Cranberry capsules or antibiotics for women with recurrent urinary infections? Cranberries have a reputation for preventing recurrent urinary tract infections, thanks to at least two successful placebo controlled trials. Cranberries looked less successful in a recent head-to-head trial against standard prophylaxis with trimethoprim-sulfamethoxazole: women taking the ‘natural’ treatment for a year developed significantly more urinary tract infections, significantly faster than controls (4 vs. 1.8 infections, p=0.02; 4 vs. 8 months to first infection, p=0.03).

The study took place in 168 randomly selected locations of the top 11 fast food chains in New York City during lunchtime hours. Participants were 7 309 adult customers interviewed in 2007 and 8 489 in 2009. The main outcome measures were energy content of individual purchases, based on customers' register receipts and on calorie information provided for all items on menus. For the full sample, mean calories purchased did not change from before to after regulation (828 vs. 846 kcal, p=0.22), although a modest decrease was shown in a regression model adjusted for restaurant chain, poverty level for the store location, sex of customers, type of purchase, and inflation adjusted cost (847 v. 827 kcal, p=0.01). Three major chains, which accounted for 42% of customers surveyed, showed significant reductions in mean energy per purchase (McDonald's 829 v. 785 kcal, p<0.02; Au Bon Pain 555 v. 475 kcal, p<0.001; KFC 927 v. 868 kcal, p<0.01), while mean energy content increased for one chain (Subway 749 v. 882 kcal, p>0.001). In the 2009 survey, 15% (1 288/8 489) of customers reported using the calorie information, and these customers purchased 106 fewer kilocalories than customers who did not see or use the calorie information (757 v. 863 kcal, p<0.001).

Although no overall decline in calories purchased was observed for the full sample, several major chains saw significant reductions. After regulation, 1 in 6 lunchtime customers used the calorie information provided, and these customers made lower calorie choices.

Editor’s note: But did it lead to weight loss? That is the unanswered question.


No need to hunt for micrometastases in women with early breast cancer Routine examination of sentinel lymph nodes can miss isolated occult metastases in women with early breast cancer. Should pathologists look harder, using more sophisticated immunological tests? A cohort study from the USA suggests it would make little difference to overall survival. Using immunohistochemical techniques, pathologists found occult metastases in 10.5% of 326 women whose sentinel lymph nodes looked free of cancer on routine tests. These women were no more likely to die during the next 5 years than women with no occult metastases (95.1% v. 95.7%; survival; adjusted hazard ratio 0.88, 95% CI 0.45 - 1.71). Immunohistochemical test results did not inform treatment, and most women had both radiotherapy and adjuvant chemotherapy after their lumpectomy (2 498/3 247; 76.9%).

Pathologists also looked for occult metastases in bone marrow aspirates from 3 413 women in the same cohort. Just 104 (3.0%) aspirates were positive, and while crude analyses hinted at reduced survival for these women, the association disappeared when researchers adjusted for known prognostic factors such as age, tumour type, and the presence or absence of oestrogen receptors (1.83, 0.79 - 4.26). All participants had early breast cancer – mostly stage 1 (83.3%) invasive ductal carcinomas (80.1%) that were oestrogen-receptor positive (81.2%). Hunting for micrometastases in either sentinel lymph nodes or bone marrow isn’t justified for these women, say the researchers.


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