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.

CANCER – EMOTIONAL NEEDS

How head and neck consultants manage patients' emotional distress during cancer follow-up consultations: a multilevel study

Zhou Y, Humphris G *et al. Eur Arch Otorhinolaryngol* 2014; DOI 10.1007/s00405-014-3209-x

'When to do what' rather than 'what should be done'.

A multilevel modelling approach was used to explore the responses of consultants to emotional distress of their patients at review consultations following treatment for head and neck cancer. The keys findings were 1) consultants were more likely to reduce space (block) emotions elicited by patients, than emotions raised by themselves, and 2) 'were less likely to give space for disclosure of emotions that occurred later in the consultation', although this effect tended to go in reverse at 6 minutes into the consultation. This work suggests that consultants may assist patients by acknowledging the emotional needs of the patient. The methodology was elegant. The investigators used the Verona Coding Definitions of Emotional Sequence to quantify the emotional distress of patients and the response of consultants. Such data was extracted from audio recordings of 43 head and neck cancer follow-up consultations. The emotional wellbeing of the patient was not correlated with the reduced space response of the consultant.

DOI: 10.1038/sj.bdj.2015.88

CANCER – SURVIVAL

The association between health-related quality of life and survival in patients with head and neck cancer: a systematic review

van Nieuwenhuizen AJ, Buffart LM *et al. Oral Oncol* 2015; **51:** 1–11

Although it was suggested that enhancing health-related quality of life (HRQol) may increase patient survival, it was conceded that those patients with a worse HRQol may suffer from a more advanced and severe disease.

Patients recovering from cancer are challenged with life-changing physical and psychosocial issues. And those with head and neck cancer (HNC), also have to come to terms with difficulties with eating and speech. What is the quality of life in those who have received treatment for HNC, and is there any correlation with survival? Nineteen studies were included, eleven of which were judged of high quality. Nevertheless, there was no discussion of the 'ceiling effect' (little room for improvement, if there is a good quality of life before treatment) or the opposing 'floor effect'. In addition, the investigators did not state how they compared different measures of HRQol. Higher levels of pre-treatment physical function were associated with increased survival and there was an 'association between change in global Qol from pre-treatment to 6 months post-treatment and survival.'

DOI: 10.1038/sj.bdj.2015.89

CANCER – TREATING DEPRESSION

Comment: Effective treatment for depression in patients with cancer

G. Rodin. *Lancet* 2014; **384:** 1076–1078. Published online August 28, 2014 http://dx.doi.org/10.1016/S0140-6736(14)61342-8

Depression felt by those with cancer responds dramatically to an intensive intervention.

This Comment considers three linked papers published from *The Lancet* group of publications (*Lancet, Lancet Oncol* and *Lancet Psychiatry*); it describes 'a rigorous approach to the implementation and assessment of a complex intervention to alleviate depression in people with cancer.' In a multicentre phase 3 trial, 62% of those with cancer and depression responded positively (Symptom Checklist Depression Scale – SCL-20 among other measurements) compared with only 17% in those who received standard care. Intervention included, both antidepressant medication and psychological treatment delivered by a number of different carers, including with up to ten sessions with a nurse, all in liaison with the oncologist. The cost for this additional treatment was an additional £613 for each patient. In a parallel study carried out with those with lung cancer (only 13% 5-year survival), the above intervention also reported an improvement in depression although the result was not so dramatic.

DOI: 10.1038/sj.bdj.2015.90

CANCER – CAUSES

Cancer etiology. Variation in cancer risk among tissues can be explained by the number of stem cell divisions

Tomasetti C, Vogelstein B. *Science* 2015; **347:** 78-81

'Bad luck of random mutations plays predominant role in cancer'

This header is predicated on the high correlation (r = 0.81) between the number of divisions of self-renewing cells in that tissue and the lifetime risk of that cancer. The investigators argue only a third of cancers are as a consequence of environmental factors or hereditary. 'Machine learning methods were employed to classify tumors based only on this score' – extra risk score (see www.sciencemag.org/content/347/6217/78/suppl/DC1). For R-tumours (R for replicative with stochastic effects influencing risk) that comprise the majority of tumours including pancreatic islet, osteosarcoma and head and neck cancer but head and neck cancer only marginally, 'primary prevention measures (altered lifestyles or vaccines)... are not likely to be very effective.' For these tumours, secondary prevention including early detection should be the major focus. In contrast, primary prevention may have a major impact on that minority classified as D-tumours (D for deterministic such as HPV-16 head and neck, and lung smokers). This paper moves the emphasis away from a life-style victim-blaming model for oncogenesis.

DOI: 10.1038/sj.bdj.2015.91