In brief

MMR vaccine levels drop again:

Uptake of the measles, mumps, and rubella (MMR) vaccine among under 2s in England was 82% last year, figures from the Department of Health show. This was the lowest yet since a peak of 92% MMR coverage was achieved in 1995-6.

Hong Kong tests for SARS:

Hong Kong scientists are to study 10 000 citizens to find out how many test positive for the SARS (severe acute respiratory syndrome) antibody but have no symptoms. If a high number test positive, researchers will look at how the participants came into contact with the virus, why they did not develop SARS, and whether they have immunity.

Police chief to head regulatory council:

A senior member of the police has been appointed director for the Council for the Regulation of Healthcare Professionals. Sandy Forrest, deputy chief constable with the Scottish constabulary, will take up the post later this year. The council will oversee the General Medical Council and other health professional bodies.

Clinical ethics website launched:

Aidan Halligan, England's deputy chief medical officer, has launched a website for members of clinical ethics panels and others interested in medical ethics issues. It includes information on previous ethical dilemmas and gives links to ethics committees. See www.ethics-network.org.uk

Wellcome agrees to meet publication charges for its research:

The Wellcome Trust, the world's largest medical research charity funding research into human and animal health, has endorsed the policy of making the results of original research freely available to all. In particular, it has agreed to meet the cost of publishing research funded by the trust.

Genome of the dog decoded:

Scientists have decoded the genetic make up of a dog, a poodle called Shadow, identifying 974 400 variations in the dog's genetic code.

NICE announces guidelines for use of rituximab

Susan Mayor *London*

The National Institute for Clinical Excellence (NICE) has recommended that rituximab should be included in the treatment of patients with moderate to advanced B cell non-Hodgkin's lymphoma—the more aggressive form of lymphoma—and that the drug should be evaluated in a clinical trial of patients with localised disease.

NICE—the body that advises the NHS in England and Wales on the use of drugs—recommended that rituximab should be used in combination with CHOP (the standard treatment for diffuse large B cell lymphomas—cyclophosphamide, doxorubicin, vincristine, and prednisolone) chemotherapy in the first line treatment of people with the CD20 positive large B cell form of the disease

at stage II, III, or IV. Patients with stage I disease (where the cancer is restricted to a single group of lymph nodes) should be given the drug only as part of a clinical trial. In addition, NICE recommends that treatment with rituximab should be supervised by lymphoma specialists.

Rituximab is a monoclonal antibody designed to recognise cancer forming B cells, the lymphocytes from which most non-Hodgkin's lymphomas derive. The drug binds to CD20 receptors on the surface of B cells and initiates a series of reactions that result in cell death. CD20 is expressed on almost all B cell lymphomas, and testing for its presence is part of the normal diagnostic process.

Rituximab also seems to

sensitise cells to the action of conventional chemotherapy drugs. Results from a clinical trial included in the NICE appraisal of patients with stage II, III, or IV disease showed that 29% of those randomised to receive rituximab plus CHOP died within two years, compared with 41% of those given CHOP alone.

The relative risk of death from any cause with the addition of rituximab was 0.64 (95% confidence interval 0.45 to 0.89). After adjustment for several baseline prognostic factors between the treatment groups, this risk fell to 0.53 (0.37 to 0.77).

The NICE panel argued that rituximab should be used in people with stage I disease only as part of a clinical study to gain more evidence of its efficacy. □

The NICE guidance, *Rituximab for Aggressive Non-Hodgkin's Lymphoma*, is available at www.nice.org.uk. Copies can be ordered from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0284.

Veterans of the first Gulf war are developing amyotrophic lateral sclerosis

Owen Dyer *London*

US veterans of the 1991 Persian Gulf war are twice as likely as the general public to develop amyotrophic lateral sclerosis (ALS), a type of motor neurone disease. This is a finding of two studies published in the current issue of the journal *Neurology* (2003; 61:742-9, 750-6).

The condition, known in the United States as Lou Gehrig's disease (after the baseball player who was the most famous person to have developed it), remains extremely rare among Gulf war veterans, but the rate of diagnosis has been climbing faster in recent years, suggesting a delayed effect that may become more apparent over time.

The first of the two studies, which was sponsored by the US Department of Veterans' Affairs, compared rates of amyotrophic lateral sclerosis in service per-

sonnel deployed to south west Asia with rates of the disease among those who were not deployed there. The researchers verified 107 cases of amyotrophic lateral sclerosis, of which 40 came from the deployed population of 696 118 and 67 came from the non-deployed population of 1 786 215. This would suggest almost a doubling of risk among soldiers who were deployed, the authors said. The risk appeared to be highest for air force veterans (relative risk 2.68, 95% confidence interval 1.24 to 5.78), followed by army veterans (2.04, 1.10 to 3.77).

One of the authors, Ronnie Horner of the National Institute of Neurological Disorders and Stroke, said: "This study addressed the question, 'Is there a problem with excessive occurrence of ALS among Gulf war veterans?' We found the answer to be yes."

The studies seem to confirm earlier findings that two years ago led the Veterans' Affairs Department to list the disease as a service related condition covered by full disability benefits. But an accompanying editorial in *Neurology* (pp 730-1), by Michael Rose of King's College Hospital, London, warned that

US troops in Saudi Arabia during the Gulf crisis, 1990

with such a rare condition the sample sizes are too small to be relied on for evidence.

"While a twofold increase in risk may seem impressive, one needs to realise that this is based upon just a small number of cases," he wrote. "Therefore the calculated risk may easily be changed either way if the methodology has any flaws." □