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Vitamin D is associated with a lower risk of cancer

A daily dose of 1000 IU of vitamin D could reduce the incidence and mortality associated with colon, breast, prostate, and ovarian cancer, an extensive review says.

The review searched PubMed in December 2004 for epidemiological studies looking at the association between cancer and vitamin D, sunlight, ultraviolet radiation, and latitude. The study, which was published online ahead of print publication in the *American Journal of Public Health* on 27 December (www.ajph.org, doi: 10.2105/AJPH.2004.045 260), found 63 observational studies, and of these 30 looked at colon cancer, 13 at breast cancer, 26 at prostate cancer, and seven at ovarian cancer. Most studies found that a sufficient intake of vitamin D protected against cancer.

The researchers, led by Cedric Garland, from the University of California at San Diego, said: "The evidence suggests that efforts to improve vitamin D status, for example by vitamin D supplementation, could reduce cancer incidence and mortality at low cost, with few or no adverse effects." They say that vitamin D deficiency may account for several thousand premature deaths from colon, breast, ovarian, and prostate cancer each year.

David Spurgeon *Quebec*

Managed alcohol intake improves health of homeless alcoholic people, study shows

A managed programme for homeless people with chronic alcoholism can stabilise their alcohol consumption, a new Canadian study shows, decreasing the number of visits to emergency departments and encounters with police.

Coffee is associated with lower risk of breast cancer in women with BRCA mutations

High consumption of coffee may reduce the risk of breast cancer among high risk women, an international study indicates.

The case control study assessed the association between coffee consumption and breast cancer risk in 845 BRCA1 or BRCA2 mutation carriers with breast cancer and a control group of 845 mutation carriers without breast cancer recruited from 40 centres in four countries: Canada, Poland, the United States, and Israel (*International Journal of Cancer* 2006;118:103-7). A self administered questionnaire was used to estimate average coffee consumption over their lifetime.

The results showed that women with BRCA1 or BRCA2 mutations who consumed at least six cups of coffee a day seemed to have a significantly lower risk of breast cancer than BRCA mutation carriers who had never drunk coffee. The odds ratios for breast cancer in BRCA carriers who habitually drank 1-3, 4-5, and >6 cups of coffee per day were 0.9 (95% confidence interval 0.72 to 1.12), 0.75 (0.47 to 1.19), and 0.31 (0.13 to 0.71), respectively, compared with BRCA carriers who drank no coffee (P for trend = 0.02). The beneficial effect was found only for caffeinated coffee.

Barbara Kermode-Scott *Calgary*

The study, published last week in the journal of the Canadian Medical Association, showed that the number of police encounters fell by 51% and emergency department visits fell by 40% among the participants, a small group of homeless alcoholic people who had repeatedly failed to complete abstinence programmes (*CMAJ* 2006;174:1).

Fifteen men and two women with an average age of 51 years and a mean duration of alcoholism of 35 years were enrolled in the pilot programme for between five and

24 months (mean duration 16 months). The programme provided close supervision, help with activities of daily living, on-site health care, and a maximum of one drink hourly (up to a maximum of 140 ml of wine or 90 ml of sherry) on demand between 7 am and 10 pm each day.

Average daily alcohol consumption among the participants fell over the course of the programme, from 46 drinks a day before the programme to eight afterwards. Health, nutrition, and hygiene also improved.

Barbara Kermode-Scott *Calgary*

New leader commits Tory party to an NHS that is free to all

In a move away from Thatcherite politics, David Cameron, the new leader of the Conservative party, committed his party to providing a health service that is free to everyone at the point of need.

But he said that if his party was elected to government he would increase the percentage of NHS services provided by the private sector beyond the 15% limit imposed by Labour.

In the launch of his new health policy at the King's Fund health research institute in London last week he said the Conservatives aimed to make the NHS "into a more efficient and more patient centred service" and would end targets and bureaucracy.

He said the political right had "spent too much time trying to get people out of the NHS and into the private sector." He added that Mrs Thatcher's policy of giving tax benefits to people with private medical insurance and his party's policy of creating a "patient's passport"—to provide financial support to those patients able to buy private operations—were both examples of this.

Mr Cameron said the Conservatives would give increased powers to foundation trusts and GPs and would take a leadership role on public health.

Faye van Emmerik *London*

US tries to increase routine hepatitis B vaccination

The US government is increasing its efforts to eradicate hepatitis B by calling for all newborn babies to be vaccinated before they leave hospital.

The plan, published in the *Morbidity and Mortality Weekly Report* (23 December, 2005), also says that vaccination should be a requirement for entry to school, and it sets out how hospitals should improve the monitoring of pregnant women.

Also, efforts are under way to

"increase vaccine coverage among previously unvaccinated children and adolescents," says the report's lead author, Dr Eric Mast from the National Center for Infectious Diseases, a division of the Department of Health and Human Services.

The annual number of new hepatitis B infections in the United States has fallen from an average of 260 000 in the 1980s to about 73 000 in 2003, owing to increased vaccination. However, 5000 Americans still die from the disease each year, and an estimated 1.25 million are chronically infected.

The US had already joined most of Europe in signing up to the policy of universal vaccination for the disease recommended by the World Health Organization. The latest moves are designed to put the policy into practice.

Currently, the UK is one of the few Western countries that selectively vaccinates only "at risk" individuals.

Michael Day *London*

Payment incentives for GPs bear no relation to health benefits

Incentive payments in the new NHS contract for primary care bear no relation to likely health benefits for their patients, concludes new research.

In some cases GPs will get paid more for treatments that save fewer lives than they will for treatments that achieve better results, say the authors of a study in the *Journal of Health Services Research & Policy* (2006;11:27-31).

Angiotensin converting enzyme (ACE) inhibitors for heart failure will save a maximum of 308 lives per 100 000 people in the population and attract a maximum practice payment of £2400 (\$4240; €3510). Yet screening and treating hypertension, which will save a maximum of 71 lives per 100 000 people, carries a payment of £17 280.

The report says, "This finding suggests that there is a real danger the incentive payments may skew activity towards highly rewarded labour-intensive

activities with relatively low benefits to population health. Activities that deliver greater health gains but receive less (or no) financial incentive may be downplayed: what is not incentivized may be marginalized."

Roger Dobson *Abergavenny*

Obesity in middle age is a risk factor for cardiovascular disease

Obesity during middle age in people who do not have high blood pressure or high cholesterol increases their risk in old age of hospitalisation or death from coronary heart disease, cardiovascular disease, or diabetes, show the results of a large prospective study.

The study followed 17 643 men and women who were aged 31-64 when recruited between 1967 and 1973 and who were free of coronary heart disease (CHD), diabetes, and major electrocardiographic abnormalities at baseline (*JAMA* 2006;295:190-8).

The participants were classified as having low cardiovascular risk (standard blood pressure and cholesterol measurements or better and not smoking), moderate risk (slightly raised blood pressure or cholesterol and not smoking) or else as having any one, any two, or all three of the risk factors of blood pressure >140/90 mm Hg, total cholesterol concentration >6.2 mmol/l, and currently smoking. Their body mass index was classified as normal weight (18.5 to 24.9), overweight (25 to 29.9), or obese (>30).

After an average follow-up of 32 years, the results showed that the risk of death from CHD in people who were obese during middle age was 43% higher in the low risk group than in people of normal body weight in the same risk category (odds ratio 1.4 (95% confidence interval 0.3 to 6.3). The risk of death from CHD in the moderate risk group was more than twice that in people of normal body weight in the same risk category (2.1 (1.3 to 3.3)).

Susan Mayor *London*

US doctors debate safety of abortifacient drug

Janice Hopkins Tanne *New York*

Two pro-life doctors in the United States are calling for mifepristone to be withdrawn from the market after looking into reports filed to the Food and Drug Administration of adverse reactions.

Their request coincided with Senate hearings on the nomination to the Supreme Court of the controversial judge Samuel Alito, who favours ending women's right to abortion.

The doctors, Margaret Gary and Donna Harrison, members of a subcommittee of the American Association of Pro-life Obstetricians and Gynecologists that is looking into the drug, analysed reports of 607 adverse events that they received after a request to the FDA under the terms of the Freedom of Information Act. Their paper was published online on 27 December in the *Annals of Pharmacotherapy* (www.theannals.com, doi: 10.1345/aph.1G481).

The most frequently reported serious adverse events were haemorrhages (210 patients), infection (46), missed ectopic pregnancies (17), and death (five).

"Regardless of your position on abortion, the drug should be pulled from the market," Dr Harrison said. Dr Harrison said the study was self funded. The doctors acknowledge that most of the reports "lacked critical information needed for complete case assessment."

The two doctors called for the FDA to take mifepristone (marketed in the US as Mifeprex and as Mifegyne in the UK) off the market because it was a risk to women.

Women's health organisations, however, said that the paper was flawed and that the drug posed less risk than paracetamol or pregnancy and child-

birth. The number of adverse events reported in the paper and the 460 000 women who used mifepristone for early abortions between September 2004 and June 2005 indicate that the risk of adverse events from use of the drug is about 0.13%.

Because of five reports of fatal septic shock (four in the US and one in Canada) mifepristone now carries a black box warning.

Vanessa Cullins, vice president for medical affairs at Planned Parenthood, said, "Adverse events are not necessarily related to the drug. The FDA's adverse events reporting system is voluntary. The surveillance around mifepristone is more active [than for other drugs] and was mandated [by government regulations]."

Dr Cullins said that mortality associated with surgical abortion was about 0.1%. Only a randomised controlled study could directly compare mortality from surgical abortion with that from the more recently introduced medical (induced) abortion, she said, "and that can't be done ethically."

She said, "We need to track medical and surgical abortions nationally better than we do now, although patients aren't keen on a registry."

Beverly Winikoff, professor of population and family health at Mailman School of Public Health, Columbia University, said that up to December last year 530 000 women in the US had used mifepristone and that the four US deaths meant the mortality was less than one death in 100 000. She said the FDA itself warns that the adverse events reports are inappropriate for analysis.

Mortality associated with pregnancy and abortion in the United States (number of deaths per 100 000 cases)

Legal abortion	0.6
Mifepristone use (per 100 000 prescriptions)*	1
Miscarriage	1.2
Live birth	7.1
Ectopic pregnancy	31.9
Fetal death	96.3

Sources: *American Journal of Obstetrics and Gynecology*, *Association of Reproductive Health Professionals.