In Brief

Lung cancer mutation more common in women: The *k* ras mutation—associated with more aggressive lung tumours—is three times more common in women. This was the finding in a US study that followed 365 patients undergoing surgery for non-small cell adenocarcinoma over four years. Mortality was almost twice as high in patients carrying the mutation (*Journal of the National Cancer Institute*, 1 December 1999; <http://jnci.oupjournals.org>).

NHS fraud increases: The Audit Commission has reported a threefold increase in detected fraud in family health services over the past year. These services include general practice, dental and optician services, and pharmacies: detected fraud among these areas was £3m (\$4.8m) for 1998-9. The commission will work with NHS trusts to institute antifraud measures (*Protecting the Public Purse: Ensuring Probity in the NHS* is available from the Audit Commission, tel 0800 502030).

Kenyan president declares AIDS a national disaster: President Daniel arap Moi has announced the creation of a National AIDS Control Council to coordinate efforts to combat the disease, after declaring AIDS a national disaster. The Kenyan government still refuses to encourage condom use.

Northern Ireland assembly appoints health minister: Ms Bairbre de Brun has been appointed as the Northern Ireland assembly's health minister designate.

Medical errors cause thousands of US deaths each year: A report from the National Academy of Sciences' Institute of Medicine has shown that between 44 000 and 98 000 people die each year in the United States because of mistakes by medical professionals. The report, *To Err is Human: Building a Safer Health System*, can be ordered at www.iom.edu, price \$31.96.

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Papillomavirus DNA in smear test raises risk of cervical cancer

Scott Gottlieb *New York*

A single positive finding of human papillomavirus (HPV) DNA in a pap smear test confers a markedly increased risk of subsequent development of cervical cancer, according to a new study. Based on this finding, it has been suggested that it may be prudent to test for HPV DNA in conjunction with routine pap smears.

Infection with HPV has long been known to be a cause of cervical cancer. Most epidemiological studies of HPV infection and cervical cancer, however, have been conducted with samples taken after cancer has developed. This has provided unreliable information on the risk conferred by HPV as cancer increases the likelihood of detecting HPV DNA.

In the new study, Dr Keng-Ling Wallin and Dr Joakim Dillner from the Karolinska Institute in Stockholm, Sweden, investigated the risk of invasive cervical cancer among healthy women with normal cervical cytology findings according to whether HPV DNA could be detected in cervical samples at baseline. The

study used stored cytology samples from Swedish women aged 25 to 59 who were participating in an ongoing population based cervical cancer screening programme.

The study compared the proportion of subsequent normal cervical pap smears that were positive for HPV DNA among 118 women in whom invasive cervical cancer developed (on average, 5.6 years later) with the proportion of

smears positive for HPV DNA from 118 control women who remained healthy during a similar length of follow up. Results showed that at the time of diagnosis, 80 of the 104 women with cancer for whom tissue samples were available and 4 of the 104 matched control women were positive for HPV DNA. The HPV DNA type was the same in the baseline smear and the biopsy specimen in all of the women with cancer in whom HPV DNA was detected at baseline. In contrast, none of the control women who were positive for HPV DNA had the same type of HPV in both smears (*New England Journal of Medicine* 1999;341:1633-8, 1687-8). □

Human papillomavirus in smear tests increases risk of cervical cancer

England plans measures to cut outpatient waits

Pat Anderson *London*

The Department of Health in England has announced plans to tackle increasing waiting times faced by people attending hospital outpatient clinics.

Recommendations for trusts from the Department of Health and the National Patients' Access team, published last week (at the same time as latest figures showing increased waiting time), included new booking systems for outpatient departments so that patients can choose a date and time convenient for them. The team said that NHS trusts should target clinics with particular problems over waiting times and should agree long term

plans for outpatient improvements with other local health organisations, such as primary care groups. Each NHS trust should have a dedicated outpatient manager and produce an outpatient improvement plan by the end of March 2000.

The Department of Health claims that action to be taken by hospitals, in what it describes as the first major national programme to deal with outpatient rather than inpatient waiting times, will cut waiting times by up to 40%—but managers and consultants say that success on such a scale is unlikely. Latest figures showed that in the third quarter of this year half a million people were waiting more than 13 weeks for a first hospital appointment. The number waiting more than 26 weeks rose by 2.3% compared with the previous quarter, to 149 000.

Health minister John Denham said that the new measures,

together with £30m (\$48m) extra investment in outpatient services announced in August, should "see the momentum building for a long term reduction in outpatient waiting times." However, Nigel Edwards, policy director of the NHS Confederation, which represents NHS managers, said that the proposed measures were unlikely to reduce average waiting times by 40%. He said: "Most of it sounds like pretty standard good practice, but it will be chopping off the tail of the longest waits, not a 40% reduction in average waits."

Dr Peter Hawker, chairman of the BMA's central consultants and specialists committee, said that making sure clinics were not wasted was "all to the good." He pointed out, however, that most consultants already overbooked their clinics to try to compensate for patients not attending, so there was not much slack in the system. □