

Ten Most Wanted October, 2005

- 1 **PROactive study (Article, Oct 8)**
Dormandy JA, et al. Secondary prevention of macrovascular events in patients with type 2 diabetes in the PROactive Study (PROspective pioglitAzone Clinical Trial In macroVascular Events). DOI: 10.1016/S0140-6736(05)67528-9. *Lancet* 2005; **366**: 1279–89.
- 2 **Cholesterol-lowering treatment (Article, Oct 8)**
Cholesterol Treatment Trialists' (CTT) Collaborators. Efficacy and safety of cholesterol-lowering treatment: prospective meta-analysis of data from 90 056 participants in 14 randomised trials of statins. DOI: 10.1016/S0140-6736(05)67394-1. *Lancet* 2005; **366**: 1267–78.
- 3 **Obesity (Seminar, Oct 1)**
Haslam DW, James WPT. Obesity. DOI: 10.1016/S0140-6736(05)67483-1. *Lancet* 2005; **366**: 1197–209.
- 4 **Questions about PROactive study (Comment, Oct 8)**
Yki-Järvinen H. The PROactive study: some answers, many questions. DOI: 10.1016/S0140-6736(05)67504-6. *Lancet* 2005; **366**: 1241–42.
- 5 **The metabolic syndrome (Comment, Sept 24)**
Alberti GMM, Zimmet P, Shaw J, for the IDF Epidemiology Task Force Consensus Group. The metabolic syndrome—a new worldwide definition. DOI: 10.1016/S0140-6736(05)67402-8. *Lancet* 2005; **366**: 1059–62.
- 6 **ASCOT-BPLA trial (Article, Sept 10)**
Dahlöf B, et al for the ASCOT investigators. Prevention of cardiovascular events with an antihypertensive regimen of amlodipine adding perindopril as required versus atenolol adding bendroflumethiazide as required, in the Anglo-Scandinavian Cardiac Outcomes Trial-Blood Pressure Lowering Arm (ASCOT-BPLA). DOI: 10.1016/S0140-6736(05)67185-1. *Lancet* 2005; **366**: 895–906.
- 7 **Genetic epidemiology 5 (Series, Oct 8)**
Hattersley AT, McCarthy MI. Genetic epidemiology 5. What makes a good genetic association study? DOI: 10.1016/S0140-6736(05)67531-9. *Lancet* 2005; **366**: 1315–23.
- 8 **Bone marrow transplantation (Comment, Jan 4, 2003)**
Laham RJ, Oettgen P. Bone marrow transplantation for the heart: fact or fiction? DOI: 10.1016/S0140-6736(03)12186-1. *Lancet* 2003; **361**: 11–12.
- 9 **Personal digital assistants (Review, Oct 1)**
Baumgart DC. Personal digital assistants in health care: experienced clinicians in the palm of your hand? DOI: 10.1016/S0140-6736(05)67484-3. *Lancet* 2005; **366**: 1210–22.
- 10 **Influenza pandemic (Editorial, Oct 15)**
The Lancet. A threatening influenza pandemic. DOI: 10.1016/S0140-6736(05)67539-3. *Lancet* 2005; **366**: 1331.

The Ten Most Wanted papers for July, August, and September, 2005, were not published because of problems with data collection.

Lunch with *The Lancet* Paul Offit



Paul Offit was 4 years old in 1955 when the Salk polio vaccine became available in the USA. His family's Baltimore paediatrician was loath to give him the vaccine because of scattered reports of it causing paralysis. Growing up in California, Anne Gottsdanker was not so lucky. She was one of the 164 people harmed by the vaccine. Gottsdanker's and Offit's paths met while he was researching his book, *The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis*.

For Offit, the ramifications of the Cutter incident started with the verdict of a lawsuit filed by Gottsdanker's family against Cutter Laboratories. Two of the company's eight vaccine lots had contained live poliovirus. In 1958, a jury found that the vaccine manufacturer was not guilty of negligence but was guilty of a breach of warranty and should pay US\$147 000 in damages. Offit explained recently over lunch at a restaurant near the Children's Hospital of Philadelphia, Philadelphia, PA, USA, where he is chief of infectious diseases, that the Cutter incident was the first in a series of cases that tilted US medical product liability so far in favour of plaintiff lawyers that drug companies no longer want to be in the business. The number of vaccines being developed and the number of active manufacturers have both declined, Offit notes. Offit cites group B streptococcal infection, for which a vaccine has been shown to be effective. But no manufacturer wants to test and produce it, because of the liability of giving a vaccine to pregnant women.

Offit says the US National Vaccine Injury Compensation Program, created in 1986 as a "no-fault" way to compensate children who suffered adverse reactions from vaccines, has helped to some extent. The recently announced \$7.1 billion Bush administration plan to expand vaccine production has his support, even if it needs tightening. Still, he says, "I don't think the vaccine industry is thriving."

Offit's connections to that industry—he's quick to note that he shares a patent on a rotavirus vaccine that has just been submitted by Merck to the FDA for licensure, but has never received any salary or consulting fees from the company—have made him a target of the loud US anti-vaccine lobby. He's undeterred, even as he acknowledges the irreconcilability of two positions: that we want to believe that we know everything that we need to know before giving new vaccines to our children, and that as medicine advances during the next 100 years, we will know more. "We always learn as we go, always", he says. "But compared to the past, we are less tolerant of that process. Unfortunately, I have no hope that we will get better over the next 100 years of accepting the requisite risks of knowledge gained with experience."

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