to $1-5-8 million.

The report does not specify details of how the centers would be established, although it suggests they be funded either through a new program or through research grants from one or more of the institutes that make up the NIH. It states that the "academic or research institutions at which the national programs would be housed would be expected to contribute to the programs, and teaching would be an essential contribution."

In other NIH news...

A second working group of the advisory panel recommended that NIH's Office of Protection from Research Risks (OPRR)—which monitors federally funded research nationwide to ensure that human subjects are protected from harm—be transferred from NIH to the Department of Health and Human Services (HHS), reporting directly to the secretary, Donna Shalala.

The OPRR, which has a budget of $2.5 million per year and a staff of 29, has taken high profile action in recent months in closing down research programs in hospitals in Los Angeles run by the Veterans Administration, and at Duke University Medical Center (*Nature Med.* **5**, 591; 1999). But some critics have raised concerns about its ability to function independently while remaining a part of NIH-an agency it is charged with scrutinizing.

The transfer has inherent risks—HHS is a more politically charged environment than NIH and the office would be far less insulated than it is currently—but panel members suggested that this problem could be overcome by creating an HHS advisory committee to oversee and protect the office. The office's current director, Gary Ellis, would be required to reapply for his job if the office is moved, and has indicated he intends to do so. Varmus is said to support the idea, and is planning to send a letter to Shalala requesting that she make the change.

MARLENE CIMONS, WASHINGTON, D.C.

FDA bans UK blood donation

Despite little evidence that new variant Creutzfeldt-Jakob Disease (nvCJD) might be transmitted by blood or plasma, a US Food and Drug Administration (FDA) advisory panel voted June 2nd to prohibit donations from people who resided in or traveled to the UK during 1980–96. The panel is now considering whether the time spent in the UK should amount cumulatively to six months or as long as five years.

Peter Barker/Panos Pictures

The recommendation by the Transmissible Spongiform Encephalopathies (TSE) Advisory Committee, which would put a squeeze on the already tight US blood supply, was weighed against the potential for an epidemic.

The panel comprised eminent TSE researchers, including Paul Brown of the National Institute of Neurological Disorders and Stroke, and Nobel prize-winner Stanley Prusiner of the University of California, San Francisco. Both voted for a ban. "I don't think the availability of donors is a reason to vote yes or no," says Prusiner. "We're dealing with a disease that is universally fatal."

Senior TSE scientist, Robert Rowher of the Veterans Affairs Medical Center in Baltimore, Maryland, urged the panel to prohibit donations. "I am very concerned we may be facing the grave possibility of an epidemic of new variant CJD," he says. But admits, "what we're doing is mitigating exposure to a certain extent, but to what extent, we don't know."

Brown noted there has been no BSE in US cattle, and no blood-borne transmission of nvCJD in the UK. The UK prohibits plasma donations by those who ate beef during the peak BSE exposure; whole blood is still accepted because it is harder to import sufficient supplies. Brown points out that the incubation of nvCJD is still an unknown, as is whether the disease is really an instance of species-jumping or a new entity.

Bruce Chesebro, a TSE researcher at the Rocky Mountain Laboratories, Montana, told *Nature Medicine* he would have had a hard time voting on a blood policy, because "The evidence for transmission of any TSE by blood is very limited." He also explains that it is difficult to detect infectivity in blood, and that BSE has not been found in the spleen or other lymphoid organs. However, BSE is different than scrapie, so it may act differently in humans, he adds.

The blood banking industry insists that without definitive evidence, there should be no donor deferral. According to government estimates, by 2000, the US is expected to have 11.7 million units of red cells, but a demand for 11.9 million units. An American Red Cross-led survey of 9,000 recent donors found that 22.6 percent had been in the UK at least 1–3 days during 1980–96. Seventy-two percent had eaten beef while there. If those who stayed a cumulative six months were deferred, 2.2 percent of the US blood supply would be lost.

The FDA panel's suggestions are being weighed by the Department of Health and Human Services (HHS), and a new policy incorporating HHS input is expected to be issued by the FDA in the near future.

ALICIA AULT, WASHINGTON D.C.

Italian clamp-down on fertility research techniques

Just as the US, the UK and Germany are drawing up guidelines to regulate human embryonic stem cell research, the Italian parliament has approved a controversial bill on fertility treatment in which embryo manipulation is also outlawed and human cloning carries a 20-year imprisonment term.

The bill bans heterologous fertilization procedures, which carry the penalty of fines up to IL300 million (US$ 170,000) and ten-year prison sentences for those who use a donor outside the heterosexual parents of the child. Couples undertaking *in vitro* fertilization treatment must be in the naturally fertile range, and no more than three embryos can be produced during the procedure.

The law marks the prevailing will of the Catholic Church in a long-running debate that also demands that the current abortion law be revised. It runs contrary to a set of proposals presented to the Parliament in 1996, which would have permitted some forms of embryo research and genetic testing.

Carlo Flamigni, head of obstetrics and an expert on artificial insemination, says that "it is unethical that the bill forbids any preimplantation diagnosis for genetic and other diseases." Many in the scientific community deplore the fact that the bill ignores the potential therapeutic utility of such research. Public statements by Italian Nobel Laureates Rita Levi-Montalcini and Renato Dulbecco, who have tried to emphasize the medical promise of embryonic stem cell cultivation, have fallen on deaf ears. The bill is awaiting approval by the senate.

MARTINA BALLMAIER, MILAN