

1. Hollingsworth JM, Rogers MA, Kaufman SR *et al.* **Medical therapy to facilitate urinary stone passage: a meta-analysis.** *Lancet* 2006; 368(9542):1171-9.

Abstract: **BACKGROUND:** Medical therapies to ease urinary-stone passage have been reported, but are not generally used. If effective, such therapies would increase the options for treatment of urinary stones. To assess efficacy, we sought to identify and summarise all randomised controlled trials in which calcium-channel blockers or alpha blockers were used to treat urinary stone disease. **METHODS:** We searched MEDLINE, Pre-MEDLINE, CINAHL, and EMBASE, as well as scientific meeting abstracts, up to July, 2005. All randomised controlled trials in which calcium-channel blockers or alpha blockers were used to treat ureteral stones were eligible for inclusion in our analysis. Data from nine trials (number of patients=693) were pooled. The main outcome was the proportion of patients who passed stones. We calculated the summary estimate of effect associated with medical therapy use using random-effects and fixed-effects models. **FINDINGS:** Patients given calcium-channel blockers or alpha blockers had a 65% (absolute risk reduction=0.31 95% CI 0.25-0.38) greater likelihood of stone passage than those not given such treatment (pooled risk ratio 1.65; 95% CI 1.45-1.88). The pooled risk ratio for alpha blockers was 1.54 (1.29-1.85) and for calcium-channel blockers with steroids was 1.90 (1.51-2.40). The proportion of heterogeneity not explained by chance alone was 28%. The number needed to treat was 4. **INTERPRETATION:** Although a high-quality randomised trial is necessary to confirm its efficacy, our findings suggest that **medical therapy is an option for facilitation of urinary-stone passage for patients amenable to conservative management, potentially obviating the need for surgery.**
2. Pathela P, Hajat A, Schillinger J, Blank S, Sell R, Mostashari F. **Discordance between sexual behavior and self-reported sexual identity: a population-based survey** of New York City men. *Ann Intern Med* 2006; 145(6):416-25.

Abstract: **BACKGROUND:** Persons reporting sexual identity that is discordant with their sexual behavior may engage in riskier sexual behaviors than those with concordant identity and behavior. The former group could play an important role in the spread of sexually transmitted diseases. **OBJECTIVE:** To describe discordance between self-described sexual identity and behavior among men who have sex with men and associations between identity-behavior and risk behaviors. **DESIGN:** Cross-sectional, random digit-**dialed telephone survey** of health status and risk behaviors. **SETTING:** New York City. **PARTICIPANTS:** Population-based sample of 4193 men. **MEASUREMENTS:** Concurrent measures of sexual identity and sexual behaviors, including number and sex of sex partners, condom use during last sexual encounter, and recent testing for HIV infection. Sex partner information was ascertained in a separate section from sexual identity; all participants were asked about the number of male sex partners and then were asked about the number of female sex partners in the past year. **RESULTS:** Of New York City men reporting a sexual identity, 12% reported sex with other men. Men who had sex with men exclusively but self-identified as heterosexual were more likely than their gay-identified counterparts to belong to minority racial or ethnic groups, be foreign-born, have lower education and income levels, and be married. These men were more likely than gay-identified men who have sex with men to report having only 1 sexual partner in the previous year. However, they were less likely to have been tested for HIV infection during that time (adjusted prevalence ratio, 0.6 [95% CI, 0.4 to 0.9]) and less likely to have used condoms during their last sexual encounter (adjusted prevalence ratio, 0.5 [CI, 0.3 to 1.0]). **LIMITATIONS:** The survey did not sample groups that cannot be reached by using residential telephone services. **CONCLUSIONS:** Many New York City men who have sex with men do not identify as gay. **Medical providers cannot rely on patients' self-reported identities to appropriately assess risk for HIV infection and sexually transmitted diseases;** they must inquire about behavior. Public health prevention messages should target risky sexual activities rather than a person's sexual identity.
3. Yu ML, Dai CY, Huang JF *et al.* **A randomised study of peginterferon and ribavirin for 16 vs 24 weeks in patients with genotype 2 chronic hepatitis C.** *Gut* 2006.

Abstract: **BACKGROUND:** The recommended treatment for patients infected with hepatitis C virus genotype 2 (HCV-2) is peginterferon plus ribavirin for 24 weeks. **AIM:** We assessed whether a shorter 16-week treatment is as effective as a standard 24-week treatment. **METHODS:** Patients with HCV-2 infection were randomized in a 1:2 ratio to either 16 weeks (n=50) or 24 weeks (n=100) of treatment with peginterferon alfa-2a (180 microg/wk) and ribavirin 1000-1200 mg/d with a 24-week follow-up period. Rapid virologic response (RVR) was defined as seronegative for HCV RNA at 4 weeks of therapy, and the primary end point, sustained virologic response (SVR), as seronegative for HCV RNA at 24-week follow-up. **RESULTS:** The rate of RVR and SVR was 86% (43/50, 95% confidence interval [CI] 76%-96%) and 94% (47/50, CI 87%-100%), respectively, in the 16-week group, which was comparable to 87% (87/100, CI 80%-94%) and 95% (95/100, CI: 91%-99%) in the 24-week group. Patients with an RVR had a significantly higher SVR rate than patients without an RVR in both 16-week (100% vs. 57%, p=0.015) and 24-week groups (98% vs. 77%, p=0.002). Multivariate analysis showed that RVR and age were independent factors associated with SVR. Both treatment arms were equally well tolerated. The incidence of alopecia was significantly higher in the 24-week group (49%) than in the 16-week group (20%, p=0.001). **CONCLUSION:** **16-week and 24-week of peginterferon with ribavirin at a dose of 1000-1200 mg/d provided equal efficacy in HCV-2 patients** who achieved a RVR at 4 weeks.