Financial Incentives Help People Quit Smoking During Pregnancy

A trial in France found that pregnant people are more likely to stop smoking if they receive financial rewards based on continuous abstinence.

The multicenter trial included 460 daily smokers who were less than 18 weeks into their pregnancy. The participants were randomly assigned to a financial incentives group or to a control group. Participants in both groups received a voucher equivalent to $23 at the end of each visit. The intervention group earned additional vouchers that progressively increased in value if they continued to abstain from smoking. All participants received motivational counseling and support to prevent relapse during 6 in-person visits and underwent biochemical monitoring.

The continuous abstinence rate from the first postquit date visit to visit 6 was 16% in the financial incentives group and 7% in the control group, researchers reported in the BMJ. The incentives also were associated with a 7% reduction in the risk of poor neonatal outcomes.

On average, participants in the financial incentives group smoked 163 fewer cigarettes than those in the control group. Those receiving financial incentives also craved tobacco less and relapsed later.

Apixaban vs Rivaroxaban for Preventing Recurrent VTE

Apixaban and rivaroxaban, direct oral anticoagulants, are increasingly replacing vitamin K antagonists, such as warfarin, to prevent recurrent venous thromboembolism (VTE). Although randomized clinical trials comparing apixaban and rivaroxaban are underway, a US cohort study in the Annals of Internal Medicine suggests that apixaban may be the safer and more effective drug.

The researchers analyzed health records for more than 37,000 patients with VTE who were newly treated with apixaban or rivaroxaban. Apixaban users were older and had more comorbid conditions.

Of the 18,618 patients prescribed apixaban, 475 had recurrent VTE and 386 had gastrointestinal or intracranial bleeding events over a median follow-up of more than 100 days. Among an equal number of patients prescribed rivaroxaban, 595 had recurrent VTE and 577 had gastrointestinal or intracranial bleeding events. The findings suggest that apixaban has superior effectiveness and safety compared with rivaroxaban, according to the authors.

Teriflunomide Reduced Lesions in Pediatric Multiple Sclerosis

Teriflunomide reduced lesion growth but didn’t slow relapses in a trial involving children with relapsing multiple sclerosis (MS). The oral immunomodulatory drug is approved in more than 80 countries for adults with relapsing forms of MS and now also is approved in the European Union for pediatric patients.

In the international phase 3 trial, 166 children with MS aged 10 to 17 years were randomly assigned to receive oral teriflunomide or placebo for up to 96 weeks. Those who experienced a relapse or demonstrated high disease activity on magnetic resonance imaging were allowed early entry into a subsequent 96-week open-label extension phase in which they all received the drug. An unexpectedly high number of patients in the placebo group—26%—switched to teriflunomide before 96 weeks.

At 96 weeks, no between-group difference was observed in time to first clinical relapse, the primary end point. Teriflunomide did, however, reduce the number of new or enlarged lesions. The drug was well tolerated, with serious adverse events occurring among 11% of patients in both groups.

The placebo group’s frequent switch to the open-label treatment period likely “biased the results against teriflunomide,” the authors wrote in The Lancet Neurology.

Surgery Improves Relapsed Ovarian Cancer Survival

The standard of care in relapsed ovarian cancer typically is treatment with systemic chemotherapy. But in a recent trial, women with recurrent ovarian cancer had longer overall survival when they had secondary cytoreductive surgery followed by chemotherapy instead of chemotherapy alone.

The trial’s 407 participants had relapsed 6 months or more after receiving platinum-based chemotherapy and had a positive Arbeitsgemeinschaft Gynäkologische Onkologie (AGO; Gynecological Oncology Working Group) score, which identifies patients in whom a complete resection might be achieved. The study was funded in part by the AGO Study Group.

The patients were randomly assigned to secondary cytoreductive surgery followed by platinum-based chemotherapy or to platinum-based chemotherapy alone. The median overall survival was 53.7 months in the surgery group and 46 months in the nonsurgery group. Quality of life was similar in both groups, and no patients died within 30 days after surgery. The results appeared in the New England Journal of Medicine.

Median survival was 61.9 months for the 75.5% of surgery patients who had a complete resection and 27.7 months for those who had an incomplete resection. The investigators stressed that only patients with a high probability of complete resection should undergo secondary cytoreductive surgery. “Patients who have a high probability of incomplete resection … should not be exposed to a potentially harmful surgical treatment,” they wrote. – Anita Slomski

Note: Source references are available through embedded hyperlinks in the article text online.