died of oesophageal cancer in February of this year. Hewlett's insightful diaries (https://www.theguardian.com › Society › Cancer), chronicled his journey with cancer. In these he touched on the cost of drugs for the management of cancer. With remarkable humour Steve Hewlett said he could 'probably afford this drug (£15,624 per monthly cycle for ramucirumab) provided it's not for too long. In other words, the sooner the treatment fails the happier my bank manager will be!'

A high impact paper (*N Engl J Med* 2016; **375:** 1856-1867) was published in the previous year that reported nivolumab, an anti-programmed cell death monoclonal antibody, increased overall survival for recurrent squamous-cell carcinoma of the head and neck from 5.1 months to 7.5 months. The National Institute for Health and Care Excellence (NICE) has not approved the use of nivolumab for the NHS. The cost of nivolumab would be between £66,000 to £75,000 per year of quality life with its ceiling being £20,000 to £30,000 per year (the *Guardian,* 11 Apr 2017).

This abstract highlights areas in two of four papers published in the same issue of the *BMJ* exploring the benefits and costs of cancer drugs. At their heart is a commentary by Emma Robertson, leader of *Just Treatment.* Robertson is afflicted with secondary breast cancer. She cites the independent drug bulletin *Prescrire* (monthly medical journal in French) that states 'only 7% of 1,345 therapeutic drugs assessed between 2000 and 2013 offered "a real advantage" when compared with drugs that were already available'. Yet the cost of such drugs has increased by 10% every year between 1995 and 2013. These drugs just take a share of their competitor's market. She argues for an approach that rewards and promotes innovation and breaks the link between drug prices and research and development costs.

And the Editorial sounds other notes of caution. It is stated: 1) the efficacy of the drug is usually modelled on estimates that 'are uncertain and seem to be consistently larger than measured gains', 2) these small benefits are typically observed in patients who are younger with less comorbidity, and 3) many of the outcomes for survival are surrogate markers that correlate poorly with true survival. This Editorial is complementary of the role of NICE in that it does not approve drugs 'that provide only marginal or uncertain benefits at high cost.'

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Official journal of the British Dental Association.