Recenti Prog Med 2023; 114: 576-577

Ogni volta che qualcuno usa la retorica formula "ma siamo sicuri che?" la risposta è sempre, ovviamente, "no, non siamo SICURI". Non siamo mai sicuri.
@lucasofri | Luca Sofri | 10.09.2023

Doveva presentare un mio libro a Pordenone. Arrivò che non l'aveva nemmeno aperto. Fu un'oretta di parole vuote davanti a meno di 10 persone. Il giorno dopo ci incontriamo in treno. Stanotte ho dato una scorsa al suo libro. Bello! Complimenti. Mi disse.
@pecoraro_fr | Francesco Pecoraro | 9.09.2023

comincia un altro anno scolastico (il quarto!) senza nessuna strategia di salute pubblica, senza impianti di aerazione, senza un coordinamento organizzato che dia linee guida chiare agli operatori e alle famiglie, un paese fai da te

@WRicciardi | Walter Ricciardi | 09.09.2023

Qui ancora c'è chi mi chiede "ma se in gravidanza non ci sono studi". Persone sveglie, visto che ne esistono centinaia. Tanto per dare una fonte: metanalisi su 17.719.495 donne in gravidanza, 71 studi. NESSUN EVENTO AVVERSO.
@MedBunker | Salvo Di Grazia | 8.09.2023

Walter Siti: «Non mi sono neanche accorto del Covid». @paologiordano : «E forse il Covid non si è accorto di te».
@Einaudieditore | Einaudi | 8.09.2023

Ha poco senso chiedere più pene per gli uomini che maltrattano e uccidono le donne se poi non coltiviamo, ogni giorno, in ogni luogo, la cultura del rispetto, della libertà e dell'emancipazione femminile.
@ITinagli | Irene Tinagli | 6.09.2023

Over the past 3 decades, there has been a marked increase (79%) in people age < 50 diagnosed with cancer


BMJ Oncology

Global trends in incidence, death, burden and risk factors of early-onset cancer from 1990 to 2019

Jianhui Zhao,[1] Liying Xu,[1] Jing Sun,[1] Mingyang Song,[2,3] Lijuan Wang,[1] Shuai Yuan,[1] Yingshuang Zhu,[1] Zhengwei Wan,[1] Susanna Larsson,[3,4] Konstantinos Tsilidis,[5,6] Malcolm Dunlop,[7,8] Harry Campbell,[9] Igor Rudan,[9] Peige Song ,[7,8] Evropi Theodoratou,[4,10] Kefeng Ding ,[1] Xue Li [1]

ABSTRACT

Objective This study aimed to explore the global burden of early-onset cancer based on the Global Burden of Disease (GBD) 2019 study for 29 cancers worldwid.

Methods and analysis Incidence, deaths, disability-adjusted life years (DALYs) and risk factors for 29 early-onset cancer groups were obtained from GBD.

Results Global incidence of early-onset cancer increased by 79.1% and the number of early-onset cancer deaths increased by 27.7% between 1990 and 2019. Early-onset breast, tracheal, bronchus and lung, stomach and colorectal cancers showed the highest mortality and DALYs in 2019. Globally, the incidence rates of early-onset nasopharyngeal and prostate cancer showed the fastest increasing trend, whereas early-onset liver cancer showed the sharpest decrease. Early-onset colorectal cancers had high DALYs within the top five ranking for both men and women. High-middle and middle Sociodemographic Index (SDI) regions had the highest burden of early-onset cancer. The morbidity of early-onset cancer increased with the SDI, and the mortality rate decreased considerably when SDI increased from 0.7 to 1. The projections indicated that the global number of incidence and deaths of early-onset cancer would increase by 31% and 21% in 2030, respectively. Dietary risk factors (diet high in red meat, low in fruits, high in sodium and low in milk, etc), alcohol consumption and tobacco use are the main risk factors underlying early-onset cancers.

Conclusion Early-onset cancer morbidity continues to increase worldwide with notable variances in mortality and DALYs between areas, countries, sex and cancer types. Encouraging a healthy lifestyle could reduce early-onset cancer disease burden.

WHAT IS ALREADY KNOWN ON THIS TOPIC
→ Previous studies have suggested that the incidence of cancers of various organs diagnosed in adults <50 years of age has been rising in many parts of the world since the 1990s. The global disease burden and secular trend of early onset cancers, and the variations in different socioeconomic categories, have not been described. The pattern of attributable risk factors for burdensome early-onset cancers has not been investigated.

WHAT THIS STUDY ADDS
→ Since 1990, the incidence and deaths of early-onset cancers have substantially increased globally. Early-onset breast, tracheal, bronchus and lung, stomach and colorectal cancers showed the highest mortality and burden in 2019. Countries with a high-middle and middle Sociodemographic Index and individuals aged 40–49 years were particularly affected. Dietary risk factors (diet high in red meat, low in fruits, high in sodium and low in milk, etc), alcohol consumption and tobacco use are the main risk factors underlying early-onset cancers.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY
→ This study suggests that it is necessary to conduct prospective life-course cohort studies to explore the aetiologies of early-onset cancers, and each country should adjust their prevention strategies based on the characteristics of early-onset cancer. Meanwhile, encouraging a healthy lifestyle could reduce early-onset cancer disease burden.

Linked

Check for updates

INTRODUCTION

Globally, cancer is a significant cause of morbidity and mortality, resulting in a large disease burden.[1] According to Global Cancer Statistics 2020, breast cancer with the largest number of 2.3 million new cases accounted for 11.7% of all cancers, followed by lung cancer (11.4%), colorectal cancer (CRC) (10.0 %), while lung cancer was the main cause of cancer death (1.9 million deaths, 18%), followed by CRC (9.4%), liver (8.5%) cancer.[2] Cancer is generally more prevalent in adults over 50 years, but the incidence of early-onset cancer (<50 years) has increased worldwide.[3] In comparison to later-onset cancer, the increase of early-onset cancer has significant personal and societal ramifications. Moreover, early-onset cancers and the adverse impacts of some corresponding cancer treatments may result in additional

BMJ

@EricTopol | Eric Topol | 6.09.2023

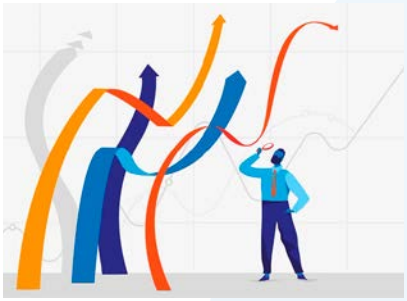
Interessante perché non si menzionano quali antibiotici si possono prescrivere? Meropenemi? Si alleggerisce il carico di lavoro ma la resistenza? Francia. I farmacisti potranno prescrivere antibiotici per cistite e mal di gola
@lorenzomoja | Lorenzo Moja | 5.09.2023

It's my belief that if you listen to good music, your writing will improve.
@harukimurakami_ | Haruki Murakami | 2.09.2023

It's the same old story with new drugs. Breakthrough. Maybe not quite so good. Often progresses to "worst drug ever." There are big profits in drugs but often bankruptcy in care.
@Richard56 | Richard Smith | 1.09.2023

"The current preoccupation with primary healthcare condemns millions of people to disease, pain, and death. This acceptance of failure is intolerable."
@richardhorton1 | Richard Horton | 1.09.2023

A good piece from @ShapiroDoug explaining the apparent paradox of modern media: how can there be both an increasing Long Tail of content while at the same time we have bigger and bigger hits?
https://dougshapiro.medium.com/power-laws-in-culture-27ab6461c693



@chrisa | Chris Anderson | 29.08.2023

Covid, non previsto l'isolamento dei positivi in ospedale. L'allarme dei medici: «Lacuna molto grave»
@raffaelebruno | Raffaele Bruno | 28.08.2023

I always admired the clouds in Dutch Golden Age landscapes like this Vermeer Everyday the clouds have been beautiful here with bright tops and dark bottoms The clouds are full of moisture and beautiful here

@CMichaelGibson | Michael Gibson | 28.08.2023

Ovvio. Mangiano così bene che non hanno bisogno di medicine.

Farmaci, Banco farmaceutico: "Sempre più poveri rinunciano a medicine non rimborsate"

@Marzio2015 | Marzio Sisti | 26.08.2023

Post-hoc studies of previous published trials show us some good ideas, BUT, every slide should come with a header: "Don't use this data for practice." #ESCCongress
@DrJohnm | John Mandrola | 25.08.2023

Newest Friday Reflection. 4 lessons: Diagnostic tests give you more than a diagnosis. Patients are the ones who take the medications. Well-informed adults are allowed to make bad decisions. How to care for people with "ambiguous illnesses."
@adamcifu | Adam Cifu | 25.08.2023

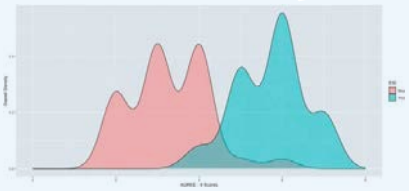
Controversy: when evidence very low quality, should guideline panels make recommendations, or leave it for clinicians to figure out for themselves. Evidence: in such situations, clinicians want guidelines to offer recommendations.
@GuyattGH | Gordon Guyatt | 23.08.2023

Nous sommes possédés par les gènes, mais nous possédons ces gènes qui nous possèdent.
@edgarmorinparis | Edgar Morin | 18.08.2023

Waiting for it… that morning magical sound that says serum caffeine will soon be restored to therapeutic levels!

@abe_verghese | Abraham Verghese | 15.08.2023

Using Evidence to Decision frameworks led to guidelines of better quality and more credible and transparent recommendations



@JClinEpi | Journal of Clinical Epidemiology | 15.08.2023

@NicolaLagioia | Nicola Lagioia | 13.08.2023

Dall'inizio dell'anno già quasi duemila uomini, donne e bambini sono morti nel Mediterraneo cercando di raggiungere l'Europa. È una piaga aperta della nostra umanità.
@Pontifex_it | Papa Francesco | 13.08.2023

Molto veloce, in un paese lentissimo. Ciao Michela.

@nicolalagioia

Applying the time needed to treat to NICE guidelines on lifestyle interventions

Letter

Applying the time needed to treat to NICE guidelines on lifestyle interventions

Loai Albarqouni ,[1,2] Victor Montori ,[1,3] Karsten Juhl Jørgensen,[1,4] Martin Ringsten,[5,6] Helen Bulbeck,[7] Minna Johansson [1,8]

There is a growing emphasis on interventions where clinicians identify and aim to change unhealthy habits in individuals, such as dietary advice for people with obesity.[1 2] Although such individually oriented lifestyle interventions (IOLIs) might be effective, it may not be feasible to implement all recommended IOLIs in the care of many eligible individuals, given the finite resources within health systems.[3] Time needed to treat (TNT) has been proposed as a measure of guideline feasibility in practice.[3] TNT estimates the fraction of the available time that clinicians would need to implement the recommendation. We aimed to estimate the TNT to provide all IOLIs recommended in the National Institute for Health and Care Excellence (NICE) guidelines to the eligible adult population in the UK.

A companion project outlining the methods in more detail has been reported elsewhere.[3] In short, we multiplied the time needed for the relevant category of healthcare personnel to provide

During piloting, changes to the preregistered protocol became necessary, all resulting in a reduction of our time estimates. These included reducing assumed time needed to implement interventions (from 20.0 min to 2.5 min/year for simple interventions and from 30.0 hours to 2.5 hours/year for complex ones), creating an intermediate category that took 15 min/year to implement and conducting sensitivity analyses of key assumptions.

To estimate the proportion of the population eligible for each included recommendation, we searched for prevalence/incidence estimates of the condition for which each recommendation applied at the NICE,[4] NHS[5] and UK government[6] websites. When these were not available, we used estimates in peer-reviewed reports. We used incidence when the intervention would be given once for each patient and prevalence when the intervention would be given once a year. Population statistics was retrieved from UK government website.[6]

@BMJ_EBM | BMJ Evidence-Based Medicine | 7.08.2023

Cutting-edge design thinking at Barcelona airport

@EvgenyMorozov | Evgeny Morozov | 2.08.2023

Di verità solo l'ombra.

Storie di sanità pubblica

Un libro di **Vittorio Fontana**

Una raccolta di racconti dall'esperienza di un medico geriatra impegnato in Rsa e in pronto soccorso alla periferia di Milano. Pazienti che passano veloci o che restano nella vita e nella memoria del medico: il racconto serve per «riconoscere l'essere umano tutte le volte che ce lo troviamo davanti».

Presentazione di **Sandro Spinsanti**
Postfazione di **Carlo Saitto**

Il Pensiero Scientifico Editore
www.pensiero.it