Highlights from the most important research articles across the spectrum of topics relevant to the field of clinical practice

Schauer PR, Bhatt DL, Kirwan JP *et al.* Bariatric surgery versus intensive medical therapy for diabetes - 3-year outcomes. *N. Engl. J. Med.* doi:10.1056/NEJMoa1401329 (2014) (Epub ahead of print).

Previous research has indicated that bariatric surgery is a potentially useful treatment for Type 2 diabetes mellitus. However, there are still concerns about long-term safety and quality of life when this treatment is used when compared with intensive medical therapy. This study is a 3-year follow-up analysis of the STAMPEDE trial. It was noted that at 36 months, 38% of individuals in the gastric bypass group ($p < 0.001$) and 24% of individuals in the sleeve gastrectomy group ($p = 0.01$) met the primary end point, while this was only met by 5% of individuals in the medical therapy group. It was also observed that the medical therapy group had lower mean percentage reductions in weight from baseline when compared with the other groups, as well as lower quality-of-life measures.

Rangaka MX, Wilkinson RJ, Boulle A *et al.* Isoniazid plus antiretroviral therapy to prevent tuberculosis: a randomised double-blind, placebo-controlled trial. *Lancet* doi:10.1016/S0140-6736(14)60162-8 (2014) (Epub ahead of print).

Research into preventing tuberculosis (TB) in individuals with HIV often yields conflicting results and, although the risk of TB is reduced by antiretroviral therapy, TB is more prevalent in patients with HIV. Here, 1329 individuals in South Africa were randomly assigned to receive isoniazid preventive therapy or placebo (n = 662 and n = 667, respectively). Overall, 95 incident cases of tuberculosis were observed (n = 37 in the isoniazid preventive therapy group and 58 in the placebo group). The authors recommend isoniazid preventive therapy to all individuals receiving antiretroviral therapy in moderate or high incidence areas, however, further research is needed.

Kowdley KV, Gordon SC, Reddy KR *et al.* Ledipasvir and sofosbuvir for 8 or 12 weeks for chronic HCV without cirrhosis. *N. Engl. J. Med.* doi:10.1056/NEJMoa1402355 (2014) (Epub ahead of print).

Even with the number of new cases of hepatitis C virus infections declining, it is thought that morbidity and mortality as a result of this infection will continue to increase. Consequently, early diagnosis and treatment are necessary. In this study a total of 647 previously untreated individuals with hepatitis C virus genotype 1 infection without cirrhosis were enrolled at 58 sites in the USA. Patients were randomly assigned to receive ledipasvir and sofosbuvir for 8 weeks, ledipasvir and sofosbuvir plus ribavirin for 8 weeks, or ledipasvir and sofosbuvir for 12 weeks. It was observed that rate of sustained virologic response was 94, 93 and 95% for 8 weeks of ledipasvir and sofosbuvir, 8 weeks of ledipasvir and sofosbuvir plus ribavirin and 12 weeks of ledipasvir and sofosbuvir, respectively. From the noninferiority analysis, this Phase III, open-label study suggests that the longer length of treatment or addition of ribavirin add little benefit.

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