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1.

Abbasi, K., Ali, P., Barbour, V., BibbinsDomingo, K., Rikkert, M.G.M.O., Horton, R., Mash, R., Monteiro, C., Naumova, E.N., Rubin, E.J., Sahni, P., Tumwine, J., Yonga, P., Zielinski, C., Mitra, A., Ruff, T., Haines, A. and Helfand, I. (2024) **'Reducing the risks of nuclear war-the role of health professionals.',** *Internal and Emergency Medicine,* 19(1), pp. 1-3
Full text check: https://libkey.io/10.1007/s11739-023-03462-x

2.

Abbasi, K., Ali, P., Barbour, V., Benfield, T., Bibbins-Domingo, K., Hancocks, S., Horton, R., Laybourn-Langton, L., Mash, R., Sahni, P., Sharief, W.M., Yonga, P. and Zielinski, C. (2024) **'Time to treat the climate and nature crisis as one indivisible global health emergency',** *Australian Journal of Rural Health,* 32(1), pp. 198-201
Full text check: https://libkey.io/10.1111/ajr.13074

3.

Ayberk, B., Ozgul, B., Bury, J. and Polat, M.G. (2023) **'ROTATOR CUFF DISORDERS: A SURVEY OF CURRENT PHYSIOTHERAPY PRACTICE IN TURKIYE.',** *Turkish Journal of Physiotherapy and Rehabilitation,* 34(3), pp. 346-356Purpose: One of the most important factors guiding the physiotherapy program for rotator cuff disorders (RCD) is the clinical preferences of the physiotherapist in light of the evidence. However, the management parameters are remarkably variable between physiotherapists. It was aimed to describe the current physiotherapy practice of Turkish physiotherapists for the management of RCD and to explore its parallelism with the research evidence, and with the clinical perspective in European countries.
Full text check: https://libkey.io/10.21653/TJPR.1233425

4.

Chaddock, N.J.M., Zulcinski, M., Martin, J., Malarstig, A., Peters, J.E., Iles, M.M., Morgan, A.W., Mackie, S.L., Sorensen, L., Raashid, L.H., Martin, S., Robinson, J.I., Wordsworth, O., Whitwell, I., Brock, J., Douglas, V., Bartholomew, J., Jarrett, S., Smithson, G., Hettiarachchi, C., Brown, P.C., Lawson, C., Gordon, E., Lane, S., Francis, R., Dasgupta, B., Masunda, B., Calver, J., Patel, Y., Thompson, C., Gregory, L., Levy, S., Menon, A., Thompson, A., Dyche, L., Martin, M., Li, C., Laxminarayan, R., Wilcox, L., de Guzman, R., Isaacs, J., Lorenzi, A., Reynolds, G., Farley, R., HinchcliffeHume, H., Bejarano, V., Hope, S., Nandi, P., Stockham, L.,

Wilde, C., Durrant, D., Lloyd, M., Ye, C.S., Stevens, R., Jilani, A., Collins, D., Pegler, S., Rivett, A., Price, L., McHugh, N., Skeoch, S., O'Kane, D., Kirkwood, S., Vadivelu, S., Pugmire, S., Sultan, S., Dooks, E., Armstrong, L., Sadik, H., Nandagudi, A., Abioye, T., Ramos, A., Gumus, S., Sofat, N., Harrison, A., Seward, A., Mollan, S., Rahan, R., Hawkins, H., Emsley, H., Bhargava, A., Fleming, V., Hare, M., Raj, S., George, E., Allen, N., Hunter, K., O'Sullivan, E., Bird, G., Magliano, M., Manzo, K., Sanghera, B., Hutchinson, D., Hammonds, F., Sharma, P., Cooper, R., McLintock, G., AlSaffar, Z.S., Green, M., Elliott, K., Neale, T., Mallinson, J., Lanyon, P., Pradere, M.J., Jordan, N., Htut, E.P., Mushapaidzi, T., Abercrombie, D., Wright, S., Rowlands, J., Mukhtyar, C., Kennedy, J., Makkuni, D., Wilhelmsen, E., Kouroupis, M., Bhagat, S., John, L., Hughes, R., Walsh, M., Buckley, M., Mackay, K., CamdenWoodley, T., Redome, J., Pearce, K., Marianayagam, T., Cruz, C., Warner, E., Atchia, I., Walker, C., Duffy, S., Bukhari, M., Fothergill, L., Jefferey, R., Toomey, J., Dillon, C.R., Pothecary, C., Green, L., Toms, T., Maher, L., Davis, D., Sayan, A., Thankachen, M., Abusalameh, M., Record, J., Khan, A., Stafford, S., Hussein, A., Williams, C., Fletcher, A., Johson, L., Burnett, R., Moots, R., Frankland, H., Dale, J., Black, K., Moar, K., Hollas, C., Parker, B., Ridings, D., Eapen, S., John, S., Robson, J., Guthrie, L.B., Fyfe, R., Tait, M., Marks, J., Gunter, E., Hernandez, R., Bhat, S., Johnston, P., Khurshid, M., Barclay, C., Kapur, D., Jeffrey, H., Hughes, A., Slack, L., Thomas, E., Royon, A., Hall, A., King, J., Nyathi, S., Morris, V., Castelino, M., Hawkins, E., Tomson, L., Singh, A., Nunag, A., O'Connor, S., Rushby, N., Hewitson, N., O'Sunmboye, K., Lewszuk, A., Boyles, L., Perry, M., Williams, E., Graver, C., Defever, E., Kamanth, S., Kay, D., Ogor, J., Winter, L., Horton, S., Welch, G., Hollinshead, K., Peters, J., Labao, J., Dmello, A., Dawson, J., Graham, D., De Lord, D., Deery, J. and Hazelton, T. (2024) **'Exploration of the circulating human secretome through protein quantitative trait analysis identifies an association between circulating levels of apolipoprotein L1 and risk of giant cell arteritis.',** *medRxiv,* (pagination), pp. Date of Publication: 21 Jan 2024Background Glucocorticoid monotherapy remains the principal treatment for giant cell arteritis (GCA), yet concurrent toxicity and adverse effects highlight the need for targeted therapies and improved risk stratification. Previous work suggests that evidence of genetic association can improve success rates in clinical trials and identify biomarkers for risk assessment, particularly when combined with other 'omics data, such as proteomics. However, relatively little is currently known about the genetic basis of GCA. Methods Polygenic risk scores (PRS) were developed for 169 human plasma proteins and tested for association with GCA susceptibility (cases N=729, controls N=2,619). Associated PRS were replicated in an independent cohort (cases N=1,129, controls N=2,654) and their respective proteins were evaluated for causality using Mendelian randomization (MR). Finally, relationships between proteins with GCA-associated PRS were assessed using protein-protein interaction (PPI) network analysis Results The Apolipoprotein L1 (APOL1) PRS had a statistically significant GCA association with a protective effect (P-value[P]=1 x 10^{-4}), which replicated in an independent dataset (P=8.69 x 10^{-4}), and MR analysis supported a causal relationship (beta=-0.093; SE=0.02; P=4.42 x 10^{-9}). PPI network analysis of proteins with GCA-associated PRS revealed enrichment for "negative regulation of fibrinolysis" and "negative regulation of blood coagulation" pathways. Conclusions This work emphasizes a potentially protective role of APOL1 and therefore reverse cholesterol transport in the pathogenesis of GCA. These findings also implicate fibrinolytic and coagulation cascades in GCA susceptibility, highlighting pathways that may be of interest for future pharmaceutical targeting.
Full text check: **https://www.medrxiv.org/content/10.1101/2024.01.19.24301534v1.full-text**

5.

Chinnappa, S., Maqbool, A., Viswambharan, H., Mooney, A., Denby, L. and Drinkhill, M. (2023) **'Beta Blockade Prevents Cardiac Morphological and Molecular Remodelling in Experimental Uremia.',** *International Journal of Molecular Sciences,* 25(1)Heart failure and chronic kidney disease (CKD) share several mediators of cardiac pathological remodelling. Akin to heart failure, this remodelling sets in motion a vicious cycle of progressive pathological hypertrophy and myocardial dysfunction in CKD. Several decades of heart failure research have shown that beta blockade is a powerful tool in preventing cardiac remodelling and breaking this vicious cycle. This phenomenon remains hitherto untested in CKD. Therefore, we set out to test the hypothesis that beta blockade prevents cardiac pathological remodelling in experimental uremia. Wistar rats had subtotal nephrectomy or sham surgery and were followed up for 10 weeks. The animals were randomly allocated to the beta blocker metoprolol (10 mg/kg/day) or vehicle. In vivo and in vitro cardiac assessments were performed. Cardiac tissue was extracted, and protein expression was quantified using immunoblotting. Histological analyses were performed to quantify myocardial fibrosis. Beta blockade attenuated cardiac pathological remodelling in nephrectomised animals. The echocardiographic left ventricular mass and the heart weight to tibial length ratio were significantly lower in nephrectomised animals treated with metoprolol. Furthermore, beta blockade attenuated myocardial fibrosis associated with subtotal nephrectomy. In addition, the Ca^{++}- calmodulin-dependent kinase II (CAMKII) pathway was shown to be activated in uremia and attenuated by beta blockade, offering a potential mechanism of action. In conclusion, beta blockade attenuated hypertrophic signalling pathways and ameliorated cardiac pathological remodelling in experimental uremia. The study provides a strong scientific rationale for repurposing beta blockers, a tried and tested treatment in heart failure, for the benefit of patients with CKD.
Full text check: https://libkey.io/libraries/1656/10.3390/ijms25010373

6.

de Boer, H.C. and Sawhney, J.S. (2024) **'Pediatric scurvy case report: a novel presentation with deep vein thrombosis secondary to large bilateral spontaneous iliac subperiosteal hematomas.',** *BMC Pediatrics,* 24(1), pp. 126**BACKGROUND**: Scurvy is an uncommon disease in developed countries caused by deficiency of vitamin C. We present a case of scurvy in a 14-year-old male with autism with both novel presentation and imaging findings. This case had the novel presentation of lower limb deep vein thrombosis (DVT) secondary to compression of the external iliac vein from large bilateral iliac wing subperiosteal hematomas. Subperiosteal hematoma is a well-recognised feature of scurvy but large and bilateral pelvic subperiosteal hematoma causing DVT has not previously been described. **CASE PRESENTATION**: A 14 year old Caucasian male with background of autism and severe dietary restriction presented with lower limb swelling and immobility. He was diagnosed with lower limb DVT. Further investigation revealed an iron deficiency anaemia, and he was found on MRI to have large bilateral subperiosteal iliac hematomata causing compression of the iliac vessels. He improved following treatment with vitamin C replacement and follow-up imaging demonstrated resolution of the DVT and hematoma. **CONCLUSION**: DVT is rare in children and when diagnosed should prompt

investigation as to the underlying cause. This case demonstrates an unusual cause of DVT and as an unusual presentation of paediatric scurvy. Copyright © 2024. Crown.
Full text check: https://libkey.io/libraries/1656/10.1186/s12887-024-04579-4

7.

Gaur, A., Carr, F. and Warriner, D. (2024) **'Cardiogeriatrics: the current state of the art',** *Heart,* , pp. heartjnl-322117It is estimated that by 2050, 17% of the worldâ€™s population will be greater than 85 years old, which, combined with cardiovascular disease (CVD) being the leading cause of death and disability, sets an unprecedented burden on our health and care systems. This perfect storm will be accompanied by a rise in the prevalence of CVD due to increased survival of patients with pre-existing CVD and the incidence of CVD that is associated with the process of ageing. In this review, we will focus on the diagnosis and management of common CVD conditions in old age, namely: heart failure (HF), coronary artery disease (CAD), atrial fibrillation (AF) and valvular heart disease (VHD). Despite limited evidence, clinical guidelines are increasingly considering the complexity of management of these conditions in the older person, which often coexist, for example, AF and HF or CAD and VHD. Furthermore, they, in turn, need specific consideration in the context of comorbidities, polypharmacy, frailty and impaired cognition found in this age group. Hence, the emerging role of the geriatric cardiologist is therefore vital in performing comprehensive geriatric assessment, attending multidisciplinary team meetings and ultimately considering the patient and the sum of their diseases in their totality. There have been recent advances in CVD management but how we apply these to deliver integrated care to the elderly population is key. This review article aims to bring together emerging studies and guidelines on assessment and management of CVD in the elderly, summarising latest definitions, diagnostics, therapeutics and future challenges.
Full text check: https://libkey.io/10.1136/heartjnl-2022-322117

8.

Handagala, R., Buddhike Sri Harsha Indrasena, Subedi, P., Nizam, M.S. and Aylott, J. (2024) **'Implementing the HEART score in an NHS emergency department: can identity leadership combined with quality improvement promote racial equality?',** *Leadership in Health Services,* 37(1), pp. 16-33PurposeThe purpose of this paper is to report on the dynamics of â€œidentity leadershipâ€ with a quality improvement project undertaken by an International Medical Graduate (IMG) from Sri Lanka, on a two year Medical Training Initiative (MTI) placement in the National Health Service (NHS) [Academy of Medical Royal Colleges (AoMRC), 2017]. A combined MTI rotation with an integrated Fellowship in Quality Improvement (Subedi et al., 2019) provided the driver to implement the HEART score (HS) in an NHS Emergency Department (ED) in the UK. The project was undertaken across ED, Acute Medicine and Cardiology at the hospital, with stakeholders emphasizing different and conflicting priorities to improve the pathway for chest pain patients.Design/methodology/approachA social identity approach to leadership provided a framework to understand the insider/outsider approach to leadership which helped RH to negotiate and navigate the conflicting priorities from each departmentsâ€™ perspective. A staff survey tool was undertaken to identify reasons for the lack of implementation of a

clinical protocol for chest pain patients, specifically with reference to the use of the HS. A consensus was reached to develop and implement the pathway for multi-disciplinary use of the HS and a quality improvement methodology (with the use of plan do study act (PDSA) cycles) was used over a period of nine months.FindingsThe results demonstrated significant improvements in the reduction (60%) of waiting time by chronic chest pain patients in the ED. The use of the HS as a stratified risk assessment tool resulted in a more efficient and safe way to manage patients. There are specific leadership challenges faced by an MTI doctor when they arrive in the NHS, as the MTI doctor is considered an outsider to the NHS, with reduced influence. Drawing upon the Social Identity Theory of Leadership, NHS Trusts can introduce inclusion strategies to enable greater alignment in social identity with doctors from overseas.Research limitations/implicationsMore than one third of doctors (40%) in the English NHS are IMGs and identify as black and minority ethnic (GMC, 2019a) a trend that sees no sign of abating as the NHS continues its international medical workforce recruitment strategy for its survival (NHS England, 2019; Beech et al., 2019). IMGs can provide significant value to improving the NHS using skills developed from their own health-care system. This paper recommends a need for reciprocal learning from low to medium income countries by UK doctors to encourage the development of an inclusive global medical social identity.Originality/valueThis quality improvement research combined with identity leadership provides new insights into how overseas doctors can successfully lead sustainable improvement across different departments within one hospital in the NHS.
Full text check: **https://libkey.io/10.1108/LHS-04-2022-0035**

9.

Harvey, J., Morgan, J., Lowes, S., Milligan, R., Barrett, E., Carmichael, A., Elgammal, S., Masudi, T., Holcombe, C., Masannat, Y., Potter, S. and Dave, R.V. (2024) **'Wire- and radiofrequency identification tag-guided localization of impalpable breast lesions: iBRA-NET localization study.',** *British Journal of Surgery,* 111(2).
Full text check: **https://libkey.io/libraries/1656/10.4103/jajs.jajs_42_23**

10.

Kanwat, H., Kwaees, T.A., Hampton, M., Ajuied, A., Haslam, P., Ali, F. and Nicolaou, N. (2024) **'The Oswestry-Bristol Classification of Trochlear Dysplasia: Displays Reliability Only for Normal or Severe Dysplasia in the Skeletally Immature.',** *Journal of Arthroscopy and Joint Surgery,* 11(1), pp. 7-11Purpose: Trochlear dysplasia (TD) is one of the several factors that predispose to recurrent instability and long-term morbidity. Subclassification can aid in risk stratification with surgery and comparing case-cohort outcomes. The inter- and intra-observer agreement of the Oswestry-Bristol Classification (OBC) for TD has previously been demonstrated in adults but not in children. We aim to assess the inter- and intra-observer reliability of the OBC in skeletally immature patients. Methodology: This was a retrospective review of magnetic resonance imaging scans performed in children presenting with patellofemoral instability or recurrent dislocation. A total of 34 scans were graded according to the OBC by seven orthopedic surgeons in two rounds 6 weeks apart. All reviewers were blinded and scans were randomized. The observations from both rounds were compared for inter- and intra-rater reliability.
Full text check: **https://libkey.io/libraries/1656/10.4103/jajs.jajs_42_23**

11.

Kearney, R.S., Ellard, D.R., Parsons, H., Haque, A., Mason, J., Nwankwo, H., Bradley, H., Drew, S., Modi, C., Bush, H., Torgerson, D. and Underwood, M., Scott Maccines, David Bailey, Gemma Kirkman, Lisa Warren, Julie Bury (2024) **'Acute rehabilitation following traumatic anterior shoulder dislocation (ARTISAN): pragmatic, multicentre, randomised controlled trial',** *BMJ : British Medical Journal (Online),* 384, pp. e076925ObjectiveTo assess the effects of an additional programme of physiotherapy in adults with a first-time traumatic shoulder dislocation compared with single session of advice, supporting materials, and option to self-refer to physiotherapy.DesignPragmatic, multicentre, randomised controlled trial (ARTISAN).Setting and participantsTrauma research teams at 41 UK NHS Trust sites screened adults with a first time traumatic anterior shoulder dislocation confirmed radiologically, being managed non-operatively. People were excluded if they presented with both shoulders dislocated, had a neurovascular complication, or were considered for surgical management.InterventionsOne session of advice, supporting materials, and option to self-refer to physiotherapy (n=240) was assessed against the same advice and supporting materials and an additional programme of physiotherapy (n=242). Analyses were on an intention-to-treat basis with secondary per protocol analyses.Main outcome measuresThe primary outcome was the Oxford shoulder instability score (a single composite measure of shoulder function), measured six months after treatment allocation. Secondary outcomes included the QuickDASH, EQ-5D-5L, and complications.Results482 participants were recruited from 40 sites in the UK. 354 (73%) participants completed the primary outcome score (n=180 allocated to advice only, n=174 allocated to advice and physiotherapy). Participants were mostly male (66%), with a mean age of 45 years. No significant difference was noted between advice compared with advice and a programme of physiotherapy at six months for the primary intention-to-treat adjusted analysis (between group difference favouring physiotherapy 1.5 (95% confidence interval −0.3 to 3.5)) or at earlier three month and six week timepoints. Complication profiles were similar across the two groups (P>0.05).ConclusionsAn additional programme of current physiotherapy is not superior to advice, supporting materials, and the option to self-refer to physiotherapy.Trial registrationCurrent Controlled Trials ISRCTN63184243.
Full text check: https://libkey.io/10.1136/bmj-2023-076925

12.

Matthews, S., Kyi, M., Nasimudeen, A., Marusic, A., Johns, C.S. and Page, J. (2024) **'Targeted Lung Health Check: breast related incidental findings-imaging appearances and lessons learned.',** *British Journal of Radiology,* 97(1154), pp. 371-376**OBJECTIVE**: The introduction of Targeted Lung Health Checks (TLHC) to screen for lung cancer has highlighted that incidental findings are common and require management strategies. This study analyses retrospectively, incidentally detected breast lesions reported as part of the TLHC referred to the Breast Cancer clinicians. **METHODS**: All participants with incidental breast nodules referred to the Breast Cancer team in the first year of screening were reviewed. **RESULTS**: Fifty-two participants (48 female; 92.3%) were referred to the Breast Multidisciplinary Team Meeting for assessment of 43 breast nodules, 8 breast asymmetry/dense breasts, and 2

likely breast related metastatic disease. One participant declined breast team referral. For the 42 breast nodules investigated, the final diagnoses were 5 breast carcinomas, 10 normal breast tissue, and 27 benign nodules. One male patient was diagnosed with breast carcinoma. The 29 breast nodules classified as smooth and well defined were all benign. No malignancy was demonstrated in the group with asymmetric or dense breast tissue. Metastatic breast carcinoma was confirmed in two participants. Twenty-six out of thirty-seven (54%) females had prior breast screening mammograms precluding further investigation. **CONCLUSION**: Incidental breast nodules are common on THLC scans. Smooth, sharply defined breast nodules are likely to be benign but low-dose CT is poor at accurately assessing breast nodules. Agreed breast referral pathways prior to starting the Lung Cancer Screening programme are recommended. Access to screening mammograms can reduce referrals to the Breast clinic. **ADVANCES IN KNOWLEDGE**: Lessons learned from TLHC pilot studies can be useful to sites commencing national TLHC programme.
Full text check: https://libkey.io/libraries/1656/10.1093/bjr/tqad063

13.

Rubio, I.T., Wyld, L., Marotti, L., Athanasiou, A., Regitnig, P., Catanuto, G., Schoones, J.W., Zambon, M., Camps, J., Santini, D., Dietz, J., Sardanelli, F., Varga, Z., Smidt, M., Sharma, N., Shaaban, A.M. and Gilbert, F. (2024) **'Corrigendum to "European guidelines for the diagnosis, treatment and follow-up of breast lesions with uncertain malignant potential (B3 lesions) developed jointly by EUSOMA, EUSOBI, ESP (BWG) and ESSO" [Eur J Surg Oncol 50 (1) (January 2024) 107292] (European Journal of Surgical Oncology (2024) 50(1), (S0748798323009307), (10.1016/j.ejso.2023.107292)).',** *European Journal of Surgical Oncology,* (pagination)The authors would like to point out the following corrections to Figs. 5 and 7 within the article. The legend for Fig. 5 should be:[Formula presented] The citation of Fig. 5 within the text should also be removed from its current position in the first sentence in the following paragraph on Page 5 and appear as follows: The classic lobular neoplasia cells are of either type A (small uniform nuclei with inconspicuous nucleoli and scanty cytoplasm) (Fig. 4) or type B (larger nuclei with more conspicuous nucleoli and moderate cytoplasm); neither is high-grade. Florid LCIS comprises a proliferation of type A or type B classic LCIS cells involving large acini or ducts (>40- 50 cells in largest diameter of an acinus and/or minimal intervening stroma between acini) [2,28].The lesion in its pure form on core biopsy is categorized as either B4 (UK) or B5a. PLCIS is diagnosed when the lesion comprises high-grade nuclei and is categorized as B5a. Classical LCIS can be associated with luminal calcification and comedo-necrosis and hence identified mammographically. Calcification is even more likely with PLCIS and florid LCIS. While classic LCIS is strongly and uniformly positive for ER and negative for HER2, PLCIS can be ER-negative and HER2-positive, a feature that can help distinguishing both lesions in difficult cases [32-34] (Fig. 5). FEA is characterized by low-grade (monomorphic) cytological atypia with one to several layers of mildly atypical cuboid to columnar cells in a flat architecture. Nuclei are round and uniform with inconspicuous nucleoli, similar to the nuclei that characterize low-grade DCIS, resembling the monomorphic cytological atypia of low-grade DCIS [17]. FEA is often

associated with intraluminal secretions and calcifications in dilated TDLU (Fig. 7). Fig. 7 is incorrect and should appear as per the below image.[Formula presented] The authors would like to apologise for any inconvenience caused.
Full text check: https://libkey.io/libraries/1656/10.1016/j.ejso.2023.107943

14.

Rubio, I.T., Marotti, L., Biganzoli, L., Aristei, C., Athanasiou, A., Campbell, C., Cardoso, F., Cardoso, M.J., Coles, C.E., Eicher, M., Harbeck, N., Karakatsanis, A., Offersen, B.V., Pijnappel, R., Ponti, A., Regitnig, P., Santini, D., Sardanelli, F., Spanic, T., Varga, Z., Vrancken Peeters, Marie Jeanne T F D., Wengstrom, Y., Wyld, L. and Curigliano, G. (2024) **'EUSOMA quality indicators for non-metastatic breast cancer: An update.',** *European journal of cancer,* 198, pp. 113500**INTRODUCTION**: Quality care in breast cancer is higher if patients are treated in a Breast Center with a dedicated and specialized multidisciplinary team. Quality control is an essential activity to ensure quality care, which has to be based on the monitoring of specific quality indicators. Eusoma has proceeded with the up-dating of the 2017 Quality indicators for non-metastatic breast cancer based on the new diagnostic, locoregional and systemic treatment modalities. **METHODS**: To proceed with the updating, EUSOMA setup a multidisciplinary working group of BC experts and patients' representatives. It is a comprehensive set of QIs for early breast cancer care, which are classified as mandatory, recommended, or observational. For the first time patient reported outcomes (PROMs) have been included. As used in the 2017 EUSOMA QIs, evidence levels were based on the short version of the US Agency for Healthcare Research and Quality. **RESULTS**: This is a set of quality indicators representative for the different steps of the patient pathway in non-metastatic setting, which allow Breast Centres to monitor their performance with referring standards, i.e minimum standard and target. **CONCLUSIONS**: Monitoring these Quality Indicators, within the Eusoma datacentre will allow to have a state of the art picture at European Breast Centres level and the development of challenging research projects. Copyright © 2024. Published by Elsevier Ltd.
Full text check: https://libkey.io/libraries/1656/10.1016/j.ejca.2023.113500

15.

Sandler, R.D., Vital, E.M., Mahmoud, K., Prabu, A., Riddell, C., Teh, L., Edwards, C.J. and Yee, C. (2024) **'Revision to the musculoskeletal domain of the BILAG-2004 index to incorporate ultrasound findings',** *Rheumatology,* 63(2), pp. 498-505Objectives To improve the definitions of inflammatory arthritis within the musculoskeletal (MSK) domain of the BILAG-2004 index by incorporating imaging findings and clinical features predictive of response to treatment. Methods The BILAG MSK Subcommittee proposed revisions to the BILAG-2004 index definitions of inflammatory arthritis, based on review of evidence in two recent studies. Data from these studies were pooled and analysed to determine the impact of the proposed changes on the severity grading of inflammatory arthritis. Results The revised definition for severe inflammatory arthritis includes definition of 'basic activities of daily living'. For moderate inflammatory arthritis, it now includes synovitis, defined by either observed joint swelling or MSK US evidence of inflammation in joints and surrounding

structures. For mild inflammatory arthritis, the definition now includes reference to symmetrical distribution of affected joints and guidance on how US may help re-classify patients as moderate or no inflammatory arthritis. Data from two recent SLE trials were analysed (219 patients). A total of 119 (54.3%) were graded as having mild inflammatory arthritis (BILAG-2004 Grade C). Of these, 53 (44.5%) had evidence of joint inflammation (synovitis or tenosynovitis) on US. Applying the new definition increased the number of patients classified as moderate inflammatory arthritis from 72 (32.9%) to 125 (57.1%), while patients with normal US (n = 66/119) could be recategorized as BILAG-2004 Grade D (inactive disease). Conclusions Proposed changes to the definitions of inflammatory arthritis in the BILAG-2004 index will result in more accurate classification of patients who are more or less likely to respond to treatment.
Full text check: https://libkey.io/10.1093/rheumatology/kead241

16.

Sartain, S., Wong, C., Murray, E., Raju, S.A., Woods, A., Ashmore, D., Dyall, L., Kokwaro, F., McGowan, E., Leiberman, D., Routledge, E., Clarke, E. and Smith, T.R.
(2024) **'Gastroenterology trainee experience, confidence and satisfaction in nutrition training: a cross-sectional survey in the UK',** *Frontline Gastroenterology,* , pp. flgastro-102563IntroductionNutrition is an essential part of gastroenterology specialist training. There is limited evidence of trainee experience in this area. The shorter training programme introduced in 2022 may lead to reduced exposure to this subspecialty. We aimed to explore and describe current nutrition training experiences, confidence and satisfaction to inform future improvements.MethodsGastroenterology trainees were invited to participate in an online survey from 20 May 2022 to 18 July 2022. The questionnaire consisted of 27 questions with a range of free-text and Likert scale responses.Results86 responses were received. 39.5% had undertaken an advanced training programme or core placement in nutrition. 52.9% of these felt â€˜fairly confidentâ€™ or â€˜very confidentâ€™ in managing intestinal failure vs 5.8% of those who had not completed a nutrition placement. Obesity and eating disorders management received the lowest ratings. Nutrition training was described as â€˜fairly importantâ€™ or â€˜very importantâ€™ by 98.8% and 47.0% included nutrition as part of their preferred future practice. 53.1% of ST6/7 trainees were â€˜fairly confidentâ€™ or â€˜very confidentâ€™ their training offered adequate experience in nutrition. Participants reported barriers including a lack of education and training opportunities, and limited early rotations offering nutrition training.ConclusionGastroenterology trainees believe nutrition training to be important. Nutrition placements increase trainee confidence, knowledge and experiences overall, but there is variability in this. Improved structuring of placements, increased educational opportunities and exposure to this subspecialty at an earlier stage are required to ensure competency in nutrition is reliably achieved during gastroenterology training.
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