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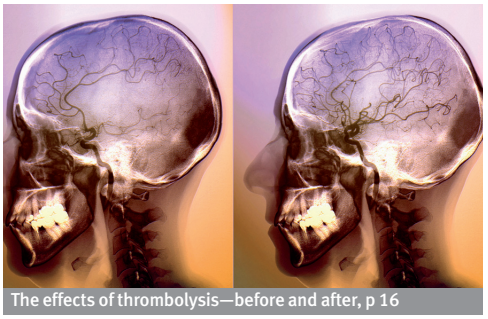

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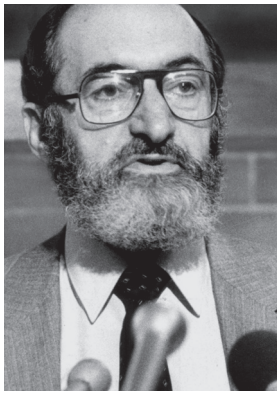

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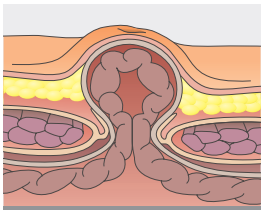

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PICTURE OF THE WEEK

The Design Museum's annual Designers in Residence programme, now in its sixth year, provides a platform to celebrate new designers. One of this year's cohort, Chloe Meineck, will develop a memory box to aid people with dementia. As an alternative form of therapy, Meineck's music memory box lets patients interact with familiar objects to trigger sounds that stir lost memories. The Designers in Residence exhibition is now on at the Design Museum and runs until 12 January 2014

RESPONSE OF THE WEEK

"The last wave of GP commissioning was fundholding in the nineties. In Scotland around 85 local health care cooperatives (LHCCs) were formed. As a GP at the time I chaired an LHCC which networked six practices. It led to more GPs with a special interest and more specialist nurses and to clinical leads for a number of conditions within the cooperative. We were successful in transferring services from the acute NHS. We benchmarked our work internally between practices and against other LHCCs.

Unfortunately in abandoning fundholding and in the reorganisation to Scotland's current NHS structure 43 community health partnerships (CHPs) were formed. GPs became disengaged from the CHPs and networking declined. Clinical commissioning groups may find it difficult to maintain GP engagement and will be too large to bring about networked practices. England should learn from Scotland's mistakes."

Richard Simpson, shadow public health minister, Scottish Parliament, Edinburgh, UK, in response to "Reinventing clinical commissioning groups" (*BMJ* 2013;347:f4980)

MOST READ

Fruit consumption and risk of type 2 diabetes: results from three prospective longitudinal cohort studies

Why we can't trust clinical guidelines

Have there been 13 000 needless deaths at 14 NHS trusts?

Patient information leaflets: "a stupid system"

Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions

BMJ.COM POLL

Last week's poll asked: "Would learning to code be a good use of doctors' time?"

61% voted NO
(total 971 votes cast)
BMJ 2013;347:f5142

This week's poll asks:
"Do risks outweigh benefits in thrombolysis for stroke?"
BMJ 2013;347:f5215

Vote now on bmj.com

EDITOR'S CHOICE

Thyrombolysis, thyroid cancer, and the need for scepticism

Although a small proportion of thyroid cancers are dangerous and need intensive treatment, most are small and indolent and may never progress to cause symptoms and death

Back in June, Jeanne Lenzer wrote an article about why it's hard to trust clinical guidelines (*BMJ* 2013;346:f3830). Her central point was that guideline panels are still rife with conflicts of interest. She took as her main example the current guidelines promoting thrombolysis in acute stroke, about which the evidence is heavily disputed. She quoted several opinion polls showing that most emergency doctors remain unconvinced. Among the many rapid responses was one on behalf of the American Academy of Neurology, written by some of the authors of their guideline, which we publish as a letter this week (p 25). They highlight "errors and omissions" in Lenzer's article and they stand by their recommendations for the use of intravenous alteplase in acute ischaemic stroke.

In her reply (p 24), Lenzer points out that, to strengthen their case that alteplase is safe and effective, they cite the endorsement of the drug by multiple guideline panels, most comprising panellists with ties to the manufacturer. All four authors of the academy's response acknowledge such ties at the end of their letter. Lenzer suggests that, in view of the degree of uncertainty and debate, the academy should have included expert sceptics on the guideline panel instead of trying to debate the science with the journalist who reported the problem.

Two such expert sceptics give their view of the evidence in this week's Head to Head debate (p 16). While Graeme Hankey argues that there is evidence of benefit from thrombolysis in selected patients with stroke, Simon Brown and Stephen Macdonald say there is clear evidence that thrombolysis harms some patients early in their treatment, including some who might otherwise have made a full recovery. Meanwhile the evidence of benefit, from trials and industry funded datasets, is flawed, they say; and until better evidence emerges, thrombolysis should be given only within high quality placebo controlled trials.

Scepticism is also an essential in the face of new diagnostic categories and technologies. This week, the *BMJ*'s Too Much Medicine campaign turns its attention to the overdiagnosis and treatment of thyroid cancer. Although a small proportion of thyroid cancers are dangerous and need intensive treatment, most are small and indolent and, according to Juan P Brito and colleagues (p 18), may never progress to cause symptoms and death.

Thyroid cancer shows many of the pathognomonic signs of an overdiagnosed condition: increasing incidence with little change in mortality, a correlation between access to medical care and rates of diagnosis, new tools for detecting smaller and earlier disease, autopsy studies showing high rates of undetected thyroid nodules, incidental detection on computed tomography and magnetic resonance imaging scans for other indications.

When small asymptomatic nodules are found, patients are offered and tend to accept surgery irrespective of the histological type. The treatment is invasive, costly and linked to burdensome complications, as well as lifelong thyroid replacement therapy and monitoring. The authors say we must wait for well designed randomised trials comparing immediate surgery and surveillance. And in the meantime they call for a change in terminology. Instead of papillary thyroid cancer, they propose a more benign term, micropapillary lesions of indolent course, or microPLICS.

This will be one of many examples of overdiagnosis being discussed next week (10-12 September) at the Preventing Overdiagnosis conference in Dartmouth, New Hampshire (www.preventingoverdiagnosis.net/). If you're not able to be there in person, do follow it on Twitter at #PODC2013.

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