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NEWS

Cancer, heart, and diabetes societies join to publicise problem of uninsured Americans

Janice Hopkins Tanne
NEW YORK

The American Cancer Society, the largest US voluntary health organisation, will devote its entire advertising budget for 2008 to telling Americans and presidential candidates that lack of health insurance or inadequate insurance prevents many people receiving early detection, treatment, and cure of cancer.

US residents with chronic diseases such as heart problems and diabetes face similar problems, said Richard Wender, national president of the society.

The society will spend $15m (£7m; €11m) on what it calls an aggressive and emotive advertising campaign on television, in magazines and newspapers, and online. The society found that previous public service announcements didn't attract attention but that paid-for aggressive advertising did.

The cancer society is joining forces with AARP (formerly the American Association of Retired Persons), which has 38 million members, the Alzheimer's Association, the American Diabetes Association, and the American Heart Association as the election approaches to publicise the problem of access to quality health care. To keep the matter in the news, the associations sent their chief executive officers to speak in states that hold early primary elections to nominate presidential candidates.

Dr Wender said that the cancer society decided on the campaign because only by improving patients' access to care can the society meet its goal to cut mortality from cancer in half by 2015. Otherwise, this mortality will fall by only 25%.

Access to care, he told the *BMJ*, was a problem that he sees every day in practice as chairman of the department of family and community medicine at Thomas Jefferson University in Philadelphia.

Recent studies have shown that people who were uninsured or had inadequate insurance were twice as likely as people who have private insurance to be given a diagnosis of advanced rather than early cancer (*Cancer* 2007;110:396-402, 403-11, and 231-3).

The society says that, second to use of tobacco, lack of access to quality care is the biggest barrier to reducing deaths from cancer.

American Cancer Society says that improving access to high quality care will save lives

Advert for breast cancer gene test triggers inquiry

Jeanne Lenzer NEW YORK

A controversial television advertisement in the United States encouraging women to undergo genetic testing to determine their risk of breast cancer has triggered an inquiry into claims made by the advertiser, Myriad Genetics.

The women in the advertisement appear to be in their early 20s to late 50s, and each says she has a relative with breast cancer. A couple of the women say they want to get "BRACAnalysis" to learn about their risk of breast cancer and "do something about it."

Some cancer specialists say that this "direct to consumer" campaign is unnecessarily alarmist. A *New York Times* article reports that the Connecticut attorney general, Richard Blumenthal, has issued a subpoena for information about the test, saying, "There's enough serious and significant doubt about the accuracy of some of their claims that we feel a strong need to investigate" (www.nytimes.com, 11 Sep, "A genetic test that very few need, marketed to the masses").

Myriad's president, Gregory Critchfield, said in a statement released on 10 September, "The purpose of the BRACAnalysis public awareness campaign is to save lives. The risks of breast and ovarian cancers are very high in individuals carrying mutations in either the BRCA1 or BRCA2 genes." Testing, said Dr Critchfield, would allow women at high risk of breast cancer to "take steps to reduce their risk for these cancers."

"Testing would allow women to take steps to reduce their risk"

The US Preventive Health Services Task Force says that the 2% of women who have a BRCA mutation face a 35% to 84% chance of developing breast cancer by age 70 and a 10% to 50% risk of ovarian cancer by the same age—higher risks than the general population.

However, the task force concluded that there was insufficient evidence to determine whether the interventions offered to women with BRCA mutations, such as prophylactic mastectomy and oophorectomy, could reduce mortality.

Kay Dickersin, director of the Johns Hopkins Center for Clinical Trials, Baltimore, said the campaign was disturbing because not enough information exists about what to do with the results of genetic testing.

Citing a 2007 Cochrane review, Dr Dickersin said that only observational studies of women who underwent prophylactic bilateral mastectomies had been conducted. "Most of the studies," said Dr Dickersin, "only looked at the number of women developing breast cancer—very few looked at breast cancer mortality."

Mortality among under 5s falls below 10 million for first time

John Zarocostas GENEVA

The annual number of deaths of children aged 5 years or younger reached a record low last year, says Unicef, falling for the first time to less than 10 million—to 9.7 million, down from 12.7 million in 1990.

"More children are surviving today than ever before. Now we must build on this public health success to push for the achievement of the millennium development goals," said Unicef's chief, Ann Veneman. But she also said that there is no room for complacency.

"The loss of 9.7 million young lives each year is unacceptable. Most of these deaths are preventable—and, as recent progress shows, the solutions are tried and tested," she added.

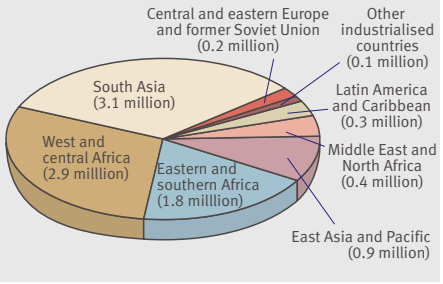
Of the 9.7 million children who died in 2006, 4.8 million were from sub-Saharan Africa and 3.1 million from south Asia, the figures show. West and central Africa had the highest death rates, with 186 deaths per 1000 children aged under 5, whereas the figure in rich industrialised nations is six per 1000.

The findings also show that China and India have achieved big reductions in child mortality, as have countries in Latin America and the Caribbean, but that previous gains have been reversed in southern African nations with a high prevalence of HIV and AIDS and in countries with current or recent armed conflicts, such as Sierra Leone, Sudan, and the Democratic Republic of the Congo.

"We're seeing some very poor countries actually making tremendous progress"

Some of the progress in reducing child mortality has resulted, Unicef says, from the greater application of known basic health interventions. These include immunisation against measles, exclusive breast feeding, vitamin A supplementation, the use of bed nets treated with insecticide, and the treatment of malaria, pneumonia, diarrhoeal diseases, severe malnutrition, and HIV and AIDS.

DEATHS WORLDWIDE AMONG CHILDREN AGED ≤5 YEARS (2006)



Peter Salama, Unicef's chief medical officer, said that the results so far were a cause for optimism and that the millennium development goals could be met. He said, "The reason is that not only have we gone below the 10 million barrier for the first time but we're also seeing more regions making progress—admittedly some more than others.

"We're seeing some very poor countries, such as Ethiopia, Mozambique, Malawi, Madagascar, Nepal, and Bangladesh, actually making tremendous progress, proving that these goals are actually quite feasible. So what we need to do is to learn from these success stories and replicate them in other countries."

For more information see www.unicef.org.

Weak healthcare systems hamper efforts to reduce child mortality

STEVE MORGAN/ALAMY

Immunisation coverage is at "amazingly low levels"

Caroline White LONDON

Plenty of cheap, simple ways exist to tackle global poverty, but the world lacks the commitment to implement them, health experts and economists said at an international conference in London last week.

Convened to celebrate the centenary of the Royal Society of Tropical Medicine, the conference aimed to assess progress towards meeting the eight millennium development goals set by the United Nations for 2015.

One goal is to cut by two thirds the 10 million deaths each year of children aged under 5 years old, but only seven of the 60 countries with the highest child mortalities are on track to meet it, said Cesar Victora, professor of epidemiology at the Federal University of Pelotas, in Brazil.

"Children are dying of old diseases [diarrhoea, pneumonia, and malaria] for which we have simple, effective treatments," he said. Breast feeding, oral rehydration, antibiotics, immunisation, and mosquito nets treated with insecticide could save six million of these lives every year, he added. But coverage was at "amazingly low levels," he said, because of weak healthcare systems that can't cope with large scale programmes and a dearth of adequately trained workers.

"We have the magic bullets, just not the guns to fire them," he said, adding that greater efforts should be devoted to finding out how best to deliver solutions.

The economist Jeffrey Sachs, director of the US Earth Institute at Columbia University, New York, argued that one tenth of 1% of the rich world's income, or $35bn, was all that was needed. "That's less than a month of Pentagon [US defence] spending or a quarter of the cost of the Iraq war each day," he said.

UK study will reimburse part of cost of IVF to women who donate eggs for research

Susan Mayor LONDON

Women will be reimbursed about half the cost of their in vitro fertilisation in return for donating "surplus" eggs for stem cell research, in the first study funded by the UK Medical Research Council (MRC) that will pay participants.

The MRC announced last week that it is funding a research proposal from the North East England Stem Cell Institute (NESCI), based in Newcastle, to find ways of improving the efficiency of therapeutic cloning. This technique is designed to create stem cells specific to a patient that might eventually be used to treat conditions in which new cells could be therapeutic—such as diabetes, heart disease, and Parkinson's disease.

Out of the funding of £470 000 (€680 000; $950 000) for the research, the MRC will provide £150 000 to reimburse part of the cost of treatment for women undergoing in vitro fertilisation at the Newcastle Fertility Centre and who donate some of the surplus eggs produced, for use in the research. This grant will provide £1500 towards the costs of the treatment, which is usually about £3000 for each egg donor. The money will be paid directly to the NHS trust, and the women's treatment bills will be reduced accordingly.

This is the first time that the MRC has provided payment for people taking part in a research study. "While there are ethical issues in providing payment for treatment of people who are participating in research, and this is not normally MRC policy, in this case the women would be taking no additional risks to their health by providing surplus eggs for research," the MRC said in a statement announcing its decision.

"To get anywhere we needed a more steady supply [of eggs]"

The recipient of the grant, Alison Murdoch, consultant gynaecologist with Newcastle Hospitals NHS Trust and professor of reproductive medicine at the University of Newcastle, explained that the payment scheme was needed to obtain sufficient eggs to make progress. Previously her group has found that about 30% of women asked to donate surplus eggs for stem cell research have done so.

"This provided 66 eggs over seven months, which meant that the research group would have an egg one week but nothing the next. We can't carry out research when the supply is so ad hoc. To get anywhere we needed a more steady supply."

See www.nesci.ac.uk.

JOHN MCLEAN/SPL

Surplus eggs will be used to improve success of therapeutic cloning

MPs "dismayed" at confusion about electronic records

Zosia Kmietowicz LONDON

Confusion about what information to include in electronic patient records as well as a lack of engagement with frontline NHS staff, particularly doctors, has been blamed for delays in creating the database promised by the government, which would be accessible throughout the health service.

A highly critical report from the cross party health committee says that MPs were dismayed at the lack of clarity about what medical details would be included in the two types of electronic records planned by the NHS IT programme—summary care record and detailed care record—and what they would be used for.

The confusion has led to delays of more than two years in developing and installing new IT systems in some cases. Many NHS staff have lost faith in the new system and are frustrated with having to rely on outdated software.

One example given in the report is iSoft's Lorenzo system for basic administration, which is to be installed in hospitals across the north and the Midlands but will not be trialled until next year. Until it is in place the uploading of patients' medical records cannot begin.

The report calls for Connecting for Health, which took over responsibility for transforming information systems throughout the NHS from the Department of Health in 2005, to give local organisations and doctors a bigger role in implementing electronic record systems and deciding what systems they should adopt.

Kevin Barron, MP and chairman of the committee, said, "While the government is getting the framework in place, they still have some way to go before patients and the profession can see tangible benefits."

A highly centralised approach to the NHS IT programme has "stifled local activity," causing "frustration and resentment." Relaxing central control will make local trust and strategic health authorities feel more engaged in the project—something that has been missing from the project until now, say the MPs.

The Electronic Patient Record **can be seen at www.parliament.uk.**

IN BRIEF

White coats to go in cleanliness bid: Hospitals in England will have to adopt a "bare below the elbows" dress code to reduce the numbers of cases of methicillin resistant *Staphylococcus aureus* and *Clostridium difficile*, the Department of Health has said. See www.dh.gov.uk.

Mammography screening reduces mortality from breast cancer: Organised mammography screening reduces the number of deaths from breast cancer, a study that was based on more than 300 000 women in Finland has found (*International Journal of Cancer* doi: 10.1002/ijc.23070). Results from the study, which followed up women from 1992 to 2003, show that breast cancer mortality fell by 22% (relative risk 0.8 (95% confidence interval 0.7 to 0.9)).

Public has its say on how NHS should be run: Members of the public were invited to attend meetings in each of England's 10 strategic health authorities this week to voice their opinions on how the NHS delivers care. Findings from the meetings will feed into the next stage of health minister Ara Darzi's review of the NHS.

Polio worker is killed in fighting: Farah Warsame Direye, a World Health Organization employee who was involved in Somalia's national polio immunisation day on 11 September, was shot dead by members of a militia while in the Galgadud region, close to the Ethiopian border. The action was not specifically targeted at humanitarian workers, said WHO.

Hillary Clinton sets out $110bn plan to bring health care to all: Senator Hillary Clinton has proposed a $110bn (£55bn; €80bn) plan to help fund health insurance for 47 million Americans who are currently without cover. Under the plan everyone would be required to take out health insurance, and federal tax subsidies would be available to help those least able to pay.

Statin use falls after TV show: The use of statins in the Netherlands has fallen for the first time, by nearly 2%, after a Dutch television programme questioned their use (*BMJ* 2007;334:604-5). Figures compiled by the Foundation for Pharmaceutical Statistics show that this spring the number of people each month who stopped taking statins rose by 35%, while the number who started taking them fell by a third (www.sfk.nl).

Juniors will find jobs—as long as they are flexible, says DH

Lynn Eaton LONDON

The Department of Health estimates that around 1500 junior doctors in England who are currently in short term "employment guarantee" contracts will not be able to secure coveted "run-through" training posts.

But they should, the department believes, be able to get some kind of job in the NHS when the second round of the recruitment process concludes at the end of October.

The department estimates that around 2500 short term contracts were awarded to guarantee the employment of junior doctors in the months immediately after the crisis in recruitment caused by the flawed medical application training service (MTAS) system, which was introduced earlier this year (*BMJ* 2007;334:1027). The appointment process was originally due to have been completed in England by 1 August, but after MTAS was scrapped a second recruitment round was added, with appointments due to be made by the end of October.

MARK THOMAS

Doctors protesting earlier this year about MTAS

Of the 2500 junior doctors awarded the temporary employment guarantee contracts from 1 August, the health department estimates that some 1000 doctors have already secured either run-through or fixed term service appointment posts and have already moved or are about to move into these training posts.

It believes that there will be plenty of potential job opportunities for the 1500 doctors who have not yet secured a training post, providing that they are prepared to be flexible about where they work and what specialty they work in.

About 1400 run-through training posts are yet to be filled in the second round. Many junior doctors on employment guarantee contracts will be able to apply for one of these remaining posts. However, they are not automatically guaranteed these jobs, as they will be competing with applicants from other parts of the NHS.

But a further 1000 fixed term service posts are going to be made available, as promised in May by the former health secretary, Patricia Hewitt, and also service posts that have become vacant will be available.

"I can't say absolutely definitely that no one will fail to get a post," said a health department spokesperson. "But there are several opportunities for them to find posts."

Meanwhile the Modernising Medical Careers team has rushed out a consultation paper on how recruitment will operate in 2008. It wants responses by Tuesday 25 September. John Tooke's inquiry into the revised training process has said that its recommendations can apply only from 2009.

(See Personal View, p 615; Analysis, p 593; Head to Head p 590.)

More doctors will be able to avoid GMC hearing

Clare Dyer BMJ

New rules expected to come into force within months will allow more doctors who undergo an investigation by the UK General Medical Council to avoid a public hearing. They can do so by acknowledging their shortcomings and agreeing to undergo retraining or restrict their practice. Rules that the GMC was expected to approve as the *BMJ* went to press will extend "consensual disposal"—which previously applied only in cases of ill health or deficient performance—to all types of case.

The option will not apply to serious cases, those where there is a realistic prospect that the doctor would be struck off if the case went to a hearing of the fitness to practise panel. Nor will it apply if the facts are in dispute or if the doctor refuses to accept that his or her fitness to practise is impaired.

REX FEATURES

Prisoners with HIV are often transferred between prisons but their prescribed drugs don't always go too

Fractured care has led to resistance to HIV drugs among prisoners

Claire Laurent WARWICK

The chaotic nature of prison is detrimental to the health care of inmates, delegates at the Health Protection Agency's conference in Warwick this week were told. The frequent transfer of prisoners around the system has led to a lack of continuity in care.

"HIV patients are transferred from one prison to another, but their retroviral drugs don't go with them," delegate Tim Moss, a consultant at Doncaster Royal Infirmary, told the conference. Discontinuous treatment meant that these patients were developing resistance to their antiretrovirals. "It is nothing short of negligence," he said.

"It is nothing short of negligence"

It was not just prisoners with HIV who experience this breakdown in care but also those with hepatitis C and tuberculosis. Many patients were lost to follow-up or did not complete their treatment, because of transfer to another prison. Healthcare workers were often not told about these changes so were unable to make the proper referrals.

Hepatitis B affects about a fifth of the 80 000 strong prison population and hepatitis C a third, with injecting drug use one of the biggest causes. The prevalence of HIV remains relatively low. "Prison health is public health," said Andrew Fraser of the Scottish Prison Service. "They don't choose to come to us, but we have a 24 hour duty of care to them."

Scotland is to pilot a needle exchange system in its prisons, and in a closely argued debate the delegates voted in favour of such a provision in English prisons too. Rick Lines of the International Harm Reduction Association said that needle exchange schemes in prisons had been rigorously evaluated and shown to be effective in reducing the harm caused by needle sharing, yet they remained controversial. He said that this was due "to the prejudice and stigma against prisoners and drug users."

if they agree to retraining or restrictions

"We will be looking at predominantly clinical issues, usually where there is only one incident and the doctor shows insight," said Paul Philip, the GMC's director of standards and fitness to practise.

Two case examiners will decide whether a case is suitable for consensual disposal. If so, the doctor will be invited to agree to undertakings. All undertakings, except those including confidential information about the doctor's health, will be published on the GMC's website.

Case examiners will be obliged to "have regard" to representations from complainants—for instance, that the case should go to a public hearing—but complainants will not have a right to insist that a case go to a fitness to practise panel. The new rules are expected to be in operation by the end of 2007.

Growth slows in number of consultant physicians in UK

Susan Mayor LONDON

The number of consultant physicians in the United Kingdom showed the smallest increase for 15 years from 2005 to 2006, reports a survey published this week, and numbers of consultants in some major specialties fell.

The survey, carried out by the Royal College of Physicians, showed that the number of consultant physicians increased by only 1.8% from September 2005 to September 2006. This was the smallest increase recorded by the annual census since it began in 1991. Over this period the number of consultants grew by an average of 6.5% each year.

The annual increase in the number of consultant physicians in the UK has been shrinking for the past couple of years. In 2004-5 the number increased by 3.2% from the previous year, and the increase in 2003-4 was 5.4%.

The latest figures showed that the number of consultants fell in some smaller specialties, including clinical pharmacology and immunology, as well as in some of the larger ones, such as dermatology and rheumatology. The overall slowing in the expansion of the number of consultant posts was due to fewer posts being advertised rather than a lack of suitable applicants, the survey showed.

Alistair McIntyre, director of the Royal College of Physicians' medical workforce unit and a consultant gastroenterologist at Buckinghamshire Hospitals NHS Trust, said: "Consultant physicians are needed to lead the delivery of high quality care to patients and to contribute to the development of the NHS.

"The lack of expansion in consultant numbers is likely to be detrimental to patient care. The UK has the lowest number of trained doctors—at consultant level—in the developed world."

He added that the slowing in the numbers of consultants was a major concern for doctors now in training. "There is an increasing number of junior doctors coming through. If there is very limited expansion in consultant posts, the only new jobs will open up when people retire." He said he hoped that the problem is a short term one, reflecting the shift to care in the community.

Other results from the survey showed great variation across the UK in the number of physicians working in the larger medical specialties.

The census is available at www.rcplondon.ac.uk

Drug reduces risk of repeat breaks after hip fracture

Janice Hopkins Tanne NEW YORK

Patients who had undergone surgical repair of hip fracture after a minor fall and who were then given an annual intravenous infusion of zoledronic acid were less likely to have a new vertebral fracture, to have a new non-vertebral fracture, or to die, a new study has found.

The international, double blind, placebo controlled study was released early by the *New England Journal of Medicine* (doi: 10.1056/NEJMoa074941). The trial was sponsored by Novartis, the manufacturer of the drug, which is marketed as Reclast in the United States and Aclasta in the United Kingdom.

Just over a third of patients aged over 50 who have had a hip fracture are likely to die within two years, write the authors of an accompanying editorial (doi: 10.1056/NEJMe078192), and many who survive "do not regain their prefracture level of mobility and thereby endure loss of independence and deterioration in health-related quality of life." Such patients are also at higher risk of having a new hip fracture or other fracture.

All patients in the study, which was headquartered at Duke University Medical Center in Durham, North Carolina, were able to walk before their hip fracture, and only 42% had osteoporosis diagnosed by dual energy, x ray absorptiometry.

The percentage of patients who had a clinical fracture was 8.6% in the treatment group and 13.9% in the placebo group

The study compared 1065 patients who received 5 mg of zoledronic acid and 1062 patients who received placebo within 90 days of surgical repair of their hip fracture. Patients received another infusion once a year afterwards. Both groups of patients received supplemental vitamin D and calcium. Some patients—9.3% in the zoledronic acid group and 11.8% in the placebo group—received concomitant treatment such as nasal calcitonin, selective oestrogen receptor modulators, hormone replacement, tibolone, and external hip protectors.

The average age of the patients was 74.5 years and their average body mass index was about 25. The median follow-up period was 1.9 years, and 71.3% of the patients completed the trial.

The percentage of patients who had a new clinical fracture was 8.6% in the zoledronic acid and 13.9% in the placebo group (hazard ratio 0.65 (95% confidence interval 0.5 to 0.84); P=0.001). Among the patients who had a new clinical fracture, the time to fracture was 39.8 months in the zoledronic acid group and 36.4 months in the placebo group.

New hip fractures occurred in 2% of the patients receiving zoledronic acid and 3.5% of those on placebo, a non-significant reduction in risk. But new vertebral fractures occurred in 1.7% of the patients taking zoledronic acid and 3.8% of the patients taking placebo (hazard ratio 0.54 (0.32 to 0.92); P=0.02), and new non-vertebral fractures occurred in 7.6% and 10.7%, respectively, of the patients (hazard ratio 0.73 (0.55 to 0.98); P=0.03).

"We observed a relative reduction of 28% in the risk of death in the zoledronic acid group," the authors wrote, adding that this may be partly due to the lesser risk of new fractures in this group. Of the 2111 patients included in the study (16 patients did not receive the drug or placebo), 242 died (12%). In the zoledronic acid group, 101 of 1054 patients died (9.6%), whereas in the placebo group 141 of 1057 patients died (13.3%) (hazard ratio 0.72 (0.56 to 0.93); P=0.01).

A quarter of EU citizens are being treated for chronic disease, with hypertension coming top

Rory Watson BRUSSELS

One quarter of the European Union's 500 million people are undergoing long term treatment for illnesses ranging from hypertension and arthritis to ulcers and cataracts.

The findings, released last week, are the result of a survey carried out for the European Commission in September and October 2006 into the health of citizens in the 27 EU member states and Croatia.

The commonest long term treatment is for high blood pressure (36% of those being treated), which is particularly prevalent in central and eastern Europe. In Slovakia, Bulgaria, Romania, and Greece it accounts for at least half of people receiving a long term treatment, while the lowest levels of hypertension are to be found in Belgium, the Netherlands, and Luxembourg.

Long standing problems with muscles, bones, and joints are the second most common type of ailment, accounting for 24% of those receiving treatment. Next are diabetes (15%), depression (10%), asthma (9%), osteoporosis (8%), allergies (6%), migraines (5%), cancer (4%), chronic bronchitis (4%), strokes (4%), peptic ulcers (3%) and cataracts (2%).

LIBBY WELCH/ALAMY

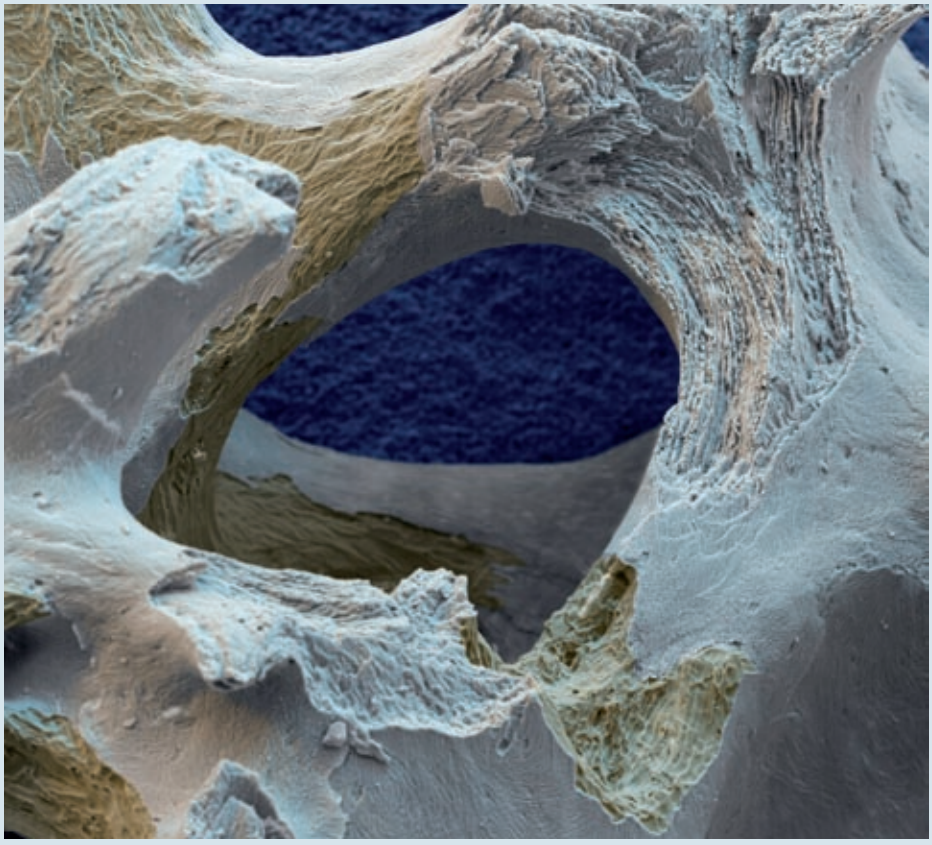
Joint problems are particularly common in Hungary

Allergies are prominent among Swedes (34% of whom have experienced them), while muscle, bone, and joint problems are common in Hungary (33%) and Belgium (31%). The prevalence in France of chronic depression, at 9%, is twice the EU average.

Since the question was asked previously, three years earlier, there has been a significant increase in the number of people receiving long term treatment in Austria (up 5%) and notable decreases in Denmark and the Netherlands (both down by 11%) and Italy (down 5%).

Yet the survey also found that 24% of those questioned consider their health to be "very good" and a further 49% "good."

The Eurobarometer special report *Health in the European Union* is available at www.ec.europa.eu/health.



EYE OF SCIENCE/SPL

Two out of five patients in the study had osteoporosis diagnosed by dual energy, x ray absorptiometry

Europe should run more transnational cancer projects

Rory Watson BRUSSELS

European policy makers face two challenges in funding cancer research. They need to do more about the major differences in spending between the European Union's 27 member states, instead of trying to bridge the gap with the United States, and give more thought to closer cooperation among different projects and the creation of transnational research programmes.

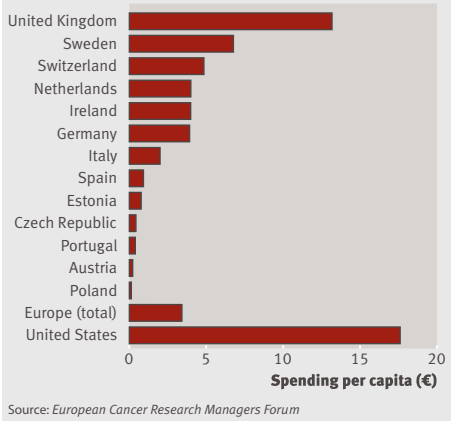
This advice is contained in the second report from the European Cancer Research Managers Forum, published this week.

The forum estimates that €3.2bn (£2.2bn; $4.4bn) was spent on cancer research in Europe in 2004. Of this sum, €1.9bn came from 155 non-commercial funding organisations. Although this is well short of the €5.1bn allocated by similar sources in the United States, it represents a 38% increase in funding in Europe financing, in comparison with the results of the first survey two years ago. In contrast, funding in the US has remained relatively static. The remaining European funds, €1.3bn, came from national healthcare systems and universities.

Of the EU countries the UK devoted the most resources to cancer research, at €783m, divided almost equally between charitable and government funding. The UK also came out top in terms of spending per capita on cancer research (figure). In contrast, at least 15 EU countries devoted €5m or less.

Investments and Outputs of Cancer Research is available at www.ecrmforum.org.

SPENDING PER CAPITA ON CANCER RESEARCH (2004)



Source: *European Cancer Research Managers Forum*

Serious adverse events double in seven years in US

David Spurgeon QUEBEC

The number of reported serious adverse events from drug treatment more than doubled in the United States from 1998 to 2005, rising from 34 966 to 89 842, says a new study.

Over the same period the number of deaths relating to drugs nearly tripled, from 5519 to 15 107, show data from the US Food and Drug Administration's adverse event reporting system, which collects all reports of adverse events submitted voluntarily to the agency either directly or through drug manufacturers (*Archives of Internal Medicine* 2007;167:1752-9).

Using extracts from the system that were published for use by researchers, the study's authors—Thomas Moore and Michael Cohen, of the Institute for Safe Medication Practices at Wake Forest University, Winston-Salem, North Carolina, and Curt Furberg, of the university's public health sciences division—analysed all adverse drug events and treatment errors reported to the agency from 1998, when the FDA started operating the system, to 2005.

Oxycondone was associated with more than 5000 deaths in 1998-2005

Over the period the number of reported serious events grew four times faster than the total number of prescriptions to outpatients, which increased from 2.7 billion to 3.8 billion. In the subset of drugs associated with 500 or more reports in any year, those drugs that were withdrawn for safety reasons accounted for 26% of the reported events in 1999, this percentage falling to less than 1% in 2005. For 13 new biotechnology products, the number of reported serious events grew by nearly 16-fold, from 580 reported events in 1998 to 9181 in 2005.

A relatively small number of drugs were responsible for the overall increase in the number of adverse events reported: 298 of the 1489 drugs identified (20%) from the data accounted for 407 394 of the 467 809 events (87%). Oxycondone hydrochloride (OxyContin) and fentanyl topped the list of drugs associated with death.

Better systems for managing the risks from prescription drugs are needed, the authors say.