

Smith JE, Rockett M, Creanor S, Squire R, Hayward C, Ewings P, Barton A *et al.* on behalf of the PASTIES research team. Pain SoluTions In the Emergency Setting (PASTIES) – patient-controlled analgesia *versus* routine care in emergency department patients with non-traumatic abdominal pain: randomised trial. *BMJ* 2015; **350**: h3147.

Two hundred patients expected to be admitted to hospital with abdominal pain were included. Early use of the patient-controlled device reduced pain experienced over the first 12 h ($P=0.027$), and improved patient satisfaction, although there was an increased chance of nausea.

Lee SK, Lee JH, Bae SY, Kim J, Kim M, Lee H-C *et al.* Lateral neck sentinel lymph node biopsy in papillary thyroid carcinoma, is it really necessary? A randomized, controlled study. *Surgery* 2015; **157**: 518–525.

In this study that included 283 procedures, sentinel node biopsy was positive in 30 per cent. During median follow-up of 39 months, there was one recurrence in the study group and three in controls.

Uruno T, Masaki C, Suzuki A, Ohkuwa K, Shibuya H, Kitagawa W *et al.* Antimicrobial prophylaxis for the prevention of surgical site infection after thyroid and parathyroid surgery: a prospective randomized trial. *World J Surg* 2015; **39**: 1282–1287.

This study of 2164 procedures concluded antibiotic prophylaxis is not necessary after thyroid and parathyroid surgery as surgical site infection rates were 0.09 per cent in the antibiotic prophylaxis group (piperacillin or cefazolin) and 0.28 per cent in the control group.

Illuminati G, Schneider F, Greco C, Mangieri E, Schiariti M, Tanzilli G *et al.* Long term results from a randomized controlled trial analyzing the role of systematic preoperative coronary angiography before elective carotid endarterectomy in patients with asymptomatic coronary artery disease. *Eur J Vasc Endovasc Surg* 2015; **49**: 366–374.

Some 426 patients were randomized; 68 (31.5 per cent) of those who had coronary angiography had a coronary stenosis, 66 underwent angioplasty and two had coronary bypass grafting with their endarterectomy. Survival rates at 6 years were 95.6 per cent in the treatment and 89.7 per cent in the control group ($P=0.01$), owing to fewer myocardial infarctions (1.4 versus 15.7 per cent, $P<0.001$).

Rosenfield K, Jaff MR, White CJ, Rocha-Singh, Mena-Hurtado C, Metzger C *et al.* Trial of paclitaxel-coated balloon for femoropopliteal artery disease. *N Engl J Med* 2015; **373**: 145–143.

A total of 476 patients were randomized to standard angioplasty or the drug-coated balloon. At 12 months, primary patency was better with the coated balloon: 65.2 versus 52.6 per cent, $P=0.02$. There were no additional safety concerns.

Larkin J, Chiarion-Sileni V, Gonzalez R, Grob JJ, Cowey CL, Lao CD *et al.* Combined nivolumab and ipilimumab or monotherapy in untreated melanoma. *N Engl J Med* 2015; **373**: 23–34.

The combination was studied in 945 previously untreated patients with unresectable melanoma. Median progression-free survival was

11.5 months with the combination, compared with 2.9 months with ipilimumab alone and 6.9 months with nivolumab alone; both $P<0.001$.

Maio M, Grob J-J, Aamdal S, Bondarenko I, Robert C, Thomas L *et al.* Five-year survival rates for treatment-naive patients with advanced melanoma who received ipilimumab plus dacarbazine in a phase III trial. *J Clin Oncol* 2015:1191–1196.

Some 502 patients with advanced melanoma were included. The addition of ipilimumab improved 5-year survival from 8.8 to 18.2 per cent ($P=0.002$).

McCormick B, Winter K, Hudis C, Kuerer HM, Rakovitch E, Smith BL *et al.* RTOG 9804: A prospective randomized trial for good-risk ductal carcinoma *in situ* comparing radiotherapy with observation. *J Clin Oncol* 2015; **33**: 723–731.

The trial closed early after 630 patients had been randomized, owing to low recruitment. After 7 years, ipsilateral recurrence was 0.9 per cent after radiotherapy compared with 6.7 per cent in the observation-only arm, $P<0.001$.

Whelan TJ, Olivetto IA, Parulekar WR, Ackerman I, Chua BH, Nabid A *et al.* for the MA.20 Study Investigators. Regional nodal irradiation in early-stage breast cancer. *N Engl J Med* 2015; **373**: 307–316.

Some 1832 women with node-positive or high-risk node-negative breast cancer were randomly allocated nodal irradiation in addition to breast radiotherapy. At 10-year follow-up, overall survival rates were similar (hazard ratio 0.91, 95 per cent c.i. 0.72 to 1.13, $P=0.39$), but disease-free survival was improved: 82 versus 77 per cent, $P=0.01$.

Poortmans PM, Collette S, Kirkove C, Van Limbergen E, Budach V, Struikmans H *et al.* for the EORTC Radiation Oncology and Breast Cancer Groups. Internal mammary and medial supraclavicular irradiation in breast cancer. *N Engl J Med* 2015; **373**: 317–327.

Some 4004 women with early stage breast cancer were given additional regional nodal irradiation at random, regardless of axillary node status. At 10 years, overall survival rates were similar (hazard ratio 0.87, 95 per cent c.i. 0.76 to 1.0, $P=0.06$), but disease-free survival was improved by radiotherapy: 72.1 versus 69.1 per cent, $P=0.04$.

The trials listed here are added to the Scientific Surgery Archive, which contains all randomized clinical trials in surgery that have been identified by searching the top 50 English language medical journal issues since January 1998. The archive, which is fully searchable, can be found on the BJS website (www.bjs.co.uk) together with other useful features for surgeons such as Instructions to Authors, EarlyView of accepted articles and online Your Views.

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