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News of the termination of the Breast Cancer Prevention Trial (BCPT) has spread quickly, and the daughters and sisters of women with breast cancer are now starting to ask whether they should be taking tamoxifen to prevent the disease. The BCPT involved more than 13 000 women at increased risk of breast cancer, who were randomly assigned to receive either tamoxifen or a placebo. After 4 years there were 85 cases of invasive breast cancer in the tamoxifen arm and 154 cases in the placebo arm. The trial was stopped so that all women could receive tamoxifen if they wished. Vivek Goel tries to answer the question about prophylaxis by examining the BCPT results (page 1615). Because of the side effects of tamoxifen, including an increased risk of endometrial cancer, and for other reasons, Goel urges caution. We asked Richard Margoese, a member of the steering committee for the BCPT, to respond to the same question (page 1613). Margoese, although cautious, sees these results as a real breakthrough in cancer prevention and control. Readers and patients will have to judge for themselves.

None of the conditions that internist and palliative care physician Jane Poulson has learned to live with — not juvenile diabetes, not blindness, not heart disease — prepared her for the “unique terror” of being diagnosed with breast cancer. In

the first of 2 articles (page 1633) Poulson candidly describes how her experience of cancer has, paradoxically and painfully, intensified her engagement with life, giving her “a different lens” through which to see what is “truly important and uniquely [hers].”

Acute low-back pain is important because it occurs frequently and because it can result in prolonged disability. John Frank and colleagues provide us with new evidence on the secondary prevention of back pain disability, especially long-term absence from work (page 1625). This evidence suggests that early, aggressive treatment in the acute phase has the potential for iatrogenesis and that for subacute cases it is crucial to involve the worker, physicians, the employer and the insurer in planning for the rehabilitation and return to work of the injured person.

Michael Pollanen and colleagues reviewed the deaths of 21 people (of whom 18 were in police custody) who were restrained because of excited delirium (page 1603). In most of these people, the excited delirium was related to a psychiatric illness or to cocaine intoxication. The authors suggest that the method of restraint (in the prone position or with pressure on the neck) might have been a factor in the deaths. Donald Milliken reviews this study and points to the more general problem of restraining patients and the risks that are involved (page 1611). ?