

- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Oesophageal cancer in Britain

SIR,—There has been a disturbing increase in the occurrence of oesophageal cancer in the United Kingdom. Although this condition is not among the commonest cancers in our population, we are particularly concerned with its trend during the past three to four decades in comparison with other countries. Using the database held by the World Health Organisation, we calculated the changes in age standardised mortality in 33 countries between 1956-60 and 1986-90 (end point varied between countries). Whereas a decrease or only a small increase in oesophageal cancer had occurred in many places, British men and women were among the few populations that had experienced a substantial increase (table).

The sharp rise in Spanish and Hungarian men was probably related to alcohol.^{1,2} Otherwise, the international difference could not be reconciled with trends of smoking and drinking (the two known major risk factors), as shown by a recent analysis on European data.³ The study suggested that trends in oesophageal cancer rates might be related to changing dietary patterns, particularly the consumption of fruit, which has a protective effect.

A case-control study among British women was

Changes in age standardised mortality from oesophageal cancer in 33 countries between 1956-60 and 1986-90

Men		Women	
Country	% Change	Country	% Change
Hungary	173	Australia	42
Spain	92	England and Wales	35
Northern Ireland	72	Scotland	32
Scotland	65	Panama	27
England and Wales	60	United States	26
Czechoslovakia	51	Northern Ireland	14
Ireland	50	Netherlands	11
New Zealand	46	Ireland	11
Australia	46	New Zealand	9
Canada	46	Hungary	8
Denmark	42	Norway	1
Hong Kong	38	Thailand	-4
Netherlands	37	Canada	-5
Poland	25	Belgium	-6
West Germany	24	France	-8
Portugal	24	Denmark	-9
United States	22	Hong Kong	-9
Belgium	22	Italy	-14
Sweden	11	Spain	-17
Italy	11	Czechoslovakia	-17
Japan	1	Chile	-20
France	-1	Switzerland	-23
Thailand	-3	Portugal	-23
Chile	-7	West Germany	-28
Norway	-12	Poland	-37
Austria	-19	Barbados	-40
Venezuela	-23	Sweden	-40
Uruguay	-27	Venezuela	-43
Panama	-35	Uruguay	-44
Switzerland	-51	Austria	-44
Iceland	-52	Japan	-56
Barbados	-53	Finland	-68
Finland	-62	Iceland	-75

recently started in East Anglia, Oxford, and parts of Scotland. Difficulties were experienced initially because of the general belief that oesophageal cancer is not a problem in the United Kingdom. By showing that British populations are near the top of the league table for yet another fatal condition, we hope to bring this rather disturbing trend to the attention of your readers.

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- 1 Cayuela A, Vioque J, Bolumar F. Oesophageal cancer mortality: relationship with alcohol intake and cigarette smoking in Spain. *J Epidemiol Commun Health* 1991;45:273-6.
- 2 Møller H, Boyle P, Maisonneuve P, La Vecchia C, Jensen OM. Changing mortality from oesophageal cancer in males in Denmark and other European countries, in relation to changing levels of alcohol consumption. *Cancer Causes and Control* 1990;1:181-8.
- 3 Cheng KK, Day NE, Davies TW. Oesophageal cancer mortality in Europe: paradoxical time trend in relation to smoking and drinking. *Br J Cancer* (in press).

The cholesterol controversy

SIR,—George Davey Smith and Juha Pekkanen's review of the part played by drugs in preventing coronary heart disease is to be welcomed.¹ There is a need for studies big enough to answer finally all the relevant questions. But Michael J Oliver is overreacting when he suggests that the report of a relatively small Finnish study, based largely on drug treatment, "throws a spanner in the work of those concerned with prevention."²

The Finnish study raises questions, many about the efficacy of drug treatment, but tells us nearly nothing about the role of dietary changes, stopping smoking, and increased physical activity—the cornerstones of prevention that does not entail drug treatment. Of these factors, only smoking behaviour was measured by the Finns, and it differed little between the intervention and control groups. Reducing cholesterol concentrations with drugs may not produce the same result as bringing about such a change through diet as the drugs may have toxic effects. Questions remain to be answered about the Finnish study, but it would be irresponsible to abandon lifestyle strategies on such flimsy evidence.

From the point of view of reducing total mortality Oliver asserts that there may be little point in changing the lifestyle of middle aged people. Disease prevention is best started in childhood, but in terms of health education it makes little sense to send the population a message about healthy lifestyles which a large proportion are then told they may as well ignore.

Oliver goes further and suggests that there is doubt about the best diet to adopt. There will always be uncertainty, but those concerned with

giving advice to health educators should celebrate the broad consensus that exists among nutrition scientists rather than just highlighting the shrinking area of uncertainty.

We depend on new knowledge to advance our understanding of the human body and its ailments. Oliver, however, is unduly gloomy in concluding that coronary heart disease is not really amenable to control except when very vigorous interventions (whatever they are) are targeted at high risk people. The 23% fall in death rates among men aged 35-74 that have occurred in England and Wales over the past 10 years is evidence that something is working. Most people agree that this is due more to changes in lifestyle than to drugs. I hope that current debate will not engender a paralysis of will to commit ourselves further to prevention through changes in lifestyle.

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- 1 Davey Smith GD, Pekkanen J. Should there be a moratorium on the use of cholesterol lowering drugs? *BMJ* 1992;304:431-3. (15 February.)
- 2 Oliver MF. Doubts about preventing coronary heart disease. *BMJ* 1992;304:393-4. (15 February.)
- 3 Strandberg TE, Salomaa VV, Naukkarinen VA, Vanhanen HT, Sarna SJ, Miettinen TA. Long term mortality after 5 year multifactorial primary prevention of cardiovascular diseases in middle aged men. *JAMA* 1991;266:1255-9.

SIR,—Michael F Oliver's interpretation¹ of the Finnish multifactorial intervention trial² is unsound. At the end of the five year intervention phase of the Finnish study the only significant effect on clinical events was a reduction in the incidence of stroke.³ Ten years later, when a quarter of the patients had been lost to follow up, both blood cholesterol concentrations and the prevalence of use of hypolipidaemic drugs (2%, or about eight patients in each group) were identical in the control and intervention groups. Cardiac and violent deaths and deaths from all causes were more common in the intervention than the control population.

It is nonsense to suggest that this effect was due to the hypolipidaemic drugs as at five years, when the groups did differ in their use of these agents, there was no difference in mortality but at 15 years, when use of the drugs was equally low in both groups, there was a difference in mortality. The logical conclusion of this argument seems to be that lipid lowering drugs are worse for you when you are not prescribed them than when you are. There may be more truth in this statement than Oliver would care to admit.

Furthermore, he attempts to exonerate anti-hypertensive drugs in explaining the adverse outcome of the Finnish study because, firstly, he seems to think that the specific drugs used in the Finnish study were also beneficial when used in the multiple risk factor intervention trial⁴ and, secondly, because only one third of patients were