



Participants were at least middle-aged when recruited, and 137 developed cancer during 15 years of follow-up – enough to establish a general association, but not enough to

explore different cancer types, say the authors. Mortality analyses included just 62 deaths, so the confidence intervals around these results are very wide.

Hampton T. JAMA 2011;306:42-44.

Half the PCIs done for non-acute indications are inappropriate or uncertain

More than half a million US citizens have a percutaneous coronary intervention (PCI) each year. Most procedures done for acute indications such as heart attack are appropriate, say researchers, but around half of the PCIs done for non-acute indications may not be.

They matched data from an established PCI register to appropriateness criteria recently developed by six professional organisations. Among 500 154 PCIs, more than a quarter (28.9%, 144 737) were done for patients without an acute indication. Almost 12% (16 838) of these procedures were classified as inappropriate or unlikely to improve

a patient's health or prolong survival. A further 38% (54 988) were classified as uncertain. Most inappropriate procedures were done for patients with little or no angina, low-risk ischaemia on non-invasive testing, or low-risk coronary artery disease on angiography. Of these patients, 96% were treated inadequately with anti-anginal drugs.

More than 1 000 US hospitals contributed to the registry. The proportion of non-acute PCIs that were inappropriate varied from none to 55% among hospitals. Differences in patient volumes or source of funding (private or public) explained very little of the variance.

These results suggest that hospitals, professionals and their organisations need to find a way to target non-emergency PCI better, say the authors. Some hospitals need more help than others.

Chan PS et al. JAMA 2011;306:53-61.

BRIDGET FARHAM