

In brief

Cloned cows appear normal:

Twenty four sexually mature cloned cattle show none of the defects that have plagued some adult clones, such as premature ageing, says a new report to be published in *Science* next week. Robert Lanza and colleagues at Advanced Cell Technology, in Worcester, Massachusetts, evaluated 30 cloned cattle, six of which died shortly after birth.

Son sues hospital over treatment of father's anthrax:

The son of one of the Washington postal workers who died from inhalation anthrax has filed a \$37m (£25m) lawsuit against the hospital that treated his father for failing to prescribe him antibiotics.

MPs to investigate NICE: The House of Commons health committee is to conduct an inquiry into the National Institute for Clinical Excellence in January. It will consider to what extent the institute has provided clear and credible guidance and whether it has enabled patients to have faster access to drugs known to work.

Ireland approves emergency contraception:

The Irish Medicines Board has approved for the first time the emergency contraception pill. The board had previously refused a licence for the drug (levonorgestrel) because it viewed it as an "abortifacient."

Doctor cleared over using measles jabs instead of MMR:

The General Medical Council has refused to take action over Dr Peter Mansfield, a Lincolnshire GP, who allowed parents to choose the single measles vaccine rather than the combined measles, mumps, and rubella vaccine. Dr Mansfield was reported to the GMC in August (11 August, p 300).

US recession threatens health insurance:

Nearly a million people in the United States risk losing their health insurance as a result of the economic downturn, a new report by the Commonwealth Fund says. It can be accessed on www.cmwf.org

Aspirin and warfarin equally good for stroke patients

Scott Gottlieb *New York*

Aspirin and warfarin are equally effective at preventing patients who have had a stroke from having another ischaemic event, a new study has shown. The findings suggested that both drugs are reasonable options for such patients, the study's author said.

Though previous trials have studied various drugs in the prevention of non-cardiogenic, recurrent ischaemic stroke, the authors explained, no trial had determined whether anticoagulants were superior to antiplatelet drugs in preventing such strokes.

Dr Jay Mohr from Columbia Presbyterian Medical Center in New York and colleagues in the Warfarin-Aspirin Recurrent Stroke Study Group compared the outcomes of 2206 patients who received either warfarin or aspirin after they experienced a non-cardiogenic ischaemic stroke (*New England Journal*

of Medicine 2001;345:1444-51). Most patients were followed for two years.

Altogether, 71% of international normalised ratio values for patients in the warfarin group stayed in the targeted range, according to the report, with 13% exceeding the targeted value and 16% falling below the target. The two groups did not differ in the overall rates of death or recurrent ischaemic stroke, the authors reported. The two year probability of an event was 18% for warfarin and 16% with aspirin ($P=0.25$; hazard ratio comparing warfarin with aspirin, 1.13 (95% confidence interval, 0.92 to 1.38)).

Although the rate of major haemorrhage did not differ between the two groups, the rate of minor haemorrhages was higher among patients in the warfarin group than in the aspirin group.

Dr Mohr said that some may point to the success of warfarin in preventing stroke in patients with atrial fibrillation and to its safe and effective use in the current study as justification to expand its use. But, he said, "Others may see the wide availability of aspirin as a reason to expand its use, too." He added, "In either case, patients should



Stroke survivor and Nobel prize winner Sir Peter Medawar, who wrote four books between his first stroke in 1969 and his death in 1987

push their doctors to establish the diagnosis of the stroke and try to determine its cause, as it seems to affect the therapy."

The findings may give an edge to aspirin, because it is cheaper and needs less medical supervision, according to Dr William Powers, a brain researcher at Washington University in St Louis, Missouri, who wrote an accompanying editorial in the same issue (pp 1493-5). □

Johns Hopkins admits scientist used Indian patients as guinea pigs

Ganapati Mudur *New Delhi*

The Johns Hopkins University has admitted that a staff scientist collaborated with Indian doctors to test an experimental cancer drug in Indian patients without establishing its safety through animal tests.

The university announced last week that it had initiated sanctions against the scientist for participating in clinical trials that did not meet the university's standards for human research.

The scientist had provided the drug to doctors at the Regional Cancer Centre in India's southern state of Kerala. The doctors injected it into 26 patients with oral cancer between November 1999 and April 2000.

The university declined to name the scientist involved in the trial, but doctors at the publicly funded cancer centre have

named Ru Chih Huang, a professor of biology at the university, as their collaborator.

Earlier this year a radiobiologist at the centre had accused his colleagues of breaching ethics by conducting an unauthorised clinical trial on unapproved drugs without appropriate consent (11 August, p 299).

The charges by Dr V Narayan Bhattathiri that patients in India were being used as "guinea pigs" had prompted the Indian health ministry and Johns Hopkins to launch independent investigations of the trials.

A committee appointed by the Indian health ministry has submitted its findings to the government, but its report has not been made public. The health ministry had said that it would order a change in the institutional ethics review panel at the centre.

Senior doctors at the centre declined to comment on whether any other clinical trials have been ordered to stop. "The attitude now is to just forget that it ever happened," said Dr Bhattathiri. "There are lessons to be learnt from this episode," he said.

Health authorities in India have expressed concern that the country's large pool of patients, trained medical researchers, and lack of strict laws to govern clinical trials make it an attractive site to test new drugs.

The Johns Hopkins University committee said that there was inadequate safety testing of the drugs (synthetic derivatives of a plant product called nordihydroguaiaretic acid) in animals before they were injected into human patients. It also confirmed Dr Bhattathiri's claims that consent forms used to recruit patients were inadequate.

The university has barred its scientist from serving as principal investigator on any future research involving human subjects. □