physiological mechanism between these two types of hip fractures. For example, hip protectors[5] would be effective in preventing both types of fractures, but the effects of drugs for osteoporosis on each type of fracture are unclear.

We declare that we have no conflict of interest.

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1 Mayhew PM, Thomas CD, Clement JG, et al. Relation between age, femoral neck cortical stability, and hip fracture risk. *Lancet* 2005; **366:** 129–35.
2 Duboeuf F, Hans D, Schott AM, et al. Different morphometric and densitometric parameters predict cervical and trochanteric hip fracture: the EPIDOS study. *J Bone Miner Res* 1997; **12:** 1895–902.
3 Ehrlich PJ, Lanyon LE. Mechanical strain and bone cell function: a review. *Osteoporos Int* 2002; **13:** 688–700.
4 Pulkkinen P, Partanen J, Jalovaara P, Jamsa T. Combination of bone mineral density and upper femur geometry improves the prediction of hip fracture. *Osteoporos Int* 2004; **15:** 274–80.
5 Lauritzen JB, Petersen MM, Lund B. Effect of external hip protectors on hip fractures. *Lancet* 1993; **341:** 11–13.

One-dose carboplatin in seminoma

I must congratulate Padraig Warde and Mary Gospodarowicz (July 23, p 267)[1] for a very well balanced Comment on our paper. However I thought that in cautioning against accepting carboplatin as a standard after a median of 4 years' follow-up, and not being sure that it represents the best management strategy because the median follow-up is short, they slightly understate the benefits of carboplatin and overinterpret the data available for the new schedules of radiotherapy.

It cannot be disputed that, with more than 20 years' experience, follow-up is adequate for a dogleg field of 3000 cGy in 20 fractions, but this regimen has raised anxiety because of the risk of second non-germ-cell cancers and cardiac events.[2] For para-aortic strip irradiation of 20 cGy, follow-up is no better than for carboplatin. There are now 476 patients in phase II carboplatin studies, with 243 followed up for 5 years and 82 followed up for 10 years. There have been no relapses after 39 months.[3] However, the study by Logue and colleagues[4] has already raised the worry of bulky pelvic recurrence at 39 months after para-aortic strip irradiation. Having myself seen a patient with a 20 cm pelvic recurrence 5 years after para-aortic strip irradiation, and a patient on a watchful waiting study developed irreversible corda equina damage at 8 years, I think patients treated with the new radiation schedules might actually need more careful follow-up than those treated with carboplatin.

With PET scan offering a new modality for detection of response of seminoma to treatment,[5] and the new pathology offering new ways of improving prognostication, there is a need to develop low-cost approaches to following up large numbers of patients in studies that examine such experimental approaches.

I declare that I have no conflict of interest.

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1 Warde P, Gospodarowicz M. Adjuvant carboplatin in stage I seminoma. *Lancet* 2005;**366:** 267–68.
2 Zagars GK, Ballo MT, Lee AK, Strom SS. Mortality after cure of testicular seminoma. *J Clin Oncol* 2004; **22:** 640–47.
3 Oliver T, Dieckmann K, Steiner H, Skoneczna I. Pooled analysis of phase 2 reports of 2 v 1 course of carboplatin as adjuvant for stage 1 seminoma. *J Clin Oncol (Meeting Abstracts)* 2005; **23:** 4572 (abstr).
4 Logue JP, Harris MA, Livsey JE, Swindell R, Mobarek N, Read G. Short course para-aortic radiation for stage I seminoma of the testis. *Int J Radiat Oncol Biol Phys* 2003; **57:** 1304–09.
5 Oliver RTD, Shamash J, Powles T, Somasundram U, Ell PJ. 20 year phase 1/2 study of single agent carboplatin in metastatic seminoma: could it have been accelerated by 72 hour PET scan response? *J Clin Oncol ASCO Meeting Proceedings* 2004; **22:** 4763 (abstr).

More confusion

In their Clinical Picture piece (July 9, p 154),[1] Nigel Langford and Emma Graham-Clarke discuss the confusion caused by preparations of gliclazide and captopril having the same identifying marks. We have recently had a similar experience with trade names used by pharmaceutical companies.

A 78-year-old man presented for review having been living in the USA. He had type 2 diabetes and hypertension for which he took metformin, glimepiride, warfarin, atorvastatin, and "Cartia" 300 mg. He was unclear what the generic name for Cartia was, but knew that it was a tablet for his heart. An initial pharmacy enquiry confirmed that Cartia was the trade name for aspirin. This information was questioned in the light of warfarin therapy, and further enquiry identified that although this was indeed the case for Australia and some other countries, in the USA, Cartia is the brand name for diltiazem.[2]

This case highlights the need not only to ensure that the appearance and presentation of different medicines is specific, but also their names. To avoid prescribing errors, clinicians must make every effort to determine generic names and use them.

We declare that we have no conflict of interest.

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1 Langford N, Graham-Clarke E. Confusing tablets. *Lancet* 2005; **366:** 154.
2 Sweetman S, ed. Martindale: the complete drug reference, 34th edn. London: Pharmaceutical Press, 2004: 1872.

Department of Error

Faleschini E, Zennaro F, Ventura A, Tonini G. An unusual case of growth retardation. Lancet *2005;* **366:** 520—In this Case Report (Aug 6), the last sentence of the second paragraph should read: "We suggest that the patient's hypopituitarism was caused by transitory damage of the pituitary, secondary to the compressive effect of adenomatous hyperplasia of the TSH cells, with slow progression of growth and development."