



CUSTOM MEDICAL STOCK PHOTO/SPPL

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The cover shows a coloured transmission electron micrograph of prion protein.

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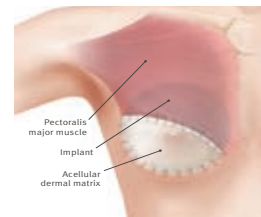
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Prescribing Information (Please refer to full Summary of Product Characteristics before prescribing) **Toctino (Alitretinoin)** 10mg or 30mg Capsules. Indication: Severe chronic hand eczema unresponsive to potent topical corticosteroids. Predominantly hyperkeratotic features are more likely to respond than pompholyx. **Dosage and administration:** To be prescribed by dermatologists, or physicians with experience in systemic retinoid therapy. Adults only: 30mg once daily with meal. Dose reduction to 10mg once daily if unacceptable adverse reactions. Start high risk patients (diabetes, obesity, cardiovascular risk factors or lipid metabolism disorders) on 10mg once daily and titrate up to 30mg once daily if necessary. Treat for 12 to 24 weeks. **Toctino is teratogenic.** Limit treatment to 30 days for women of childbearing potential who follow Pregnancy Prevention Programme. **Contraindications:** Pregnancy and breastfeeding. Women of childbearing potential unless all conditions of Pregnancy Prevention Programme are met, hepatic insufficiency, severe renal insufficiency, uncontrolled hypercholesterolaemia, hypertriglyceridaemia, hypothyroidism, hypervitaminosis A, hypersensitivity to alitretinoin, other retinoids or excipients, allergy to peanut or soya, hereditary fructose intolerance, concomitant tetracyclines. **Precautions:** Male fertility may be compromised, history of psychiatric disorders including depression. Effects of UV light may be enhanced. Monitor serum cholesterol and triglycerides. Patients experiencing visual difficulties should be referred to an ophthalmologist. Discontinue if benign intracranial hypertension, uncontrolled hypertriglyceridaemia,

pancreatitis or inflammatory bowel disease occurs. Interactions: Concomitant use of St. John's Wort may cause contraceptive failure. Concomitant use of vitamin A or other retinoids. Tetracyclines contraindicated. **Pregnancy and lactation:** Contraindicated as teratogenic. If pregnancy occurs, discontinue use and refer patient to physician specialised or experienced in teratology. **Adverse Effects:** headaches, hypertriglyceridaemia, hypercholesterolaemia, anaemia, decreased monocytes, increased thrombocytes, conjunctivitis, dry eye, eye irritation, flushing, dry skin, dry lips, cheilitis, eczema, dermatitis, erythema, alopecia, arthralgia, myalgia, ankylosing spondylitis, benign intracranial hypertension, vasculitis, suicidal ideation. Refer to SPC for full details. **Legal category:** POM. **NHS list price:** 30 capsules; 10mg or 30mg £411.43; **Product Licence (PL) no.** PL 32205/0001/0002 MA holder: Basilea Medical Ltd, 14/16 Frederick Sanger Road, The Surrey Research Park, Guildford, Surrey GU2 7YD. **Date of preparation:** April 2013. Toctino is a registered trademark of Basilea Pharmaceuticals International AG.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Stiefel, a GSK company on 0800 221 441.

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THONY BELIZARE/AP/GETTY IMAGES

PICTURE OF THE WEEK

Makeshift hospitals, like this one in Port-au-Prince, continue to care for people infected with cholera, which was introduced into Haiti in October 2010. Since then nearly 670 000 people have become infected with the bacterium and 8000 have died. Last week lawyers acting for families affected by cholera filed a lawsuit in New York against the United Nations, whose peacekeeping forces, the lawyers say, brought the infection into the country (*BMJ* 2013;347:f6248). They are demanding compensation of \$100 000 (£63 000) for every person who has died from cholera and \$50 000 for those who became ill. The UN has said it has immunity against legal action (*BMJ* 2013;347:f6248).

MOST READ

Comparative effectiveness of exercise and drug interventions on mortality outcomes: metaepidemiological study
 Academic performance of ethnic minority candidates and discrimination in the MRCGP examinations between 2010 and 2012
 Fruit consumption and risk of type 2 diabetes
 Personality disorder
 Managing cows' milk allergy in children

RESPONSE OF THE WEEK

Neither study of aircraft noise and cardiovascular disease mentions one important confounding factor.

If you live under a flight path, you are not only exposed to high levels of aircraft noise, you are also exposed to a fine mist of huge quantities of burnt aviation fuel, which is effectively paraffin/kerosene. Fumes from kerosene cooking stoves in the developing world are known to be associated with disease. Could high levels of aircraft noise simply be a marker for high levels of inhaled kerosene exhaust fumes?

Quentin Shaw, general practitioner, Telford, UK, in response to "Aircraft noise and cardiovascular disease near Heathrow airport in London: small area study" (*BMJ* 2013;347:f5432)

BMJ.COM POLL

Last week's poll asked:
 "Should e-cigarettes be regulated as medicines?"

78% voted no
 (total 1857 votes cast)

► *BMJ* 2012;347:f6106

This week's poll asks:

"Should GP surgeries have longer opening hours?"

► *BMJ* 2013;347:f6131

► [Vote now on bmj.com](http://vote.now.on.bmj.com)



CHARLES MULLIGAN/PULSE

EDITOR'S CHOICE

BMJ Confidential

You will discover who thinks “the perverse effects of filthy lucre” should be taken out of the NHS... and who would spend £1m on getting a man pregnant

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Nothing divides doctors more than politics. But sometimes unlikely bedfellows emerge. You might think that Iona Heath, former leader of UK GPs, whose politics have always been on the left, would have nothing in common with Mike Dixon, one of the cheerleaders of the UK's Health and Social Care Act, whose politics have been further to the right. But you would be wrong. They both think that every doctor should be made to read *A Fortunate Man* by John Berger.

Similarly, you might imagine that Max Pemberton, the 34 year old medical columnist of the *Daily Telegraph* and scourge of the establishment, would share few opinions with Michael Rawlins, the 72 year old former chairman of NICE and doyen of the medical fraternity. But again you would be mistaken. They both think that Frank Dobson was the best health secretary in their lifetime. Admittedly, Rawlins was influenced by the fact that Dobson set up NICE and appointed him its first chair, but nevertheless there is common ground between them. How do I know this? Because the *BMJ* has been quizzing doctors about their hopes, fears, worst mistakes, biggest inspirations, and numerous other matters over the past few months. And we are publishing the first results this week (p 6).

In the forthcoming series, called BMJ Confidential, you will discover who thinks “the perverse effects of filthy lucre” should be taken out of the NHS, who was happiest on 26 May 1989 (Liverpool 0; Arsenal 2), and who would spend £1m on getting a man pregnant.

You will not be surprised to learn, however, that one common theme emerges: a passion for medicine. We found the replies inspiring, and we hope you do too. We start this week with Clare Gerada, and would be delighted

if readers would tell us which doctors they would like to hear from—all suggestions to kowens@bmj.com.

Elsewhere in the journal, Sebastian Brandner, of the National Hospital for Neurology and Neurosurgery, and colleagues, reveal the alarming news that the abnormal prion protein responsible for variant Creutzfeldt-Jakob disease may be present in 1 in 2000 of the UK population (p 11). A study of 32 000 appendixes removed in England between 2000 and 2012, at 41 hospitals, found 16 samples positive for abnormal prion protein. The authors stress that the number of patients with clinical vCJD is still well below the number suggested by the prevalence of the abnormal protein. But they say it is necessary to continue research into tests to detect abnormal prion protein in blood and to examine tissue from the 1970s and earlier.

Lastly, the editors of the *BMJ*, *Heart*, *Thorax*, and *BMJ Open* announce in a joint editorial that they will no longer consider for publication any study that is partly or wholly funded by the tobacco industry (p 8).

They recall that, back in 2003, the editor of the *BMJ* defended publication of a study with tobacco industry funding, saying, “The *BMJ* is passionately antitobacco, but we are also passionately prodebate and proscience. A ban would be antiscience.” But 10 years on, as yet more evidence has emerged of bad faith from the tobacco industry, the editors of the *BMJ* and its sister journals now believe it is “time to cease supporting the now discredited notion that tobacco industry funded research is just like any other research.”

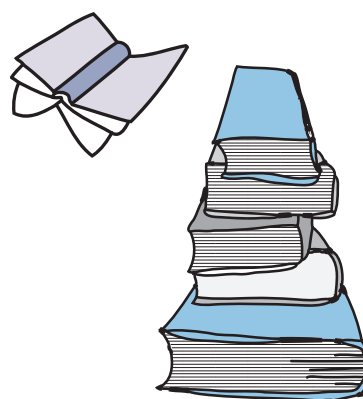
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