A summary of general medicine news that affects your patients, your practice, and you.

Vitamin E Linked to Increased Risk of Lung Cancer

Vitamin supplements do not appear to offer any protection against lung cancer, and vitamin E supplements may actually increase lung cancer risk, a study found. The VITAL (Vitamins and Lifestyle) study, published in the March issue of the *American Journal of Respiratory and Critical Care Medicine*, followed 77, 721 people, between 50 and 72 years of age over the course of 10 years to measure the impact of vitamin supplements on reducing the risk of developing lung cancer. The researchers looked specifically at multivitamin supplements, vitamins C and E, and folate.

The researchers found that vitamin E regimens of 400 mg per day could raise long-term risk of cancer by as much as 28% (P=.033). Smokers in the study appeared to be at even higher risk of developing lung cancer—24 times higher—than nonsmokers. The researchers noted that the risk of developing lung cancer from taking vitamin E was small compared to the risks with tobacco use alone.

The researchers wrote that the findings of VITAL "should prompt clinicians to counsel patients that these supplements are unlikely to reduce the risk of lung cancer, and may be detrimental."

CDC: Syphilis Once Again On the Rise

The Centers for Disease Control and Prevention (CDC) has reported an increase in reported cases of syphilis, up 76% from the 1990s, when cases of syphilis had fallen to a record low of 2.1 per 100,000 people in the United States. According to data released at the 2008 National Sexually Transmitted Disease (STD) Prevention Conference, the rate of primary and secondary syphilis rose 12% from 2006 to 2007 (3.3 to 3.7 cases per 100,000 people in the United States). While an increase of syphilis in gay and bisexual men is responsible for the overall rise, the number of cases reported in African-Amercians and women has also increased. In fact, the CDC reported that syphilis rates for African-Americans are significantly higher than among whites. Reported syphilis rates among African-American are six times higher than whites, while rates for African-American women are 13 times higher than for white women.

The CDC recommended that screening efforts be stepped up for syphilis in these at-risk populations. In a statement to the press, John M. Douglas Jr, MD, Director of CDC's Division of STD Prevention said, "While STD screening is by no means the only weapon in our STD prevention arsenal, it is certainly one of our best tools for ensuring prompt diagnosis and treatment and slowing the transmission of these diseases. We are committed to supporting the efforts of physicians in the community as they work to increase screening among their patients. At the same time, we're working to support broader STD prevention programs for MSM (men who have sex with men), women, African-Americans and other who remain at risk."

Obesity a Risk Factor for Some Cancers, Meta-analysis Finds

Men and women who are overweight and obese may be at a greater risk for certain types of cancer, according to a study published in *The Lancet.* In the meta-analysis of data from 141 studies, researchers compared the body mass index (BMI) of patients over the course of 9 to 15 years to the incidences of cancer.

The types of cancer in men cited as being connected to increased BMI over the study period were thyroid cancer (33% higher risk), colon and kidney cancers (24% higher risk), and esophageal tumors (52% higher risk). Malignant melanoma also occurred more frequently in overweight or obese men in the study.

In women, increased BMI was associated with higher risk for gallbladder cancer (59%), kidney cancer, and endometrial (59%) and esophageal tumors (51%). Postmenopausal breast cancer and pancreatic cancer were more prevalent in overweight and obese women in the study. Both men and women who were overweight or obese appeared to have higher incidences of blood cancers and the lymphomas.

Treatment Arm of Diabetes Trial Halted for Safety Reasons

Because of an increased risk of death, treatment with the most aggressive treatment option in a diabetes trial was halted Feb. 6, according to the National Heart, Lung, and Blood Institute (NHLBI). Patients in the ACCORD (Action to Control Cardiovascular Risk in Diabetes) trial who were being treated with the most highly intensive blood-glucose lowering goal will now be treated with a "less intensive standard treatment" that is representative of current guideliness for blood-glucose lowering, according to NHLBI officials.

In a press release issued by the National Institutes of Health, Elizabeth G. Nabel, MD, Director of the NHLBI said, "A thorough review of the data shows that the medical treatment strategy of intensively reducing blood sugar below current clinical guidelines causes harm in these especially high-risk patients with type 2 diabetes.

The target blood glucose level for the intensive treatment arm of the study was A1C of 6%, which is similar to A1C levels of patients without diabetes. The standard treatment group targets A1C levels of between 7% and 7.9%.

MI Risk Increased With Anti-Clotting Drug

Patients who have experienced myocardial infarction (MI) or angina events and who have been taking clopidogrel (Plavix, Sanofi-Aventis/Bristol-Myers Squibb) are at an increased risk for MI and death in the 90-day window after the drug was stopped, according to a study published in the *Journal of the American Medical Association (JAMA)*.

The findings of this study have alerted researchers to a possible clopidogrel rebound effect, although the authors state the need for further research to confirm this and to poinpoint therapeutic strategies to reduce the risk of MI after stopping the drug.

ESAs Linked to Increased Fatalities for Cancer Patients

There is an increased risk death for patients with cancer who are administered erythropoiesis-stimulating agents (ESAs) to combat chemotherapy-related anemia a meta-analysis found. In the study, published in *JAMA*, researchers gathered data from 51 large clinical trials (13,611 patients) with survival information and 38 clinical trials that reported venous thromboembolism events (VTEs). With a confidence interval of 95%, the study correlated the drugs with increased risk of death (10%) and an increased risk in VTEs (57%). According to the lead investigor, Charles L. Bennett, MD, the risk of death was not directly associated with VTEs, but rather ESAs may cause the growth and spread of tumors.

Doctors Need More Sleep, Survey Shows

In a new survey of US physicians most respondents reported that they are not getting the sleep needed to perform at their highest capacity and more than half of respondents blame their work schedules for their lack of sleep. Additionally, the reported use of caffeine by physicians surveyed is higher than the average population, but physician health overall was better, according to the survey, released by the American College of Chest Physicians Sleep Institute (ACCP-SI).

The survey queried participants on sleep habits, how they felt that sleep affected their work and their overall daily performance. Five-hundred eighty-one physicians responded to the survery. Seventy percent said that they needed 7 or more hours of sleep per night for peak performance, however, most who responded said they received ~6.5 hours of sleep on the average workday. Almost half who responded said that they felt the lack of sleep was due to work scheduling. Sleeping more on the weekends to make up for lost sleep was common among the survey respondents.

"Like many who experience long work days and inconsistent schedules, physicians, too, are vulnerable to the effects of inadequate sleep," said Alvin V. Thomas, Jr., MD, FCCP, President of the ACCP. "Just as they help their patients recognize the importance of good sleep habits, physicians should take the necessary steps to ensure they are meeting their own sleep needs." ■

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