



OVARIAN CANCER: SCREENING, TREATMENT AND FOLLOWUP 1994

Ovarian cancer is a leading cause of death from gynaecologic malignancies among women. In the past few years, significant new information has been generated regarding the epidemiology, biology, risk reduction, screening, treatment and follow-up of ovarian cancer.

The National Cancer Institute together with the Office of Medical Applications of Research of the National Institutes of Health organized a *Consensus Development Conference on Ovarian Cancer: Screening, Treatment and Followup*. The purpose of the conference was to identify and re-examine the issues for which there are confirmed data and to explore directions for future research.

Key questions were raised including the current screening and treatment of ovarian cancer; the appropriate management of early stage and advanced epithelial ovarian cancer; and appropriate follow-up after primary therapy. The report suggests, for example, that the risk of ovarian cancer can be reduced by the use of oral contraceptives; all women should have their family history examined to determine their risk; and there is no evidence currently available to show that the screening modalities of CA125 and TVS can be effective in reducing mortality.

NIH Consensus Program Information Service
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SETTING PRIORITIES FOR CLINICAL PRACTICE GUIDELINES 1995

Clinical practice guidelines are "systematically defined statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances." These guidelines have been linked positively and negatively to concerns about many aspects of health care. This report examines approaches and recommendations for setting clinical practice guidelines on the national and local health care levels.

In 1989, Congress created the Agency for Health Care Policy and Research (AHCPR) to sponsor and to encourage the development, dissemination and evaluation of clinical practice guidelines. Legislation in 1992 reauthorized the AHCPR to report to Congress in June 1995 to present "optimal methods for setting priorities for guideline topics." As a result, the Institute of Medicine appointed a 12-member committee to conduct background research on current guidelines and to examine ways of improving the efficiency of clinical practice guidelines.

The report's discussion of priority setting and related issues was written mainly for the AHCPR and other government policymakers, but should interest a larger audience of clinicians, administrators and researchers. It raises questions about the processes of developing and disseminating guidelines for the future role of the AHCPR.

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OPTIMAL CALCIUM INTAKE 1994

Adequate calcium intake is vital for achieving the highest possible (optimal) peak bone mass, which can provide a cushion against osteoporosis due to bone loss later in life. Osteoporosis is a major cause of bone fractures in postmenopausal women and the elderly. Many scientific articles published recently have discussed the possible role of calcium intake in the prevention of osteoporosis as well as other disorders, including other bone diseases, oral bone loss, colon cancer, hypertension and preeclampsia, a hypertensive disorder of pregnancy. The research results indicate that optimal calcium intake may be more than what most Westerners actually consume.

A consensus development conference analysed issues related to calcium intake. The conference was organized by the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the Office of Medical Applications of Research of the National Institutes of Health. The purpose of this NIH consensus conference was to evaluate the available data on optimal calcium intake and health status.

The group recommended that young adults (ages 11–24) should consume 1,200 to 1,500 mg calcium per day. Men and women (ages 25–50) should maintain 1,000 mg calcium per day and men and women aged 65 years and older should consume 1,500 mg per day. An 8-ounce glass of skimmed, low-fat, or whole milk provides 300 mg calcium.

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REVIEW OF THE FIALURIDINE (FIAU) CLINICAL TRIALS 1995

A new report from the Institute of Medicine discusses the controversial clinical trials involving the experimental anti-hepatitis drug, fialuridine (FIAU), which has shown promise as an effective treatment for hepatitis B. The drug was first used on humans in 1993 but resulted in five deaths due to unanticipated side effects. The *Review of the FIAU Clinical Trials* was compiled by an IOM committee that examined the 1993 case and discussed new approaches for clinical trials.

"On review of the FIAU trials, the committee finds no evidence of negligence or carelessness on the part of the investigators or sponsors," the group reported. Changes in regulating drug trials were requested but it was acknowledged that the tragic outcome of the 1993 trials would not have been different if these changes had been in effect.

The committee recommended patients be monitored for six months to detect side effects of drugs that modify DNA. In addition, animal testing should occur to learn more about FIAU and other related drugs, and there should be an open exchange of information between competitors and drug manufacturers.

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