Screening for occult cancer in unprovoked venous thromboembolism

Venous thromboembolism may be the earliest sign of cancer. A previous study has reported that an incidence of up to 10% in the year following the venous thromboembolism. This suggests that such patients should have comprehensive screening tests.

This report concerns a study in which patients were randomly assigned to undergo limited occult-cancer screening (basic blood testing, chest radiography, and screening for breast, cervical, and prostate cancer) or limited occult-cancer screening in combination with CT of the abdomen and pelvis.

Of the 854 patients who underwent randomisation, 33 (3.9%) had a new diagnosis of occult cancer between randomisation and the one-year follow-up. No significant difference was found between the limited and limited plus CT groups. The researchers conclude that the prevalence of occult cancer was low among patients with a first unprovoked venous thromboembolism. Routine screening with CT of the abdomen and pelvis did not provide a clinically significant benefit.


Risk of gastrointestinal bleeding associated with oral anticoagulants

This population-based retrospective cohort study reviews the real world safety of dabigatran or rivaroxaban compared with warfarin in terms of gastrointestinal bleeding. The study sample included 4,907 users of dabigatran, 1,649 users of rivaroxaban, and 39,607 users of warfarin. None of them had used oral anticoagulants or had gastrointestinal bleeding in the previous six months.

No statistically significant difference was seen in the risk of gastrointestinal bleeding between dabigatran or rivaroxaban and warfarin. However, the researchers conclude that increased risks associated with dabigatran and rivaroxaban compared with warfarin cannot be ruled out.

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Long-term effects of lithium on renal, thyroid and parathyroid function

Lithium is a widely used and highly effective treatment for mood disorders, but can cause poorly characterised adverse effects in kidney and endocrine systems. In this study, a retrospective analysis of laboratory data compares the incidence of renal, thyroid and parathyroid dysfunction in patients treated with lithium and control subjects who have not been treated with lithium.

Adjusting for age, sex, and diabetes, presence of lithium in serum was associated with an increased risk of stage three chronic kidney disease, hypothyroidism and hypercalcaemia. Women, particularly younger women, were at greater risk of developing renal and thyroid disorders than were men. Clearly, patients on lithium treatment need baseline measurements of renal, thyroid and parathyroid function and regular long-term monitoring.

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URL: