determination. Britain has to start again from scratch, and is using its Committee on Radioactive Waste Management as an interesting, if not entirely convincing, experiment in public consultation.

So far, India and China, the biggest likely builders of nuclear power stations in the next 20 years, don't have much to say about waste disposal. Time will tell if either of them can handle the issue in an environmentally responsible way. However, if national pride in nuclear technology is a significant factor, the French example suggests that nuclear power has a solid future in Asia, with or without a waste repository.

In the West, however, the future options for nuclear power are far narrower than the heat of the current debate would suggest. Abandonment, as embraced fleetingly by the previous German government, isn't going to happen. The kind of major build-up envisaged before Three Mile Island and Chernobyl (see *Nature* **244**, 392; 1973 and *Nature* **257**, 346; 1975) isn't coming either.

Instead, nations are likely to tread a path somewhere between replacing some existing nuclear power capacity and its mild augmentation. Given global warming, high energy costs and doubts about the reliability of the oil supply, the latter approach has much to commend it, although it should not be pursued at the expense of renewable energy.

Nuclear energy's technical elegance has always appealed to the hearts and minds of scientists and engineers, who have been unusually prominent among its public advocates for half a century. Throughout, these advocates have promised to present to the public a clean and complete nuclear fuel cycle. Now it is time to stand and deliver. ■

Drugs tests on trial

Britain's clinical-trial regulator has no good options.

Following an alarming episode in London last month, in which six drug-trial participants needed emergency treatment, the UK Medicines and Healthcare Products Regulatory Agency (MHRA) says it will change the way it regulates clinical trials, at least temporarily. But this may prove more easily said than done.

In the trial on 13 March, six healthy subjects suffered violent reactions within minutes of ingesting an antibody drug candidate, TGN1412, which was being developed to treat autoimmune diseases such as rheumatoid arthritis. Initial investigations suggest that the antibody itself was responsible for the side effects (see *Nature* **440**, 855–856; 2006). On 5 April, the MHRA said it will seek advice from outside experts in determining whether drug candidates with novel modes of action should be allowed to enter clinical trials.

The incident at London's Northwick Park Hospital has drawn attention to the limitations of preclinical animal trials in determining the safety of drugs in humans, especially for 'humanized' antibody drugs that are targeted at mimicking human biological processes. It has also sparked some debate about whether the participants were sufficiently aware of the dangers they faced.

For the regulator, the immediate question is whether the existing rules strike the right balance between safeguarding trial participants and promoting the study of potentially valuable cures. Previously, the MHRA allowed initial, small-scale human safety trials to go ahead on the basis of successful animal trials and a description of how the compound works.

Now the agency says it will allow such trials to proceed only after review by a panel of outside experts. However, companies that have drug candidates up their sleeves don't want information on them to be shared, and any outside panel worth its salt is bound to contain people who work with rival companies. So such a provision could lead drug developers to turn their backs on Britain as a location for early-stage clinical trials.

> "The incident has drawn attention to the limitations of preclinical animal trials in determining the safety of drugs in humans."

The best approach is probably that practised by the US Food and Drug Administration (FDA), the only drug regulator in the world with the in-house expertise to conduct such reviews by itself in strict confidence. The FDA, which is partly supported by fees levied on drug-makers eager to enter the lucrative US market, has 9,000 staff compared with the MHRA's 800 (although the FDA does handle food as well as drug safety).

One theoretical option would be a Europe-wide body set up to regulate and approve clinical trials, but the practical problems of constructing and operating such an agency would be daunting. In the interim, the MHRA may struggle to perform additional screening while satisfying confidentiality requirements. ■

Mentoring award 2006

Last year we inaugurated the *Nature*/NESTA awards for creative mentoring in science, co-sponsored by Britain's National Endowment for Science, Technology and the Arts. This year we are pleased to announce that *Nature* will be sponsoring awards for high-achieving mentors in two regions: the United Kingdom, again co-sponsored by NESTA, and, later this year, Australasia.

The UK awards are now open for nominations. The closing date is 19 June.

In each region, two prizes will be awarded: one for a lifetime's achievement in mentoring, and another to an individual in the middle of his or her career. Every nominee has to be nominated by five individuals who between them were mentored over different periods of the mentor's career.

The prizes are intended to celebrate a scientific activity that otherwise tends to be taken for granted. There are many heads of labs whose students have turned into outstanding scientists, but all too often such cases have exemplified survival of the fittest rather than being the product of deliberate nurturing. *Nature* has chosen to favour the latter approach.

Nomination forms and details of the awards can be found at www.nature.com/nature/nestaawards. ■