cer declined 12% over the same period, when millions of women stopped taking HRT after the release of a July 2002 Women's Health Initiative study indicating HRT bore more risks than benefits.

Some 14 000 fewer women were diagnosed with breast cancer in 2003 than in 2002, when an estimated 203 500 cases were diagnosed, researchers at the University of Texas MC Anderson Cancer Center told the 29th annual San Antonio Breast Cancer Symposium last month.

Senior investigator and MC Anderson Professor Dr. Donald Berry stated that the findings suggest the magnitude of the RT effect may be "much greater than originally thought." But colleague Dr. Peter Ravdin cautioned the link can only be "indirectly" inferred.

The investigators also indicated it's unclear whether the decline will continue or whether women have merely delayed diagnosis by slowing the growth of tumours that fall under mammography's radar.

In other findings presented at the symposium, Canadian researchers Dr. Margot Burnell and Dr. Mark Levine said a clinical trial of 3 commonly used chemotherapy regimes indicates CEF (a combination of cyclophosphamide, epirubicin and fluorouracil) is more effective at preventing breast cancer recurrence than the widely used AC/T (doxorubicin and cyclophosphamide followed by paclitaxel) or the more rarely used new regime EC/T (epirubicin and cylcophosphamide, followed by paclitaxel).

The trial, which tracked (for 30 months) 2104 North American women aged under 60 who had been diagnosed with lymph-node-positive or high-risk node-negative breast cancer and who'd undergone surgery, found the 3-year recurrence-free survival rate for CET was 90.1%, as compared to 89.5% for EC/T and 85% for AC/T.

The investigators stressed those variable rates must be weighed against potential side effects. AC/T users can suffer from neurological effects (commonly called "chemo brain"), and women on CEF and EC/T have a higher incidence of heart and blood problems.
— Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.061725

Wasting emergency aid in Africa

Aid organization CARE International says with 120 million Africans living "on the edge of emergency" due to hunger, donor agencies need to review their response to these emergencies, or billions of dollars of aid monies will continue being squandered.

In a report issued in October, CARE projected the world will have spent $309 billion fighting emergencies in Africa by 2020 but asserted that $247 billion, spent differently, could successfully halve hunger on the continent by 2015. CARE spokesman Amber Meikle argued in an interview with *CMAJ* that by funnelling monies into programs that help people recover from emergencies, "we could put a stop to the emergencies altogether."

The report contends that the solution lies in increased funding for, and more emphasis on, long-term development projects that help people recover from emergencies and prevent them from arising again.

Rarely is a lack of food the underlying cause of emergency, the report says. Rather, the root of the problem relates to issues such as HIV infection rates, weaknesses in the local markets, climate change, or even a simple lack of cash that makes people vulnerable to emergencies. The only way to truly alleviate hunger is to resolve those underlying problems, the report's authors argued.

Douglas Kilama of Canadian Physicians for Aid and Relief's Ugandan operation noted that it's often the case that food aid coming from donor countries is far more costly than food that is available in recipient countries, yet agencies have often declined to buy locally.

Some relief agencies have advocated that aid should come earlier and in the form of cash, so that the hungry can buy their food locally and thereby, boost local markets. Such assistance would have to come well before the local food shortage reaches emergency levels. Yet, aid money spent on agriculture to sub-Saharan Africa has declined by 43% between 1990–92 and 2000–02.

"It is a disgrace that money is still given too late and for such short periods, then spent on the wrong things to truly fight emergencies," said Geoffrey Dennis, head of CARE International UK. "There is no excuse, when by spending money more intelligently, we can bring an end to all but the most unpredictable food crises."

While Ethiopia has been in food crisis 93% of the time from 1986 to 2004,

Evelyn Hockstein/CARE Canada

In addition to funding for crises, such as Darfur, CARE says more emphasis is needed on long-term development.

US spending on long-term aid in the country is less than 1% of emergency aid. And by responding early to the Niger emergency in 2005, it would have cost $1 a day to prevent malnutrition among children. Instead, by the peak of the emergency, it cost $80 to save a malnourished child's life.

In Kenya in 2006, 83% of funding applications for non-food aid responses were rejected, CARE said. Yet, positive responses could have allowed people to keep their livestock — their major source of food and income — alive and thus have prevented the situation from deteriorating into an emergency. — Wairagala Wakabi, Kampala, Uganda

DOI:10.1503/cmaj.061482

News @ a glance

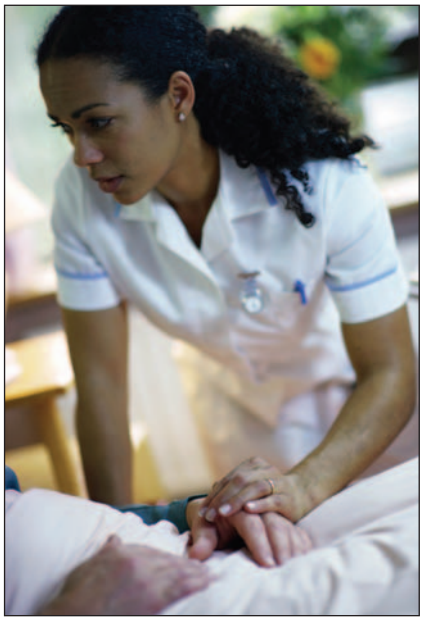
Stent update: Patients with drug-eluting stents (DES) may lower their risks of MI or death by taking clopidogrel, an antiplatelet medication, longer than the currently recommended 3–6 months (*JAMA* 2006:297;early release Dec. 5, 2006). Among patients with DES who were event free at 12 months, those taking clopidogrel were less likely than those not taking clopidogrel to die during the next 12 months (0% v. 3.5%, $p = 0.004$) and less likely to either die or have a MI (0% v. 4.5%, $p < 0.001$). The researchers conclude that the appropriate duration for clopidogrel administration can only be determined within the context of a large-scale RCT.

Aid to India: The University of Manitoba has been awarded US$22 million for a program to stem the rising tide of HIV/AIDS in southern India. The award, provided by the US Agency for International Aid (USAID), is expected to provide 5 years of stability for a program whose future was unclear after Canadian support was withdrawn 8 months ago. The U of M project provides front-line prevention, counselling and treatment in 2 southern Indian provinces with more than 110 million people, says Dr. Stephen Moses, a professor and a lead scientist on the project. "The US government is signing on for the long-term," says Moses. The university has been involved in India since 1998, and has been providing similar programming in Kenya for more than 25 years (where scientists are working with Oxford University on a promising HIV vaccine initiative). The program in India is a critical component of the national strategy to control the spread of HIV/AIDS, Moses says. Although infection rates are less than 1%, infectious disease experts are extremely concerned about the social and economic impact of an outbreak of African magnitude in the world's most populated country, he added. It is believed that more than 5.7 million Indians are infected with HIV, Moses says. — Dan Lett, Winnipeg

NS doctor sues: Halifax cardiologist Dr. Gabrielle Horne is suing Capital Health, Nova Scotia's largest health authority, claiming she has suffered loss of reputation, loss of a research program and lost remuneration as a result of a suspension that should have lasted roughly 2 weeks but ultimately took 4 years to resolve (*CMAJ* 2006;175:1845). Damages have not been specified but could be in the millions according to Horne's lawyer, Ron Pizzo. — Donalee Moulton, Halifax

Ultra Vires: BC Premier Gordon Campbell says the province will introduce legislation in 2007 to specifically define the 5 principles of the Canada Health Act (comprehensive, universal, portable, accessible and publicly administered), while adding a sixth: sustainability. Although that's entirely outside the jurisdiction of a provincial government, Campbell blithely noted that Ottawa only contributes about 6% of BC's $12-billion annual health budget and that "if the federal government feels that our legislation isn't appropriate, I'm sure they'll let us know." British Columbians will be given an opportunity to voice their views on the legislation during a $10-million, 1-year health care consultation exercise.

Nursing pool: There's a widespread regional variation in the number of working nurses across the country, according to a new Canadian Institute for Health Information report, *Highlights from the Regulated Nursing Workforce in Canada, 2005*. The crude national average is 1004 per 100 000 population. But that ranges from a high of 1585 in Newfoundland and Labrador to lows of 916 in Ontario and 823 in BC. The study also shows that the nation's nursing pool is expanding slowly. The total number of nurses working in Canada in 2005 was 321 590, a 2% increase over 2004. RNs now make up nearly 80% of the total nursing workforce. Their average age is 44.7 years, as compared to 41 in 1994.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Stickhandling: Composite hockey sticks, comprised of materials such as fibreglass, carbon graphite and aluminum, may pose a higher risk of causing penetrating chest trauma, surmise medical student Joel Kennedy and colleagues in a case report published by the *Canadian Journal of Emergency Medicine* (2006;8[6]:437-40). The composite sticks "are thought to be lighter and more rigid, which unfortunately may result in stick fracture with sharp penetrable fragments. It is possible that fractured composite sticks may more easily allow penetrating trauma, as seen in our case."

Product monitoring: A new computerized system to monitor adverse reactions to health products will give Health Canada greater capability to detect potential safety issues and analyze data. The new system, due to be implemented by October 2007, will monitor adverse