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1364 *p i c o* **Neuraminidase inhibitors for preventing and treating influenza in healthy adults: systematic review and meta-analysis** Neuraminidase inhibitors reduce the transmission of seasonal influenza and reduce the duration of symptoms by about half to one day, but published data are insufficient to know if they reduce complications or are safe

Tom Jefferson, Mark Jones, Peter Doshi, Chris Del Mar *» Editorial, p 1321, Feature, p 1342, Analysis, p 1348*

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BMJ

12 December 2009 Vol 339

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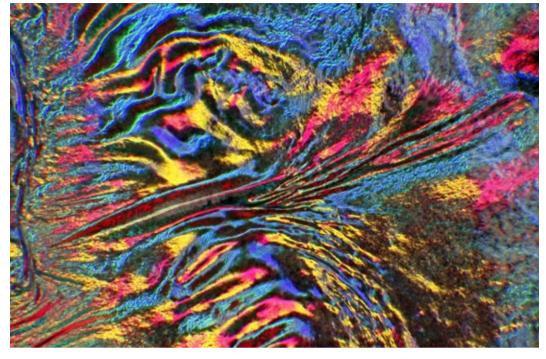
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Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly Printed by Precision Colour Printing Limited



PICTURE OF THE WEEK

Image of crystallised contents of an oseltamivir capsule, created for the *BMJ* by the photomicrographer Spike Walker. Crossed polarising filters in light microscopy of the molten powder yield these intriguing shapes and vivid colours. Spike has won 19 Wellcome Image Awards, including five this year (www.wellcomeimageawards.org). For more on oseltamivir see Editorial, p 1321, Feature, p 1342, Analysis, pp 1348 and 1352, and Research, p 1364.

THE WEEK IN NUMBERS

50 000 People who marched to press the government to take action on climate change (News, p 1335)

67% Reduction in apnoea hypopnoea index in obese men allocated to very low energy diet (Research, p 1365)

3.9 Age standardised incidence of hepatocellular carcinoma per 100 000 people in the UK (Clinical Review, p 1366)

2 in 3 Proportion of UK trusts that had major complications associated with chest drain insertion over five years (Practice, p 1371)

£500m UK government spending on H1N1 drugs by October, with a commitment to spend over £1bn (Feature, p 1342)

THE WEEK IN QUOTES

"Women with a history of pre-eclampsia may be at increased risk of future hypothyroid function" (Research, p 1355)

"We are no longer sure that oseltamivir offers advantage over cheap, over the counter drugs such as aspirin" (Analysis, p 1348)

"George [Godber] understood that there is such a thing as society and that individuals exist within a network of mutual responsibility" (Observations, p 1340)

"You are well and truly fucked" (Personal View, p 1379)

"It is not appropriate for the alcohol industry to influence the direction of public health policy to favour private economic interests" (News, p 1333)

EDITOR'S CHOICE

We want raw data, now



Editorials, p 1321 Letters, p 1330 Feature, p 1342 Analysis, pp 1348, 1352 Research, p 1364

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bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2009;338:b145. 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. This week's *BMJ* is dominated by a cluster of articles on oseltamivir (Tamiflu) (pp 1321, 1330, 1342, 1348, 1352, 1364). Between them the articles conclude that the evidence that oseltamivir reduces complications in otherwise healthy people with pandemic influenza is now uncertain and that we need a radical change in the rules on access to trial data.

Briefly, in updating their Cochrane review, published this week (p 1364), Tom Jefferson and colleagues failed to verify claims, based on an analysis of 10 drug company trials, that oseltamivir reduced the risk of complications in healthy adults with influenza. These claims have formed a key part of decisions to stockpile the drug and make it widely available.

Only after questions were put by the *BMJ* and *Channel 4 News* has the manufacturer Roche committed to making "full study reports" available on a password protected site. Some questions remain about who did what in the Roche trials, how patients were recruited, and why some neuropsychiatric adverse events were not reported. A response from Roche is published in our letters pages (p 1330) and their full point by point response is published online (doi:10.1136/bmj. b5374).

Should the *BMJ* be publishing the Cochrane review given that a more complete analysis of the evidence may be possible in the next few months? Yes, because Cochrane reviews are by their nature interim rather than definitive. They exist in the present tense, always to be superseded by the next update. They are based on the best information available to the reviewers at the time they complete their review. The Cochrane reviewers have told the *BMJ* that they will update their review to incorporate eight unpublished Roche trials when they are provided with individual patient data.

Where does this leave oseltamivir, on which governments around the world have spent billions of pounds? The papers in this week's journal relate only to its use in healthy adults with influenza. They say nothing about its use in patients judged to be at high risk of complications—pregnant women, children under 5, and those with underlying medical conditions; and uncertainty over its role in reducing complications in healthy adults still leaves it as a useful drug for reducing the duration of symptoms. However, as Peter Doshi points out (p 1348), on this outcome it has yet to be compared in head to head trials with non-steroidal inflammatory drugs or paracetamol. And given the drug's known side effects, the risk-benefit profile shifts considerably if we are talking only in terms of symptom relief.

We don't know yet whether this episode will turn out to be a decisive battle or merely a skirmish in the fight for greater transparency in drug evaluation. But it is a legitimate scientific concern that data used to support important health policy strategies are held only by a commercial organisation and have not been subject to full external scrutiny and review. It can't be right that the public should have to rely on detective work by academics and journalists to patch together the evidence for such a widely prescribed drug. Individual patient data from all trials of drugs should be readily available for scientific scrutiny.

Fiona Godlee, editor, *BMJ* fgodlee@bmj.com Cite this as: *BMJ* 2009;339:b5405

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PLUS Career Focus, jobs, and courses appear after p 1382

WHAT'S NEW ON BMJ.COM

SURVIVORS OF CHILDHOOD CANCERS

According to this analysis of the Childhood Cancer Survivor Study cohort, survivors of childhood and adolescent cancer are at substantial risk for cardiovascular disease. Healthcare professionals must be aware of these risks when caring for this growing population. In the accompanying editorial, Meriel Jenney and Gill Levitt say that numbers of childhood cancer survivors are increasing, so a network of specialists that crosses age boundaries is needed. Read this and more research at http://www.bmj.com/channels/research.dtl



LATEST ON SWINE FLU

Listen to the free BMJ Learning audio module with chief medical officer Sir Liam Donaldson answering doctors' questions about swine flu. Hear how to prioritise, whom to vaccinate, and the rationale behind the national guidelines. This interview was recorded on 25 November. Click on the link: http://learning.bmj.com/learning/search-result.html?moduled=10013823

LATEST BLOGS

Emily Spry is finding things tough in Freetown, Sierra Leone. She says, "Everyone warned me about this moment; when Freetown suddenly gets to you and you find that actually it's all too much," she writes "The dirt, the traffic, the open drains, the strangeness, the constant attention from strangers, the light and water going off, the desperate poverty, the malnourished, the needlessly sick and dying."



Tony Waterston and Frances Mortimer blog about an event last weekend that was a feeder event to the massive march to Parliament Square on climate

change. "The Wave was set up to influence the negotiators heading this week to Copenhagen for the crucial UN talks—and certainly they did, as our climate minister was on the march and our health delegation spent 15 minutes questioning him at the roadside." Elsewhere David Pencheon, one of the speakers at The Wave, posts his speech.

Read this and other blogs at http://blogs.bmj.com/bmj/



LATEST VIDEO

Maisie and George and the future of their planet

In the UK, up to 25% of public sector emissions come from the NHS. To mark the Copenhagen climate change summit, the *BMJ* has commissioned a short video about how the health service can reduce its carbon footprint. View this video and others at http://www.bmj.com/video/ Last week's poll asked:

"Is the conflict of interest unacceptable when drug companies conduct trials on their own drugs?" You voted: No: 133 (25%) Yes: 400 (75%)



This week's poll asks: "Would you publicly confess to a serious mistake if you thought others could learn from your experience?"

Cast your vote at http://www. bmj.com/#polldaddy-head



Debate the medical issues of the day on doc2doc, BMJ Group's clinical community site

for doctors worldwide. Latest discussions include: Should NHS IT have been killed off a long time ago? Should a genetic predisposition ever diminish personal responsibility?

Dysrationalia: a new term to teach (and learn) in medicine?

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