

HIGHLIGHTS

Effect of unintentional cyclophosphamide underdosing in diffuse large B cell lymphoma

Between March 2012 and March 2013, a miscommunication in labelling between the drug compounder supplier and cancer centre pharmacies resulted in accidental overdilution of cyclophosphamide and gemcitabine used by several cancer centres in Canada. Over 1200 patients were affected across Canada. Did this reduction in dosing (estimated at 3%–20%) affect their response to chemotherapy? This retrospective cohort study included 77 patients with diffuse large B cell lymphoma who received at least 1 chemotherapy cycle containing diluted cyclophosphamide at a single cancer centre and compared them with a control group of 74 patients, matched by stage of lymphoma and age. Event-free survival was no different between groups (Figure 1). At a median follow-up of 548 days, progression or death occurred in 21 patients (27.3%) in the case group and 24 patients (32.4%) in the control group ($p = 0.5$). At the end of treatment, complete remission was achieved in 41 patients (53.2%) in the case group and 43 patients (57.3%) in the control group ($p = 0.6$). The overall response rate was similar in both groups. *CMAJ Open* 2016;4:E236-9.

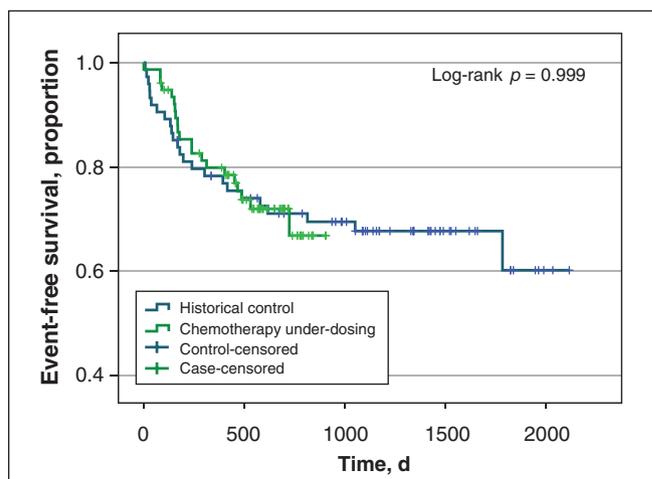


Figure 1: Kaplan-Meier plot for the main study outcome, event-free survival, defined as a composite of disease progression or death from the time of first chemotherapy. Patients were censored at the time of last follow-up.

Emergency department use by people with HIV in Ontario

Emergency department use may reflect poor access to primary care. This population-based study looked at emergency department use between 2011 and 2012 by Ontario residents living with and without HIV. Each adult with HIV ($n = 14\,534$) was matched by age, sex and census division to 4 adults without HIV ($n = 58\,136$). Rates of emergency department use were higher among those with HIV (67.3 v. 31.2 visits per 100 person-years; adjusted rate ratio 1.58, 95% confidence interval 1.51–1.65). Similar results were observed for low-urgency visits. With the exception of hypertension, visit rates to the emergency department for ambulatory-sensitive conditions (i.e., for which visits could be potentially avoided with better access to outpatient care) were higher among people with HIV. Patients with HIV were also more likely to be admitted to hospital (Figure 2). *CMAJ Open* 2016;4:E240-8.

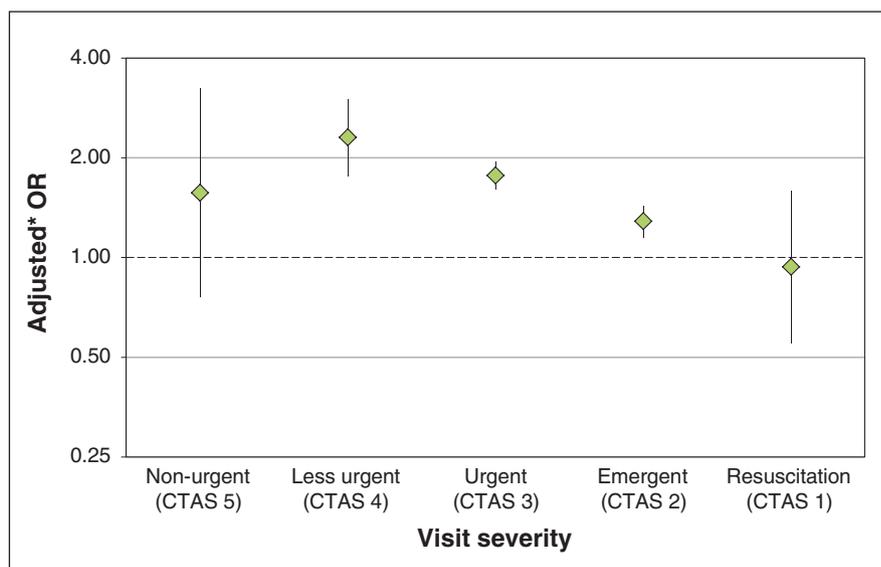


Figure 2: Hospital admission following an emergency department visit among people with HIV compared with HIV-negative individuals, stratified by visit acuity.*Adjusted for socioeconomic status, urban versus rural residence, patient comorbidity, emergency department volume and whether the emergency department was located within an academic teaching hospital. CTAS = Canadian Triage and Acuity Scale, OR = odds ratio.