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A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.



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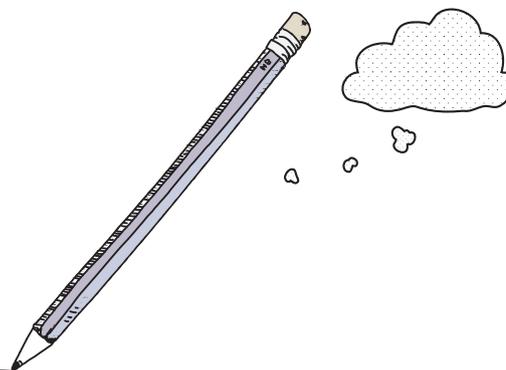
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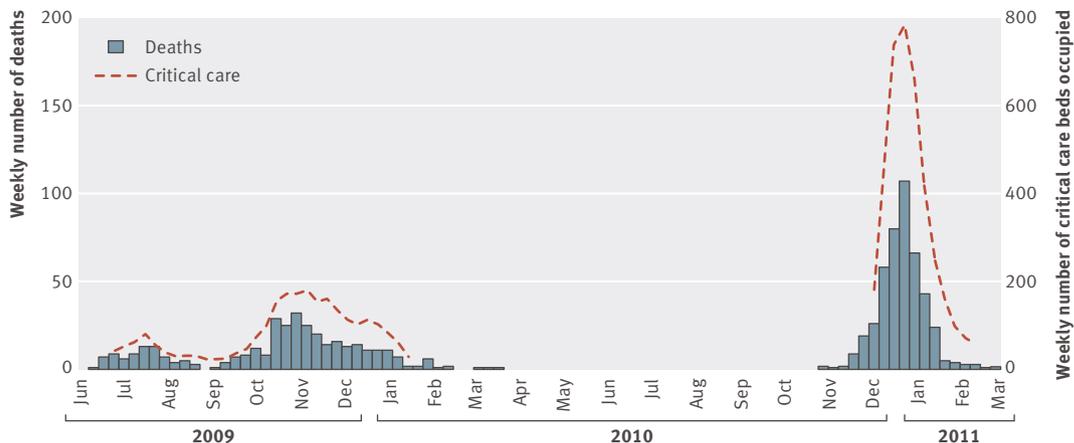
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## PICTURE OF THE WEEK

New research shows that in 2010-11—the year after the H1N1 pandemic in England—the burden of severe illness from influenza was worse than in 2009-10 with 10% more hospital admissions (8797 v 7879), 30% more deaths (474 v 361), and 30% more critical care admissions (2200 v 1700) (*Eurosurveillance* 2012;17(14):pii=20139. <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20139>). The “notable difference” between the two years was the government response with a “laissez-faire” approach in the year after the pandemic when the health secretary Andrew Lansley cancelled the traditional influenza public awareness campaign, say the authors. The action “is likely to have contributed to the increased impact of the disease in the second year.”

► News, p 1

## MOST READ ON BMJ.COM

Safety and efficacy of antibiotics compared with appendicectomy for treatment of uncomplicated acute appendicitis: meta-analysis of randomised controlled trials

The management of ingrowing toenails

Early detection and intervention evaluation for people at risk of psychosis: multisite randomised controlled trial

White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review

Cluster headache

## MOST COMMENTED ON BMJ.COM



Health literacy

Safety and efficacy of antibiotics compared with appendicectomy for treatment of uncomplicated acute appendicitis: meta-analysis of randomised controlled trials

Emergency contraception

Is it time for a new kind of hospital physician?

Herbal medicine might be responsible for high incidence of urinary tract cancer

## BMJ.COM POLL



Last week's poll asked, “Should doctors have a stronger voice in policy on illegal drug use?”

**83%** voted yes (total 984 votes cast)

This week's poll asks, “Is spending on proton beam therapy going too far too fast?”

► FEATURE, p 20

► Cast your vote on [bmj.com](http://bmj.com)

## RESPONSE OF THE WEEK

**“To blame epidemiology, let alone mathematics, for public health policy is like blaming physics for the poor performance of drunken pub billiards players using hockey sticks”**

Andrew J Brunskill, Clinical Faculty Health Services, University of Washington Affiliate Faculty, London, in response to “Mathematics is bad for you: population risk reduction medicalises us all” (*BMJ* 2012;344:e2612)

## EDITOR'S CHOICE

## Don't beam me up just yet

**A study this week of 12 000 US patient records shows that men with prostate cancer treated with proton beam therapy had no better outcomes and had more complications than those who had conventional radiotherapy**

Proton beam therapy might once have seemed like the magic bullet to zap cancer, the state of the art treatment we have all been waiting for. The technology is big and expensive—the world's “most costly and complicated medical devices,” according to one description cited by Keith Epstein in this week's cover article (p 20)—and looks and sounds as if a *Star Trek* scriptwriter might have dreamt it up. As Epstein writes, “by accelerating subatomic particles towards the speed of light and concentrating them in a beam, proton treatment is thought to target cancerous tissue more precisely.”

England's health secretary, Andrew Lansley, clearly believes it represents the future of cancer services—his department announced earlier this month that it would spend £250m on two National Health Service centres for proton beam therapy. But where did he get his evidence? The treatment hasn't been appraised by the National Institute for Health and Clinical Excellence (*BMJ* 2012;344:e2627), and, as Epstein reports, a study this week of 12 000 US patient records shows that men with prostate cancer treated with proton beam therapy had no better outcomes and had more complications than those who had conventional radiotherapy. “The cost of proton therapy for prostate cancer is typically about twice as much as conventional radiation, three times as much as surgery, and four or five times as much as brachytherapy,” writes Epstein.

So what's it good for, if anything? There is evidence of effectiveness in treating children, “whose tissue can be highly sensitive to stray radiation,” and for some rare brain cancers; but clearly, says Epstein, it needs to benefit many more patients—the numbers that the more common cancers might deliver—to justify the cost.

The United States, which has 10 proton beam centres, spends more on cancer treatment than Europe and has better outcomes, reports another US correspondent, Bob Roehr (p 2). Cancer survival rose in both the US and Europe between 1983 and 1999, but the gap between them widened, as did the cost of treatment, a study found. However, the same study, published in *Health Affairs*, shows that despite higher overall healthcare spending, the US lags behind France, Germany, and the UK in overall life expectancy at birth.

Proton beam therapy aside, the UK is working to improve its record on cancer. A project is under way across England to identify reasons for variations in lung cancer outcomes and to find ways to improve quality of care (p 2). And meanwhile, the Royal College of General Practitioners has designated cancer the first of its new “enduring priorities,” and has entered into a five year clinical partnership with the charity Cancer Research UK aimed at improving the diagnosis and management of cancer in primary care (*BMJ* 2012;344:e2756). Greg Rubin, who is leading the partnership, acknowledges that five years might seem too short a time in which to make a difference to cancer. But this is a good start. And perhaps in five years we will have more comparative effectiveness data on proton beam therapy: as Epstein reports, the first randomised controlled trial comparing x rays with proton beams is about to begin.

**Trevor Jackson, deputy editor, *BMJ***  
tjackson@bmj.com

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**BMJ.COM POLL**

Is spending on proton beam therapy going too far too fast?

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