Recenti Prog Med 2022; 113: 404-405

We'll miss you, Matteo - come back stronger in 2023

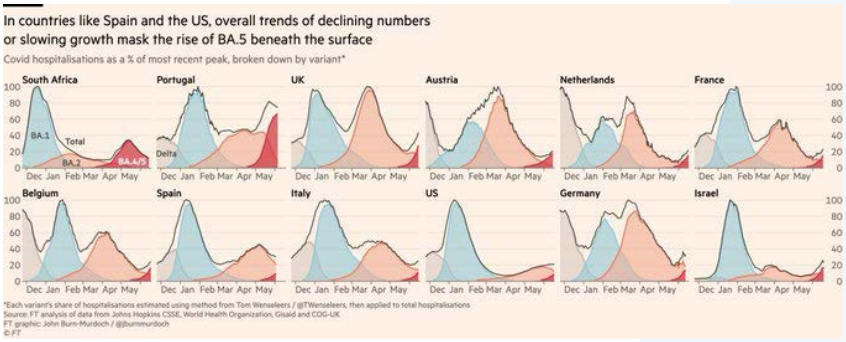
@Wimbledon | Wimbledon | 28.06.2022

This week's cover, "House Divided," by Chris Ware.

@NewYorker | The New Yorker | 27.06.2022

@mluckovichajc | Mike Luckovic | 27.06.2022

As ever, it's instructive to look beneath the surface of the aggregate numbers to see what's really happening. What appear to be declining overall numbers in Spain, or a slowing of growth in the US, are actually just the BA.5 rise being partially masked by the BA.2 decline



@JBurnMurdoch | John Burn-Murdoch | 26.06.2022

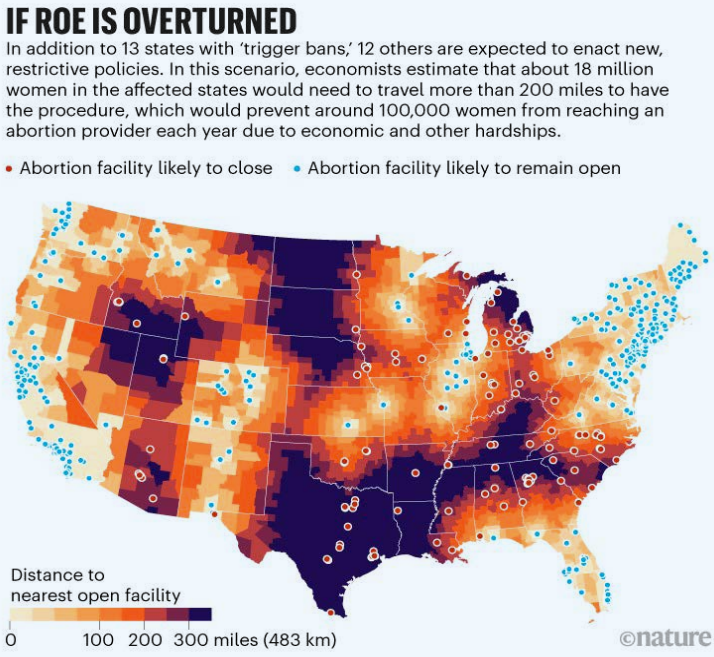
Going forward, no medical conferences should be done in states that deny health care for women. The next @ASH_hematology meeting is in Louisiana and the next AACR meeting in Florida.

@LeonidasPlatan1 | Leonidas Platanias | 25.06.2022

Investigators sometimes get their objectives confused. Scientists should set out to investigate hypotheses, not prove them.

@GuyattGH | Gordon Guyatt | 25.06.2022

A grim map from a May editorial in @nature



Anayo | Anayo Bhattacharya | 24.06.2022

La plus grande faiblesse de la pensée contemporaine me parait résider dans la surestimation extravagante du connu par rapport à ce qui reste à connaître. André Breton

@edgarmorinparis | Edgar Morin | 23.06.2022

Downside: rejected grant application. Upside: sunny evening and very nice bottle of white in the fridge.

@AdamJKucharski | Adam Kucharski | 22.06.2022

Il diffuso impiego di vitamine e supplementi per prevenire malattie cardiovascolari e tumori, in assenza di specifiche carenze, è un enorme spreco di risorse e di tempo. Lo conferma una recente metanalisi su @JAMA_current

JAMA | US Preventive Services Task Force | EVIDENCE REPORT

Vitamin and Mineral Supplements for the Primary Prevention of Cardiovascular Disease and Cancer
Updated Evidence Report and Systematic Review for the US Preventive Services Task Force

Elizabeth A. O'Connor, PhD; Corinne V. Evans, MPP; Ilya Ivlev, MD, PhD, MBI; Megan C. Rushkin, MPH; Rachel G. Thomas, MPH; Allea Martin, MPH; Jennifer S. Lin, MD, MCR

IMPORTANCE Cardiovascular disease and cancer are the 2 leading causes of death in the US, and vitamin and mineral supplementation has been proposed to help prevent these conditions.

OBJECTIVE To review the benefits and harms of vitamin and mineral supplementation in healthy adults to prevent cardiovascular disease and cancer to inform the US Preventive Services Task Force.

DATA SOURCES MEDLINE, PubMed (publisher-supplied records only), Cochrane Library, and Embase (January 2013 to February 1, 2022); prior reviews.

STUDY SELECTION English-language randomized clinical trials (RCTs) of vitamin or mineral use among adults without cardiovascular disease or cancer and with no known vitamin or mineral deficiencies; observational cohort studies examining serious harms.

DATA EXTRACTION AND SYNTHESIS Single extraction, verified by a second reviewer. Quantitative pooling methods appropriate for rare events were used for most analyses.

MAIN OUTCOMES AND MEASURES Mortality, cardiovascular disease events, cancer incidence, serious harms.

RESULTS Eighty-four studies (N=739 803) were included. In pooled analyses, multivitamin use was significantly associated with a lower incidence of any cancer (odds ratio [OR], 0.93 [95% CI, 0.87-0.99]; 4 RCTs [n=48 859]; absolute risk difference [ARD] range among adequately powered trials, −0.2% to −1.2%) and lung cancer (OR, 0.75 [95% CI, 0.58-0.95]; 2 RCTs [n=36 052]; ARD, 0.2%). However, the evidence for multivitamins had important limitations. Beta carotene (with or without vitamin A) was significantly associated with an increased risk of lung cancer (OR, 1.20 [95% CI, 1.01-1.42]; 4 RCTs [n=94 830]; ARD range, −0.1% to 0.6%) and cardiovascular mortality (OR, 1.10 [95% CI, 1.02-1.19]; 5 RCTs [n=94 506] ARD range, −0.8% to 0.8%). Vitamin D use was not significantly associated with all-cause mortality (OR, 0.96 [95% CI, 0.91-1.02]; 27 RCTs [n=117 082]), cardiovascular disease (eg, composite cardiovascular disease event outcome: OR, 1.00 [95% CI, 0.95-1.05]; 7 RCTs [n=74 925]), or cancer outcomes (eg, any cancer incidence: OR, 0.98 [95% CI, 0.92-1.03]; 19 RCTs [n=86 899]). Vitamin E was not significantly associated with all-cause mortality (OR, 1.02 [95% CI, 0.97-1.07]; 9 RCTs [n=107 772]), cardiovascular disease events (OR, 0.96 [95% CI, 0.90-1.04]; 4 RCTs [n=62 136]), or cancer incidence (OR, 1.02 [95% CI, 0.98-1.08]; 5 RCTs [n=76 777]). Evidence for benefit of other supplements was equivocal, minimal, or absent. Limited evidence suggested some supplements may be associated with higher risk of serious harms (hip fracture [vitamin A], hemorrhagic stroke [vitamin E], and kidney stones [vitamin C, calcium]).

CONCLUSIONS AND RELEVANCE Vitamin and mineral supplementation was associated with little or no benefit in preventing cancer, cardiovascular disease, and death, with the exception of a small benefit for cancer incidence with multivitamin use. Beta carotene was associated with an increased risk of lung cancer and other harmful outcomes in persons at high risk of lung cancer.

Editorial page 2294
Multimedia
Related article page 2326 and JAMA Patient Page page 2364
Supplemental content
Related article at jamainternalmedicine.com

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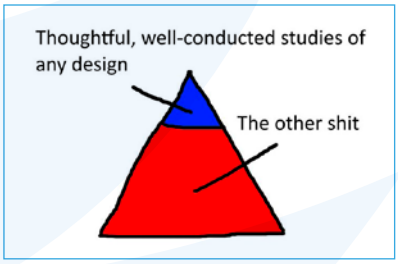
JAMA. 2022;327(23):2334-2347. doi:10.1001/jama.2021.15650

@SteMagno74 | Stefano Magno | 22.06.2022

''In terms of what really keeps me up at night, it's the knowledge that we can't keep boosting." —Dr. Peter Marks

@EricTopol | Eric Topol | 18.06.2022

Still my favorite



@reverendofdoubt | Joshua | 17.06.2022

Running a good trial is simple.
Here is my checklist
#1 Who do you want to help? (be inclusive) #2 What matters to them? (correct endpoint) #3 What is the best current treatment? (fair control) 1/

#1 It's important to remember who you want to help Inclusion/ exclusion criteria both explicit & implicit narrow your population This means your results will be less and less generalizable We should include older people, diverse race, and severe disease phenotypes, and also.. 2/

#2 What matters ? People are worried about severe disease, not geometric mean Ab titers Cancer patients want to live longer or better, not have more time till the M protein rises 25% Your primary endpoint should not be some BS surrogate It should be what people care about 3/

#3 What is the current best treatment? Your control arm should be getting the treatment you are actually giving. A study can only change your practice, if the control arm IS YOUR PRACTICE

@VPrasadMDMPH | Vinay Prasad | 16.06.2022

Is there anyone at #ASCO22, or not, who thinks hotel door bag drop of pharma advertisements is anything but a tone-deaf, disdainful waste of money & paper? To me, it symbolizes an utter lack of ability to adapt to changing times. Don't highlight you're dinosaurs in an Ice Age.

@JackWestMD | Jack West | 5.06.2022

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