Spain launches campaign to stop health professionals smoking

Xavier Bosch, *Barcelona*

Spain's Ministry of Health has launched a major initiative to encourage health professionals to stop smoking.

The programme started earlier this month. It will be carried out in collaboration with the National Committee for Smoking Prevention and is directed at all doctors and nurses working at the 82 public hospitals and 1115 primary care centres directly managed by the Spanish Public Health Service, covering about half the country. As part of the programme educational materials are being distributed to health

centres, and health professionals are being invited to attend lectures and courses on smoking cessation.

Recent epidemiological studies have shown that the prevalence of smoking among health professionals in Spain ranges from 38% to 49%. Rates are higher among nurses than doctors; this is reflected in the fact that among health professionals the prevalence of smoking is higher in females than in males. Paradoxically, data from the latest national health survey indicate that rates of smoking are lower in

the population as a whole than among health professionals. Statistics show that 35.7% of Spaniards older than 16 are current smokers (44.8% of males and 27.2% of females). But smoking rates are still comparatively high, with the rate in males being the second highest in the European Union after Greece (46%).

Lluís Serra Majem, professor of preventive medicine and public health at the University of Barcelona, explained: "Currently, most health professionals in Spain, even though they are fully aware that smoking represents a major risk factor, are going along with their patients and continuing to smoke. They do not initiate any active preventive measures." One of the reasons for this passive attitude is that smoking is so widespread.

The new programme, which is planned to last for one year, is intended to decrease the prevalence of smoking among health professionals as well as to boost their efforts to encourage their patients not to start smoking or to stop smoking. It is hoped that a decrease in smoking by health professionals will set an example for patients. The programme will also provide data for a descriptive epidemiological study on smoking in health professionals across the country.

The minister of health, José Manuel Romay-Beccaria, said: "The efficacy of measures aimed at preventing smoking in the general population depends mainly on the health professionals' commitment. And such commitment is influenced by their personal attitudes towards smoking." □

Ovarian cancer screening may increase survival

Richard Woodman, *London*

New data suggest that screening for ovarian cancer may increase survival in women found to have the disease, but it will be at least another six years before larger studies can confirm the extent of the survival advantage.

The findings are based on a pilot feasibility study of ovarian cancer screening in postmenopausal women aged 45 years or older. The women were randomised into two groups—10 997 were offered screening and 10 958 were not. Those in the screening group were offered annual screens for three years that entailed measurement of the cancer antigen, Ca125, and ovarian ultrasonography.

The results showed that screening identified 29 women with possible ovarian cancers. Only six cancers were confirmed, however, and the remaining 23 cases were false positives. During the seven year follow up after the screening phase, 10 more cases of ovarian cancer were found in the screened group and 20 in the control group. The median survival time of women with the cancer was 73 months in the screened group and 42 months in the control group ($P=0.01$). There were nine deaths from

cancer in the screened group compared with 18 in the control group, but this was not statistically significant (95% confidence interval 0.78 to 5.13) (*Lancet* 1999;353:1207-10).

The investigators suggested that the results showed that screening for ovarian cancer was feasible, had a satisfactory positive predictive value of 21%, and showed preliminary evidence of survival benefit. They said, however, that a larger randomised trial was needed to confirm this and to establish all the implications of screening before a national programme was considered.

One of the researchers, Ian Jacobs, consultant gynaecological oncologist at St Bartholomew's Hospital, London, said: "The results are exciting, because for the first time we have evidence that there may be a survival benefit as a result of screening." But he warned that it would be "unscrupulous" of the private sector to publicise provision of screening for ovarian cancer. He said: "There may be a temptation in the private sector to try to offer ovarian cancer screening. I would say that this is totally wrong, unless the women are properly counselled about the possible limitations and disadvantages, such as the false positive rate. We don't yet know if screening makes any difference in terms of mortality." A bigger trial that is being coordinated at St Bartholomew's Hospital and includes 120 000 women should eventually provide definitive answers. □

A genetic defect underlies susceptibility to mycobacterial infection

Researchers find genetic basis for susceptibility to mycobacteria

Deborah Josefson, *San Francisco*

New research has suggested that there is a genetic reason why some people are more susceptible to infections with non-tuberculous mycobacteria.

Researchers at INSERM, in Paris, investigated disseminated non-tuberculous mycobacterial infection, in which otherwise healthy individuals develop overwhelming infections with mycobacteria that normally are not virulent (*Nature Genetics* 1999;21:370-8). *Mycobacterium tuberculosis* and *M leprae*—the organisms that cause tuberculosis and leprosy—are the most pathogenic mycobacteria, but most bacteria in the class are relatively harmless. Rare indi-

viduals develop disseminated infections with normally non-virulent non-tuberculous mycobacteria. Some develop fatal infections after vaccination with Bacille Calmette-Guérin (BCG).

The researchers studied 18 people from 12 unrelated families with idiopathic reactions to vaccination with BCG or disseminated non-tuberculous mycobacterial infection. Previous investigations had shown that the receptor for interferon gamma—a cytokine with a central role in combatting infections—was implicated. The researchers found homozygous mutations in the DNA regions encoding for the interferon receptor. □