

Kernan WN, Viscoli CM, Furie KM, Young LH, Inzucchi SE, Gorman M *et al.*, for the IRIS Trial Investigators. Pioglitazone after ischemic stroke or transient ischemic attack. *N Engl J Med* 2016; **374**: 1321–1331.

Some 3876 patients with insulin resistance, but not frankly diabetic, were included. Pioglitazone 45m daily reduced the risk of subsequent stroke or myocardial infarction up to a median of 4.8 years from 11.8 per cent with placebo to 9 per cent, P=0.007.

Rosenfield K, Matsumura JS, Chaturvedi S, Riles T, Ansel GM, Metzger C *et al.*, for the ACT I Investigators. Randomized trial of stent *versus* surgery for asymptomatic carotid stenosis. *N Engl J Med* 2016; **374**: 1011–1020.

The trial was stopped early after 1453 patients were randomized owing to slow enrolment. The risk of stroke/death or myocardial infarction within 30 days, and ipsilateral stroke within 1 year was 3.8 per cent with stenting and 3.4 per cent with surgery (P=0.01 for non-inferiority).

Brott TG, Howard G, Roubin GS, Meschia JF, Mackey A, Brooks W *et al.*, for the CREST Investigators. Long-term results of stenting *versus* endarterectomy for carotid artery stenosis. *N Engl J Med* 2016; **374**: 1021–1031.

A total of 2502 patients were followed for up to 10 years. The rate of ipsilateral stroke after the initial perioperative phase was similar: 11.8 per cent after stenting and 9.9 per cent after surgery.

Ge B, Wu M, Chen Q, Chen Q, Lin R, Liu L *et al.* A prospective randomized controlled trial of laparoscopic repair *versus* open repair for perforated peptic ulcers. *Surgery* 2016; **159**: 451–458.

In this study that included 119 patients, the duration of surgery and perioperative complication rates were similar. Laparoscopic surgery was associated with reduced opiate requirement and shorter hospital stay (7 versus 8 days, P<0.001). Hospital costs were similar.

Giovanni B, Cremon C, Annese V, Basilisco G, Bazzoli M *et al.* Randomised controlled trial of mesalazine in IBS. *Gut* 2016; **65**: 82–90.

Some 185 patients with irritable bowel syndrome were treated for 12 weeks. Response rates were similar with mesalazine (68.6 per cent) and placebo (67.4 per cent). A small subgroup of patients did report sustained improvement.

Lam C, Tan W, Leighton M, Hastings M, Lingaya M, Falcone Y *et al.* A mechanistic multicentre, parallel group randomised placebo-controlled trial of mesalazine for the treatment of IBS with diarrhoea (IBS-D). *Gut* 2016; **65**: 91–99.

A total of 136 patients with irritable bowel syndrome were included and treated for 12 weeks. Daily stool frequency rates were similar with mesalazine (mean 2.8) and placebo (2.7). Nor did mesalazine improve abdominal pain.

Leone F, Marino D, Cereda S, Filippi R, Belli C, Spadi R *et al.* Panitumumab in combination with gemcitabine and oxaliplatin does not prolong survival in wild-type KRAS advanced biliary tract cancer: A randomized phase 2 trial (Vecti-BIL study). *Cancer* 2016; **122**: 574–581.

In this study that included 89 patients, the addition of panitumumab did not improve progression-free survival: 5.3 versus 4.4 months with placebo. Overall survival was similarly unaffected.

Coté GA, Slivka A, Tarnasky P, Mullady DK, Elmunzer J, Elta G *et al.* Effect of covered metallic stents compared with plastic stents on benign biliary stricture resolution: a randomized clinical trial. *JAMA*. 2016; **315**: 1250–1257.

Stricture resolution was 92.6 per cent with a single metallic stent compared to 85.4 per cent with plastic stents (P<0.001) in this study that included 112 patients. Mean number of ERCPs required was also lower with metallic stents: 2.1 versus 3.24 (P<0.001).

El Nakeeb A, El Geidie A, El Hanafy E, Atef E, Askar W, Sultan AM *et al.* Management and outcome of borderline common bile duct with stones: a prospective randomized study. *J Lap Adv Surg Tech A* 2016; **26**: 161–167.

Two hundred patients with stones in a bile duct of less than 10 mm were randomized to preoperative ERCP or surgery only. Bile ducts were cleared in both groups using a variety of surgical techniques, but costs in the ERCP group were higher, and 16 per cent developed post-ERCP pancreatitis.

Chen M, Song X, Chen L, Lin Z-D, Zhang X-L. Comparing mechanical bowel preparation with both oral and systemic antibiotics *versus* mechanical bowel preparation and systemic antibiotics alone for the prevention of surgical site infection after elective colorectal surgery: a meta-analysis of randomized controlled clinical trials. *Dis Colon Rectum* 2016; **59**: 70–78.

Seven trials that included 1769 procedures were included. Surgical-site infection was reduced by the combination of oral systemic antibiotics and mechanical bowel preparation: 7.2 versus 16.0 per cent; P<0.001.

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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