In this issue

Treating cancer-related anaemia
Cancer-related anaemia (CRA) is a common complication and a side effect of many cancer therapies. It is also associated with substantial impairment of patients' quality of life (QOL). The use of erythropoietic agents has become the new standard of care for CRA as they increase haemoglobin levels, decrease transfusion requirements (which is linked to infection and immunosuppressive risks), and improve patient QOL. Epoetin α, epoetin β, and darbepoetin α are the only approved erythropoietic agents for CRA treatment and in this issue of *EJC*, Gascón reviews the pharmacology, efficacy, and comparative trials supporting clinical use of these agents. Epoetin α and β are recombinant forms of endogenous erythropoietin, while darbepoetin α is a modified erythropoiesis-stimulating protein with higher sialic acid carbohydrate content resulting in increased serum half-life. Gascón concludes that only epoetin α and epoetin β have been associated with statistically significant improvements in *a priori* QOL endpoints compared with placebo in randomised controlled clinical trials. And that although the optimal dosage regimens for all three agents remain to be determined, less frequent dosing schedules for both epoetin α and darbepoetin α appear to be as effective as the approved regimens. The review also highlights the challenges in comparing these agents due to differences in clinical trial design, patient populations, dose titration schedules, and clinical endpoints.

A promising lead for childhood LCH
Langerhans cell histiocytosis (LCH) is a rare disease resulting from the clonal proliferation and accumulation of pathological Langerhans and inflammatory cells. The prognosis of LCH patients with manifestation of so-called 'haematopoietic dysfunction' is extremely poor even after chemotherapy. The combination of vinblastine with corticosteroids is widely used, but there is an obvious need to develop other regimens. In this issue of *EJC*, Bernard and colleagues have assessed the efficacy and adverse effects of 2-chlorodeoxyadenosine (2-CdA) and cytosine arabinoside (Ara-C) in children with refractory LCH with 'haematopoietic dysfunction'. In this small trial with 10 patients, among the 7 patients who received at least two courses of therapy, disease activity decreased in 6 patients and control of disease was achieved in all patients after a median delay of 5.5 months. However, all patients incurred WHO grade 4 haematological toxicity. The authors conclude that the encouraging results from their pilot study warrants further investigation of 2-CdA and Ara-C combined therapy to discern if the regimen has any major activity in childhood refractory LCH.

Timing combined Pap and HPV testing
Human papilloma virus (HPV) infections are common in young, sexually active populations with some studies showing up to 70% of college-aged women testing positive for it. However, the majority of HPV infections in young women are transient, and only a minority of HPV-infected women develop persistent infections who are then at greatest risk for developing cervical intra-epithelial neoplasia (CIN) 2, CIN 3 or cervical cancer. Transient HPV infections are much less common in women over the age of 30 years and based on this, in 2003, the United States Food and Drug Administration has approved the Hybrid Capture 2 assay for use with a Pap test to adjunctively screen women of 30 years and older for high-risk human papillomavirus (HR-HPV) infection. If HPV DNA testing is to prove useful for primary cervical cancer screening, strategies need to be developed that avoid identifying large numbers of women with transient age-related infections. In this issue of *EJC*, Baay and co-workers have investigated HPV prevalence in a group of 2293 women, aged between 20 and 50, with normal cytology. Overall HR-HPV prevalence was 6.9% (95%CI =5.9–8.0%) and it only significantly declined after age 35. The authors suggest that postponing HPV detection in primary screening from age 30 to 35 would result in a decrease of almost 50% in the number of women tested positive with normal cytology and transient infection.

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