Trials for vCJD treatment held up because of disagreements

Two years after the government announced urgent action to investigate possible treatments for variant Creutzfeldt-Jakob disease (vCJD), trials are still being held up because experts are unable to agree which drugs should be studied.

Professor Iain Chalmers, who heads the steering committee appointed to design the clinical trials, has told the patients' families to complain to their MPs about the delay. At a meeting of the CJD Support Network two weeks ago, Professor Chalmers said: "Families of patients who have suffered or are suffering from these terrible diseases have every reason to feel very angry about this delay, particularly as the UK is the vCJD capital of the world."

The Medical Research Council, which will oversee the trials, said national guidelines for studies of the antimalarial drug quinacrine will probably be agreed next month. Quinacrine trials have been held up in Britain since 2001, when a British woman having quinacrine treatment in California died after initially showing signs of improvement.

Owen Dyer *London*

Elderly women denied treatments for breast cancer

Many women with breast cancer are being denied treatment that could extend their lives because doctors are making judgments about their health on grounds of age, said cancer specialists this week.

Yet half the women who get breast cancer are aged over 65, and of these women 60% will die from the disease, said Professor Ian Fentiman, professor of surgical oncology at Guy's Hospital, London, at a debate on breast cancer in elderly women held in London by the charities Help the Aged and Cancer Research UK. The treatment of the dis-

ease in elderly women is shrouded in myths, he said, many doctors believing that a growing tumour is not a problem for old women because "they are going to die soon anyway."

However, studies show that only 4% of women over 65 with breast cancer have a concomitant health problem that is likely to affect their life expectancy, said Professor Fentiman.

He recounted the case of an 85 year old woman whose initial treatment after breast cancer was diagnosed in 1995 was tamoxifen. It was only when she moved to a different area three years later that she was given a mastectomy, although she died a year later.

"The patient really didn't have a chance, because the treatment she was given was inappropriate," said Professor Fentiman.

Zosia Kmietowicz *London*

Africans are dying of AIDS without pain relief

Millions of people in Africa are dying of AIDS without any pain relief, despite oral morphine being one of the cheapest drugs in the world, a conference was told this week.

The conference, organised by the Diana Princess of Wales Memorial Fund and Help the Hospices and held in London this week, heard how legal obstacles made morphine hard to get, while lack of training of health professionals prevented prescribing of the drug at the level of the community.

The demand for oral morphine and other drugs to manage pain and to control symptoms emphasised the need for better palliative care services for nearly 30 million people with HIV or AIDS across Africa, the conference heard.

In South Africa, which carries 25% of Africa's burden of the disease, five million people are in need of palliative care, including home support and pain relief. Yet only 250 000 of them receive it, said Liz Gwyther, chief executive of St Luke's Hospice, Cape Town.

Daloni Carlisle *London*

Researcher from study alleging link between MMR and autism warns of measles epidemic

Susan Mayor *London*

The dangers of complications associated with measles and rubella in unvaccinated children outweigh any concerns about the safety of the measles, mumps, and rubella (MMR) vaccine, argued one of the authors of the study that first raised the question of a link between MMR and autism, in a letter published last week.

In a letter to the *Lancet* (2003;362:1498-9), Dr Simon Murch, a consultant gastroenterologist at the Royal Free and University College Medical School, London, warned that a recent report of encephalitis associated with measles in immunosuppressed children (*Lancet* 2003;362:832) emphasised the grave risk posed by children not having the MMR vaccine.

"Calculations of outbreak size indicate that low MMR uptake has left the UK on the edge of major measles outbreaks. Uptake as low as 61% makes almost certain the return of endemicity," he wrote. He said that the near elimination of congenital rubella syndrome achieved by MMR was also likely to reverse as a result of the poor uptake of the vaccine.

Defending the original study (*Lancet* 1998;351:637-41), Dr Murch said that subsequent studies had supported an association between gastrointestinal changes and autism, but they had shown no link with the MMR vaccine. "There is now unequivocal evidence that MMR is not a risk factor for autism—this statement is not spin or medical conspiracy, but reflects an unprecedented volume of medical study on a worldwide basis."

He explained that his department had continued to assess children with autism for gastrointestinal problems and had found that many children showed improvement in abdominal pain and sleep disturbance if constipation, gastritis, or colonic inflammation were recognised and treated. "However, not all children with autism show such response, a finding that needs further study. That any reports that characterise gut inflammation in autistic children are

Dr Simon Murch: "There is now unequivocal evidence that MMR is not a risk factor for autism"

reported in the media as supporting the idea that MMR is causative is deeply frustrating, since it is simply not so."

Dr Murch reported that he and his colleagues had seen similar intestinal changes in children with no history of regression, in unvaccinated children, and in children whose first symptoms of autism clearly preceded MMR vaccination.

"This area remains one of legitimate interest, but should be clearly separated from the MMR issue," he wrote, adding that all the consultant paediatricians in the initial study supported MMR vaccination without reservation.

In an interview broadcast on the BBC Radio 4's *Today* programme, Andrew Wakefield, a gastroenterologist and co-author of the 1998 study that first sparked the controversy, suggested that pressure had been brought to bear on Dr Murch to back the MMR vaccine.

Dr Wakefield said that to retain access to jobs and research funding scientists in the United Kingdom were under pressure to find no link between the MMR vaccine and autism. He is currently acting as an expert witness in a group action being brought in the United Kingdom by parents who claim that the MMR vaccine was implicated in their children's autism. □