A taxometric analysis of schizophrenia symptoms

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Specific disorders within the psychosis syndrome have been proposed although no definitive validation of subtypes has been achieved. If there are subtypes of psychosis, latent discontinuity between clinical descriptors should be found. We applied for the first time taxometric analysis on characteristic schizophrenia symptoms. The sample consisted of 660 inpatients with an acute psychotic episode. Computed scores of the clinical dimensions included in the three-syndrome model of schizophrenia symptomatology were used as clinical descriptors or latent variables to be analyzed. Two taxometric analyses were used (MAXCOV and MAMBAC). Discrepancies between observed covariance curves and between the estimated base rates of indicators did not support a taxonic conjecture within psychosis bases on the severity of "Psychosis", "Negative" and "Disorganization" dimensions scores, which were used as indicators. However, no appropriate solution could be reached because the three clinical indicators of schizophrenia symptomatology used in this study showed a lack of consistency. The lack of a taxonic structure with symptomatological domains of psychosis suggested the existence of a dimensional solution for schizophrenia symptomatology within psychoses. *Psychiatry Research 150 (2007) 245-253.*

Changes in breast cancer mortality in Navarre (Spain) after introduction of a screening programme

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Objetive. The aim of this study was to assess changes in the trend of breast cancer mortality in Navarre, and the effect that a screening programme may have had on these changes.

Methods. A breast cancer screening programme targeting women aged 45-65 years was launched in Navarre in September 1990. Breast cancer deaths between 1975 and 2004 were identified from the Navarre Mortality Registry, and the date of diagnosis was obtained by linkage with the population-based Navarre Cancer Registry. We compared breast cancer mortality during the pre-screening (1987-89) and screening (2002-04) periods, and with the estimated rate in the last period calculated by a linear model with a Poisson distribution. The long-term trends (from 1975 through 2004) were described by joinpoint regression analysis. Prevalent cases (those diagnosed before 1991) were excluded to minimize dilution of the benefit in the post-screening period due to deadths from tumours diagnosed before screening began.

Results. The joinpoint analysis showed a rising trend in breast cancer mortality rates until 1994, followed by a continual decrease of just over 5% per year. A comparison of mortality rates between the last pre-screening and the screening periods showed a decrease of 36% (95% confidence interval [CI] 21-48%), with the largest reduction in the 50-69 years age group (52%; CI: 33-65%). In this age group, mortality in the 2002-04 period was 62% lower than that projected from extrapolation of the pre-screening trend, while in unscreened age groups (30-44 and ≥years), mortality was only 22% lower. When prevalent tumours were excluded, the 50-69 years age group presented a further decrease in mortality than when all tumours were considered.

Conclusions. Fourteen years after the introduction of a screening programme, a major reduction in breast cancer mortality has been observed. *J Med Screen 2007; 14: 14-22.*

Xeroderma pigmentosum group D 751 polymorphism as a predictive factor in resected gastric cancer treated with chemo-radiotherapy

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Aim. To evaluate the potential association of xeroderma pigmentosum group D (XPD) codon 751 variant with outcome after chemo-radiotherapy in patients with resected gastric cancer.

Methods. We used PCR-RFLP to evaluate the genetic XPD *Lys751Gln* polymorphisms in 44 patients with stage II (48%) and IV (20%) gastric cancer treated with surgery following radiation therapy plus 5-fluorouracil/leucovorin based chemotherapy.

Results. Statistical analysis showed that 75% (12 of 16) of relapse patients showed *Lys/Lys* genotype more frequently ($P = 0.042$). The *Lys* polymorphism was an independent predictor of high-risk relapse-free survival from Cox analysis (HR: 3.07, 95% CI: 1.07-8.78, $P = 0.036$) and Kaplan-Meir test ($P = 0.027$, log-rank test).

Conclusions. XPD *Lys751Gln* polymorphism may be an important marker in the prediction of clinical outcome to chemo-radiotherapy in resected gastric cancer patients. *World J Gastroenterol 2006 October 7; 12(37): 6032-6036.*

Use of alendronate after 5 years of treatment

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In the conclusions of the report on the Fracture Intervention Trial (FIT) Long-term Extension (FLEX), Dr. Black and colleagues state that "the results confirm the safety of alendronate for up to 10 years including no increased fracture risk with long-term alendronate use". However, we do not believe that this study design warrants this conclusion. There is no group that received only placebo; those patients included in the "placebo"·group had previously received alendronate for a mean of 5 years. There fore, long-term alendronate safety cannot be determined from this study and requires a different trial.

In addition, patients who had taken alendronate, either 5 mg/d or 10 mg/d, in the FIT study were included in the same group for the FLEX study. It would be interesting to know the incidence of fractures in these 2 populations separately and whether there is any dose-related effect.

Finally, statistically significant higher values of bone mineral density (BMD) were found in the alendronate group at the hip, femoral neck, trochanter, lumbar spine, forearm, and total body. However, no difference in fracture incidence was observed in spite of a high (19%) incidence of nonvertebral fractures. This indicates that BMD is surrogate end point that may not be reliable to assess a decrease in fracture incidence. *Jama, May 9, 2007 –Vol 297, nº 18 (Letters).*

Cutaneous nodes in a patient with advanced papillary carcinoma of the thyroid

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Cutaneous metastasis from thyroid carcinoma is infrequent. Leukemia as a second malignancy after treatment of thyroid cancer is also rare. We present a patient with a relapsed thyroid carcinoma treated with thyroid ablation with I 131 and loco-regional radiotherapy, who consulted by global worsening, weight lost, and multiple cutaneous nodes. Our patient is unusual in that she showed multisystem involvement at the time of hospital admission, and the specific skin lesions were the first sign of her acute monocytic leukemia. *(Clin Transl Oncol 2006 Sep; 8 (9): 692-693).*

Quality of life assessment through the EORTC questionnaires of colorectal cancer patients in advanced disease stages

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Purpose. The purpose of the present work is to evaluate quality of life in a group of colorectal cancer patients in advanced stages of their disease, along a standard chemotherapy treatment protocol, through the EORTC core questionnaire QLQ-C30 and the colorectal cancer module QLQ-CR38. These two questionnaires had previously been validated in our country. The present study has the novelty of its use during the chemotherapy treatment.

Materials and Methods. A consecutive sample of 44 colon o rectal cancer patients in stage IV, from an initial group of 46 patients who were addressed, have filled in the questionnaires, in three moments during their treatment process. Clinical and demographic data have also been recorded. Quality of life scores and changes in them among the three assessments have been calculated.

Results. The quality of life scores of patients who have followed the treatment have been >70 points (100) in most dimensions, and has shown similar to the clinical data. Changes of >20 points in the quality of life scores during the treatment process appear in areas related to toxicity, fatigue and insomnia. Quality of life has been stable or has had small changes (between 10 and 20 points) in most dimensions.

Conclusions. Quality of life in the present sample has been good in general. The treatment has been administered to patients who could tolerate it adequately. *(Clin Transl Oncol 2006 Sep; 8 (9): 664-671).*