

BC sidesteps patent claim, transfers *BRCA* gene testing to Ontario

After ending its own testing program for the *BRCA1* and *BRCA2* breast cancer genes in July 2001 because of a legal threat, the British Columbia Cancer Agency (BCCA) has resumed testing — in Ontario. The BC government ended the agency's own testing program after Myriad Genetics filed an exclusive patent for the gene-testing process (see

CMAJ 2001;165[6]:812). Ontario allowed the tests to continue despite the patent claim, so testing of BC patients will now take place there instead.

The cost in Ontario is about one-third the price charged by Myriad Genetics, but the Ontario laboratory does not charge patients because its expenses are covered by a research grant. Women are required to participate in a study by completing questionnaires; they deal directly with the laboratory, so the BCCA does not face any legal liability.

Before this arrangement was made, the only option available to women in BC was to pay Can\$3800 to Myriad Genetics, which provides results in about 6 weeks; about 6 of the BC women did this. Results from Ontario arrive in about 6 months.

Ending the test program was a bitter pill for the BCCA to swallow. "We had been testing for *BRCA* mutations for at least 5 years, our laboratory was totally geared up to do that work, it was an integral part of the service we provided and it was an area for research and development," says Dr. Simon Sutcliffe,

the CEO. He says other provinces have continued testing, even though they received the same cease-and-desist order from Myriad Genetics as BC.

About 300 tissue samples were awaiting testing at the BCCA when its program ended, and those women have been contacted regarding the Ontario arrangement. Dr. Charmaine Kim-Sing, medical leader of the Hereditary Cancer Program, said the response has been "overwhelming." Sutcliffe doesn't know how long the arrangement with Ontario can continue, but he is optimistic that another solution can be found if needed.

"Myriad has patented the gene and any and all mutations in the genes and any knowledge that might arise from the genes, now or in the future. Neither the genes nor the mutations are innovations. Most of us feel that patenting is absolutely fine if it pertains to a [true] innovation or invention, but to actually lock the gene away from any form of further testing or research and development is an inappropriate piece of patenting." — *Heather Kent, Vancouver*

Popularity of "abortion pill" grows in US

The number of prescriptions issued for mifepristone (RU-486), the "abortion pill" introduced in the US 2 years ago, is increasing more rapidly than expected, the Planned Parenthood Federation of America (PPFA) says.

According to the federation, use has nearly doubled in the past 2 years. During 2001, 12 712 women received mifepristone at PPFA sites; in the first half of 2002, 11 452 women opted for the drug instead of having a medical procedure.

In 2000, the US approved the use of mifepristone and a prostaglandin to end pregnancies up to 49 days after the onset of a woman's last menstrual period. It entered the market in November 2000 (*CMAJ* 2001;164[1]:82). Since then about 2.6 million American women have had abortions, and in about half those cases mifepristone could have been used.

It could take time for mifepristone use to become common, but a recent study (www.agi-usa.org/pubs/journals/3415402) found that more than half of early abortions in France, Scotland and Sweden are now done via RU-486 rather than a medical procedure.

The Planned Parenthood Federation of Canada hopes mifepristone becomes widely available here too, but Executive Director Linda Capperault says no drug company has sought marketing approval. A Toronto pilot project was "very successful."

The PPFA says the success of the new method is important because "the lack of abortion providers is an acute problem in the United States." — *Barbara Sibbald, CMAJ*

World's doctors unite behind antitobacco manifesto

A new antismoking manifesto signed by 4 groups representing 12 million physicians is a "visionary action," Physicians for a Smoke-Free Canada (PSFC) says. The manifesto for global tobacco control, signed Oct. 21, supports a strong World Health Organization initiative — the Framework Convention on Tobacco Control — that aims to establish an internationally binding treaty against tobacco.

Endorsed by the World Medical Association, Commonwealth Medical Association, European Forum of Medical Associations and Standing Committee of European Doctors, the manifesto (www.doctorsmanifesto.org) takes physicians' actions beyond clinical practice to demands for changes in laws and trade agreements. "It's very broad and insightful," says Cynthia Callard, PSFC's executive director.

Among other things, the manifesto calls for increased taxes on tobacco products and clear, informative health warnings on every cigarette pack. "In Japan, health warnings are very weak," noted Dr. Eitaka Tsuboi of the Japan Medical Association. There is also a call to end tobacco advertising. "In Uganda, brand names such as Rex and Sportsman link tobacco to health and well-being," said Dr. Margaret Mungherera, president of the Ugandan Medical Association. "Our children's future cannot be left in the hands of the marketing men." — *Barbara Sibbald, CMAJ*



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