Syrian boy Fahd plays with a mobile phone next to his mother Um Fahd, as he receives treatment for cancer at Damascus Children's Hospital in Damascus, Syria. Doctors are struggling with a critical shortage of specialist drugs to treat their young patients — and it's not just due to the general chaos of the Syrian civil war. Local and World Health Organization officials also blame Western sanctions for severely restricting pharmaceutical imports, even though medical supplies are largely exempt from measures imposed by the United States and the European Union. Six years of conflict have brought the Syrian health service, once one of the best in the Middle East, close to collapse. Fewer than half of the country's hospitals are fully functioning and numbers of doctors have dived.

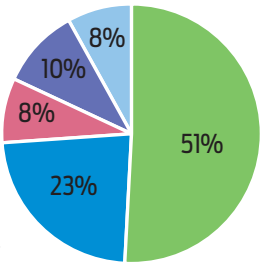
Photo: Omar Sanadiki/Reuters/Picture Media

MJA InSight Poll

Specialists should be required to publish their fee schedule so patients can make a free choice

Total votes = 340

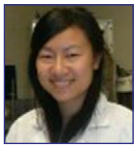
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



Take part in next week's poll on: www.mja.com.au/insight

MJA Podcasts

Associate Professor Joshua Davis is a Principal Research Fellow with the Menzies School of Health Research in Darwin and an infectious diseases physician at John Hunter Hospital in Newcastle. He is the coauthor of a short report on the clinical experience of patients with hepatitis C virus infection among Australian GP trainees, published in this issue.



Dr Lucy Deng is a postgraduate student at the University of New South Wales. She is a coauthor of research published in this issue, on trends in hepatitis B prevalence among women giving birth in NSW.

Ms Rowena Boyd is a clinical nurse consultant at the Department of Health's Centre for Disease Control in Darwin. She is a coauthor of a short report published in this issue, on the treatment of latent tuberculosis infections in the Darwin region.

Professor Cheryl Jones is president of the Australasian Society for Infectious Diseases, and a paediatric infectious diseases specialist. She is lead author of an editorial published in this issue, on how a death from an untreatable infection could signal the start of the post-antibiotic era.

Podcasts are available at www.mja.com.au/multimedia/podcasts and from iTunes. Also available as videos at www.mja.com.au/multimedia

Hidden risk population for thunderstorm asthma

Research presented at the Thoracic Society for Australia and New Zealand (TSANZ) Annual Scientific Meeting in Canberra last month identified "a potentially hidden and significant population susceptible to thunderstorm asthma". "This is a wake-up call for all of Australia, but particularly Victoria as it prepares for its next pollen season," said Professor Peter Gibson, president of TSANZ. "Many more people than previously thought are at risk of sudden, unforeseen asthma attack. It is essential that we invest more research into this phenomenon and educate our health services and public to take preventative and preparedness measures." Nine people died in Victoria late last year and over 8500 required emergency hospital care when a freak weather event combining high pollen count with hot winds and sudden downpour led to the release of thousands of tiny allergen particles triggering sudden and severe asthma attacks. Those most seriously affected were people who were unaware they were at risk of asthma and therefore had no medication to hand. In the study of over 500 health care workers, led by the Department of Respiratory and Sleep Medicine, Eastern Health, Victoria, almost half the respondents with asthma experienced symptoms during the thunderstorm event. Most took their own treatment, a few sought medical attention and one was hospitalised. More alarming was the 37% of respondents with no prior history of asthma who reported symptoms such as hayfever, shortness of breath, cough, chest tightness and wheeze during the storms. The study also found that people with a history of sensitivity to environmental aeroallergens (eg, ryegrass or mould) were far more likely to report symptoms than those with a history of either no allergy or allergy to dust mite/cats. Physical location, described as predominantly indoors versus outdoors, was not a risk factor. "This study gives us an indication of the proportion of our population that might be at risk of thunderstorm asthma, but are unaware of it as they have no history of asthma. It also suggests that a history of hayfever is one of the greatest risk factors," said lead researcher Dr Daniel Clayton-Chubb.

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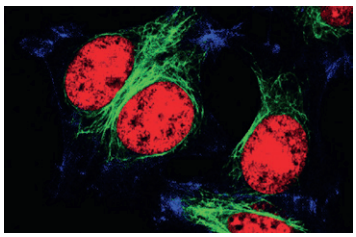
"The key message from our work is that anyone with hayfever should ensure that they have ready access to quick-acting asthma treatments such as bronchodilators at all times, but particularly in pollen season or if thunderstorms are predicted. Severe thunderstorm asthma symptoms can strike rapidly and without warning."

New genetic causes of ovarian cancer identified



A major international collaboration has identified new genetic drivers of ovarian cancer, findings which have been published in *Nature Genetics*.

The study involved 418 researchers from both the Ovarian Cancer Association Consortium, led by Dr Andrew Berchuck from the United States, and the Consortium of Investigators of Modifiers of *BRCA1/2*, led by Professor Georgia Chenevix-Trench from QIMR Berghofer Medical Research Institute.

Professor Chenevix-Trench said it was known that a woman's genetic make-up accounts for about one-third of her overall risk of developing ovarian cancer. "This is the inherited component of the disease risk," Professor Chenevix-Trench said. "Inherited faults in genes such as *BRCA1* and *BRCA2* account for about 40% of that genetic risk. Other variants that are more common in the population (carried by more than one in 100 people) are believed to account for most of the rest of the inherited component of risk. We're less certain of environmental factors that increase the risk, but we do know that several factors reduce the risk of ovarian cancer, including taking the oral contraceptive pill, having your tubes tied and having children. In this study, we trawled through the DNA of nearly 100 000 people, including patients with the most common types of ovarian cancer and healthy controls. We have identified 12 new genetic variants that increase a woman's risk of developing the cancer. We have also confirmed that 18 variants that had been previously identified do increase the risk. As a result of this study, we now know about a total of 30 genetic variants in addition to *BRCA1* and *BRCA2* that increase a woman's risk of developing ovarian cancer. Together, these 30 variants account for another 6.5% of the genetic component of ovarian cancer risk."

Cate Swannell doi : 10.5694/mja17.n1704