Pill with high potency progestogen protects against cancer

Oral contraceptives with a higher progestogen potency lead to a greater reduction of risk of ovarian cancer than those with lower progestogen potency, says a new study in the US *Journal of the National Cancer Institute* (2002;94:32-6). This was regardless of the oestrogen content in the pills and how long they were used for.

The study, from Duke University Medical Center in Durham, North Carolina, supports claims that biological effects of progestogen may in themselves help to protect women, rather than just the fact the pill inhibits ovulation, which has for some time been believed to reduce risk.

The study's participants were 390 women with epithelial ovarian cancer and 2865 controls between 20 and 54 years old, who were identified from the cancer and steroid hormone study.

David Spurgeon *Quebec*

Israeli women can buy ova from abroad

Infertile Israeli women are to be allowed to import ova from other countries, after the government reversed a six month old ban on the import of human eggs. The reversal followed action by about 90 women who were waiting for ova and who petitioned the High Court of Justice for an end to the ban.

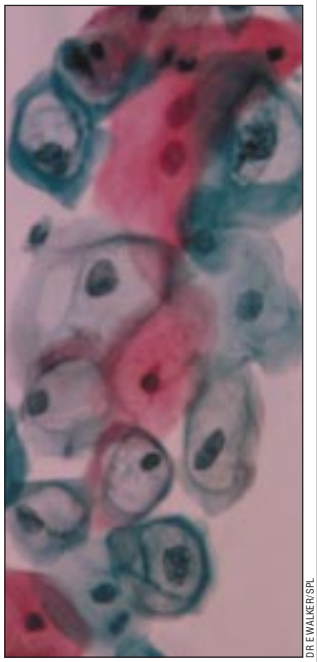
The women will be allowed to pay for the imported ova, making it the first time that the Israeli government has allowed the purchase of body tissue or parts for medical use.

Six months ago health minister Nissim Dahan instituted the ban, arguing that it was against ministry policy to pay for body tissue or parts and that imports could endanger the health of Israeli women. But state lawyers were unable to defend the policy in the High Court, and the minister realised he would have to end the ban. The women's lawyers subsequently dropped their lawsuit.

Judy Siegel-Itzkovich *Jerusalem*

Persistence of HPV increases risk of cervical cancer

Women in whom the human papillomavirus (pictured below) persists for several months have a higher risk of developing cervical cancer than those women who quickly clear the infection, researchers have claimed. Their findings could have implications for cervical cancer screening and for research into a vaccine against the viral strains behind the disease, they have said.



DR E WALKER/SPL

Immediately after the onset of sexual activity, rates of human papillomavirus are very high as women become infected. In most women, the immune system will quickly clear the infection, but in a minority the infection persists.

The new study found that women were more likely to show cervical abnormalities called squamous intraepithelial lesions, which sometimes become cancerous, when their infection persisted over several months (*JAMA* 2001;286:3106-14).

Scott Gottlieb *New York*

WHO dissenter warns against plans to retain smallpox virus

Rohit Sharma *Mumbai*

A leading expert on biological warfare is infuriated by the latest recommendations from the World Health Organization calling for stocks of the smallpox virus to be kept beyond 2002, despite earlier plans to destroy them by the end of this year.

Kalyan Banerjee, a dissenting member of the WHO's ad hoc committee on orthopoxviruses, is concerned that the committee's recent decision to allow continuing research using the live variola virus may enable the US military to develop smallpox as a weapon.

The proposals follow closely on the heels of the US's unilateral decision to retain indefinitely under its control the remaining smallpox virus stocks entrusted to it and to a Russian laboratory by various countries, in line with WHO's recommendations.

It also follows an announcement by the US in November, after the 11 September attacks, that Acambis, with support from its subcontractor Baxter International, had been awarded a $428m (£305m; €490m) contract to produce 155 million doses of smallpox vaccine by the end of 2002. This would bring the total number of vaccine doses in the US stockpile to 286 million, enough to protect every American citizen.

Dr Banerjee, a member of India's National Security Advisory Board, fears that the US might be gearing up to develop and refine smallpox as a weapon, rather than just carrying out further research.

"Every attempt has been made to establish the necessity of having live variola virus for vaccine development," he said. "But the thing is that, as the Russians had weaponised the smallpox virus, so shall the USA. Research is only a camouflage.

"The Russians weaponised the virus in a crude way and got caught. The USA will do it under the rubber stamp of the WHO," he warned.

After smallpox was eradicated in 1980, an agreement was reached under which all remaining stocks of the virus would be either destroyed or passed to one of two secure laboratories—one in the Center for Disease Control and Prevention, Atlanta, and the other at Vector in Koltsovo in Russia. Since then, no other laboratory has officially had access to the virus, which causes smallpox, and the plan was to destroy the virus completely.

But the WHO states that several governments are now concerned that smallpox could be used as a weapon and are examining their smallpox vaccine stocks. A WHO survey conducted in 1998 indicated that approximately 90 million doses of the smallpox vaccine were declared to be in existence worldwide.

The orthopox committee argued that "much essential research will not be completed by the end of 2002" and has now advanced a number of reasons for the retention of live variola virus beyond 2002. These include the production of an improved vaccine with fewer adverse reactions, especially for immunocompromised people, elderly people, pregnant women, and children with eczema, and research on animals to achieve licensing of drugs and vaccines.

However, Dr Banerjee has accused the WHO of having become a "cat's paw" in the whole matter. "The people of the world and the WHO worked hard to eradicate smallpox, only to leave the most potent bioweapon in the hands of the two custodial powers. Shall the people of the world eradicate these viruses only to give the superpowers additional and infinitely potent bioweapons?" he asked.

Dr Banerjee contends that research does not need the live variola virus and that there is no justification for retaining the whole stock of a large number of variola strains at Atlanta or Vector. He argues that both stocks must be destroyed by the end of 2002.

Dr David Heymann, the WHO's executive director for communicable diseases, said: "These are Dr Banerjee's personal comments which do not in any way represent the views of the World Health Organization." □

Smallpox and its Eradication. is at www.who.int/emc/diseases/smallpox/Smallpoxeradication.htm