

## News Release Embargoed until Monday, May 27, 2019, 12:01 a.m. ET

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CMAJ headlines:

- Many patients with pancreatic cancer miss out on treatment that may extend survival**
- Licorice tea causes hypertensive emergency in patient**
- Reinvent Motherisk to protect mothers and babies – editorial**

### **Many patients with pancreatic cancer miss out on treatment that may extend survival**

Visual abstract: <https://bit.ly/2WekdaB>

Despite potential for prolonging survival with treatment, one-third of patients with metastatic pancreatic cancer do not see a medical oncologist, and even more do not receive cancer-directed treatment, found new research published in *CMAJ (Canadian Medical Association Journal)*.

Pancreatic cancer has a high death rate and is often diagnosed in advanced stages.

“The data suggest that there are many missed opportunities for important discussions between patients and cancer specialists,” says Dr. Natalie Coburn, an author of the study and a surgical oncologist at Sunnybrook Health Sciences Centre and the University of Toronto, Toronto, Ontario. “We have better chemotherapy drugs than in the past, but those standards of care aren’t reaching patients. Spreading the reach of the standards of care, starting with a consultation with a medical oncologist, would have a big impact.”

The study looked at data on 10 881 patients with a new diagnosis of advanced pancreatic cancer in Ontario from 2005 to 2016, and examined how many people saw a medical oncologist and how many received treatment after consultation. About 65% of patients had a consultation with a medical oncologist, and 38% of all patients received cancer-directed treatment. More than half of patients who did not receive cancer-directed treatment did not have a medical oncology consult.

By contrast, about 80% to 90% of patients with colorectal cancer see a medical oncologist and undergo treatment for the disease.

The study aims to raise awareness of this issue for pancreas and other high-fatality cancers.

“We want to debunk the idea that it’s ‘not worth treating’ pancreas cancer. We want more people to access a medical oncologist so that they can have informed discussions about treatment options, symptom management and palliative care,” says coauthor Dr. Julie Hallet, a surgical oncologist at Sunnybrook Health Sciences Centre and the University of Toronto. “We could achieve better results by getting more people to an oncologist and better access to best practice treatments right now than with new and often expensive experimental drugs in the future.”

The authors suggest that changes to health policies are necessary to ensure all patients have equal opportunities for assessment and treatment.

“We also want to raise awareness amongst policy-makers about gaps in the health care system — how can we ensure people are accessing the standard of care? How can we make it easier to reach a specialist in a timely manner?,” she says.

*“Low rates of specialized cancer consultation and cancer-directed therapy for incurable pancreatic adenocarcinoma: a population-based analysis”* is published May 27, 2019.

***MEDIA NOTE: Please use the following public links after the embargo lift:***

**Research:** <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190211>

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## **Licorice tea causes hypertensive emergency in patient**

Licorice tea, a popular herbal tea, is not without health risks, as a case study of a man admitted to hospital for a high-blood pressure emergency demonstrates in *CMAJ (Canadian Medical Association Journal)*.

“Excessive amounts of some herbal products can have harmful side effects,” says Dr. Jean-Pierre Falet, Department of Neurology, McGill University, Montréal, Quebec. “Products containing licorice root extract can raise blood pressure, cause water retention and decrease potassium levels if consumed in excess.”

The 84-year-old man visited the emergency department for a high-blood pressure emergency, which was found to be induced by consuming homemade tea made from licorice root. His blood pressure was severely elevated, and he was suffering from a headache, light sensitivity, chest pain, fatigue and fluid retention in the calves. After admission to hospital and treatment, the patient, who had a history of high blood pressure, told physicians he had been drinking 1 to 2 glasses daily of homemade licorice root extract called “erk sous” for two weeks prior.

Licorice tea is popular in the Middle East and parts of Europe, and erk sous is especially popular in Egypt during Ramadan.

“Given Canada’s multicultural population, physicians should consider screening for licorice root intake in patients with difficult-to-control hypertension,” says Dr. Falet.

“*Hypertensive emergency induced by licorice tea*” is published May 27, 2019.

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## **Reinvent Motherisk to protect mothers and babies**

*Editorial*

Canada should reinvent the Motherisk program to support pregnant women to have healthy babies, argues an editorial in *CMAJ (Canadian Medical Association Journal)*.

“The loss of Motherisk has exposed a major public health and research void that is neither quickly nor easily reconciled,” writes Dr. Nathan Stall, associate editor, *CMAJ*, with colleagues. “Although finding an immediate replacement for Motherisk is not feasible, reinventing a reputable and modernized clinical and research program in reproductive drug safety should be a national priority.”

Motherisk, once a leader in evidence-based counselling on drug safety in pregnancy and breastfeeding in Canada, was shut down after losing credibility and funding amid allegations of research misconduct involving its former director.

To ensure trust in a reinvented program, there should be oversights to ensure responsible conduct, which could be achieved through affiliation with a respected research institute and federal support to guarantee independence from industry.

“We envision a national and interprofessional collaborative effort among clinical and research experts in reproductive drug safety; front-line providers in primary care and obstetrics; and health care organizations and specialty societies, including in family medicine, obstetrics and gynecology, nursing, midwifery, internal medicine, pediatrics and other relevant disciplines,” writes Dr. Stall and colleagues.

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**Editorial:** <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190565>

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