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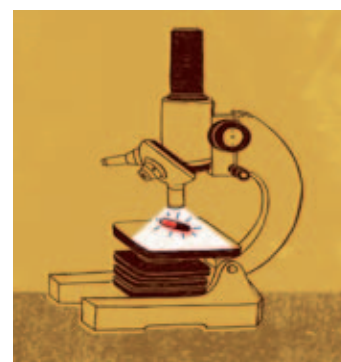
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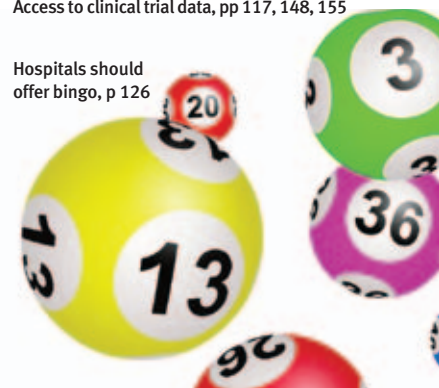


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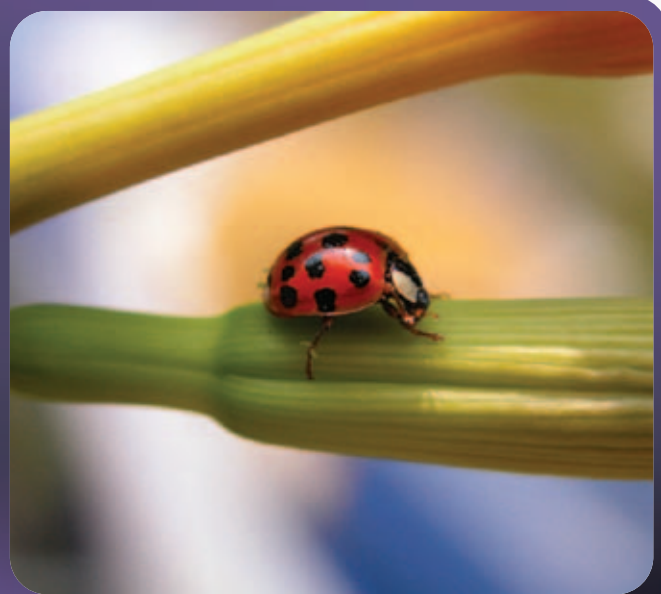


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KENABETANCUR/REUTERS

PICTURE OF THE WEEK

Haitian football players from the Zaryen team and the national amputee team fight for the ball during a friendly match in Port-au-Prince. They lost their limbs in the earthquake a year ago.

bmj.com

- ▶ News: Experts urge vaccination to try to control cholera outbreak in Haiti (*BMJ* 2011;342:d23)
- ▶ Feature: International Health: Hungry for profit (*BMJ* 2010;341:c5221)

THE WEEK IN NUMBERS

£506 Cost per chlamydia infection treated in 2008-9
(Research, p 156)

1 in 100 Estimated ratio of malignant to benign lumps
(Clinical Review, p 157)

2007 Year the Mental Capacity Act came into force, which allows the deprivation of liberty of people in hospital to assess or treat a mental disorder
(Practice, p 163)

94% Proportion of clinical trials in which prespecified outcomes had been analysed but not reported (Research, p 155)

QUOTE OF THE WEEK

“A decade ago most appendicectomies could be performed by senior house officers. However, many at the current equivalent grade have never scrubbed for an appendicectomy, let alone completed one solo”

James S Bowness, a foundation year 2 doctor, and Ben Clift, consultant orthopaedic surgeon, Ninewells Hospital, Dundee, on the lack of surgical training in the foundation programme
(Personal View, p 835)

QUESTION OF THE WEEK

Last week we asked, “Should children aged 5 years or younger be included in the flu vaccination programme?”

51% said no (total 858 votes cast)

This week's poll asks, “Is NHS Employers justified in trying to impose a freeze on incremental pay progression for NHS staff?”

▶ **bmj.com** Cast your vote

EDITOR'S CHOICE

Goodbye PubMed, hello raw data

The raw data from trials must be made freely available. Journals clearly have a role to play in making this happen

This time last year the H1N1 influenza pandemic was burning itself out, having caused, thankfully, far less sickness and death than predicted. Now this year's seasonal flu epidemic is doing its rounds in the northern hemisphere (p 134). The UK's problems with uptake and availability of the flu vaccine seem to have been sorted out, but what interests me is this year's low key approach to antivirals.

You will remember that neuraminidase inhibitors were promoted by WHO as a key part of influenza prevention and treatment, and that oseltamivir was stockpiled at vast expense by governments around the world. The drug was made widely and easily available, but even so, huge amounts were left unused. You may also remember that serious doubts were raised about its effectiveness.

At the end of 2009 we published an update of the Cochrane review of antivirals as treatment for flu in otherwise healthy adults (*BMJ* 2009;339:b5106). As reported in a *BMJ*/Channel 4 investigation, the reviewers had found that, despite repeated requests to the drug company, Roche, they were unable to obtain the trial data necessary to validate their earlier conclusion that oseltamivir reduced complications (*BMJ* 2009;339:b5374).

This week the Cochrane team explains why their experience with Roche blows a hole in the systematic review enterprise (p 148). The incomplete information they obtained from Roche merely proved how inadequate the published record on oseltamivir was. The two main published trials don't mention any adverse events, but the partial study reports from Roche listed 10 serious events, three of which were classified as possibly due to oseltamivir. By laboriously compiling a full list of industry and non-industry trials, they

found one large trial by Roche Shanghai that Roche headquarters in Basel hadn't got on their list. By looking at the regulatory documents, they found that the largest phase III trial of oseltamivir (unpublished) is hardly mentioned in regulatory documents.

From now on, they say, reviewers must have access to all unpublished data, not only from unpublished trials—the usual focus of concern about publication bias—but also from those that have been published in peer reviewed journals. Reviewers must assess entire trial programmes, and so new tools and methods are needed. If the trial reports are incomplete, reviewers should turn to reports from the drug regulators. As Tom Jefferson, the lead author for the Cochrane review, told me, "it's goodbye PubMed, goodbye Embase."

The reviewers have posted their new style protocol for this review on the Cochrane site and, recognising the enormity of the task, they are recording how much work is involved. But it must be clear to everyone that such a heroic approach is unsustainable across the whole of healthcare, given the resource constraints on academics and regulators. Which brings us back to what seems to be the only real solution—that the raw data from trials must be made freely available. Journals clearly have a role to play in making this happen, as An-Wen Chan agrees in his editorial (p 117). The International Committee of Medical Journal Editors meets in a few months' time. This will be on the agenda.

Fiona Godlee, editor, *BMJ* fgodlee@bmj.com

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Career Focus, jobs, and courses appear after p 176

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Wakefield's article linking MMR vaccine and autism was fraudulent

Editor's Choice: The fraud behind the MMR scare
The IKEA pencil: a surprising find in the NHS

Open letter to the BMA about the health white paper

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