#### TWENTY-FIVE YEARS AGO: THEN AND NOW/NEWS ROUNDUP

advantages, both breast self-examination<sup>9</sup> and clinical examination<sup>10</sup> are of extremely limited value in decreasing mortality from breast cancer when incorporated into screening programmes.

At best, services for breast cancer screening would achieve a 35% reduction in mortality from breast cancer. This effectiveness is in sharp contrast to the situation with cytology screening for the secondary prevention of cervical cancer, which has an average lead time of more than 10 years. It is widely accepted that invasive cervical cancer is largely avoidable and is due to deficiencies in service provision such as population coverage and quality of care. The imminent introduction of HPV vaccines will lead to primary prevention of cervical cancer from infection with HPV types 16 and 18. As the latter are responsible for about 70% of cases of cervical cancer, screening services will still be necessary. With HPV vaccination being most effective when administered in early adolescence, interaction between daughter and mother should be exploited for integrated reproductive health services with the simultaneous provision of cervical cancer screening. With integrated reproductive health services, 11 effective linkages should be sought through a systems perspective to consider other components, such as schools and behaviour change communication, for promoting HPV vaccination.

Prominent in 1981, the issue of population growth continues to generate much interest as reflected by the current parliamentary hearings in London on its impact on the attainment of the millennium development goals. Whilst acknowledging a lack of evidence in certain specific areas, efforts should focus on meeting reproductive health needs, including cancer control, 12 through the upscaling of proven interventions specially to reach the poor.

## Statements on funding and competing interests

Funding. None identified.

Competing interests. None identified.

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# **News Roundup**

#### Sperm bounce back after male contraception

Men taking hormonal contraception - likely to be available in the near future - regain their fertility in a few months, a new study suggests. A number of clinical trials have shown that taking a certain mix of hormones, including testosterone, can reliably suppress sperm production in men. But until now researchers have remained uncertain about how long it takes for men to regain fertility once treatment stops. A new study pooled data from 1549 men in 30 studies. According to the analysis, once the men stopped the treatments it took about 3-4 months for their sperm counts to return to fertile levels. Male contraception is most likely to come in the form of a patch, topical gel or bimonthly injection when it first arrives, according to researchers. Making a male birth control pill remains tricky because the chemical form of orally delivered testosterone produces serious side effects, such as liver damage.

rence Liu PY, Swerdloff RS, Christenson PD, Handelsman DJ, Wang C. Rate, extent, and modifiers of spermatogenic recovery after hormonal male contraception: an integrated analysis. *Lancet* 2006; **367**: 1412–1420.

Reported by Henrietta Hughes, MRCGP, DFFP GP, London, UK

### Vaginal ignorance

Organon recently commissioned a survey of nearly 10 000 women investigating their knowledge, attitudes and perceptions about the vagina. Surprisingly, 50% of women felt it was the part of the body they knew least about. Some 50% also reported feeling uncomfortable talking to

health care professionals about vaginal-related matters. In many countries, Nuvaring<sup>®</sup>, the once-monthly vaginal contraceptive ring, is becoming increasingly popular. Nuvaring will certainly increase a woman's options, especially those who find it difficult to remember a daily tablet. The survey does, however, throw up concerns over women's lack of knowledge and misconceptions, and may influence ultimately their choice of contraception. Nuvaring is licensed in the USA, Canada, Russia and many European countries, and Organon hope to gain a UK licence in 2007.

Source: www.organon.com

Reported by Laura Patterson, MRCGP, DFFP GP, Cirencester, UK

# Calcium and vitamin D supplements and bone fractures

A report of a women's health trial including over 35 000 healthy postmenopausal women suggests that food supplementation with calcium and vitamin D does not protect against bone fractures. Women aged 50-79 years at the start of the trial were randomised to receive 500 mg calcium as calcium carbonate with 200 IU vitamin D-3 twice daily or placebo. The average follow-up was 7 years. The women taking calcium and vitamin D-3 had significantly higher bone density than controls but no difference in hip and total fractures. Women taking supplements had a higher risk of kidney stones.

Jackson RD, LaCroix AZ, Gass M, Wallace RB, Robbins J, Lewis CE, et al; Women's Health Initiative Investigators. Calcium plus vitamin D supplementation and the risk of fractures N Engl J Med 2006; 354: 669–683.

Reported by Henrietta Hughes, MRCGP, DFFP

#### Fertility treatment abroad

Infertility Network UK is the largest support organisation for those experiencing fertility problems. Recently they have become aware of increased numbers of couples travelling abroad for treatments, which are difficult to access in the UK. Both Infertility Network UK and the Human Fertilisation and Embryology Authority are encouraging couples to think very carefully before considering treatment in foreign clinics. The high standard of care couples receive in the UK may not be replicated abroad and couples are encouraged to make an informed decision.

Source: www.infertilitynetworkuk.com

Reported by Laura Patterson, MRCGP, DFFP GP, Cirencester, UK

#### You are young. You are in love. What now?

Young people feel the crunch of the sexual hormones. Before they reach the point of having sex, they need information about how to get pregnant, how not to get pregnant, and how to avoid sexually transmitted infections. Rotary Fellowship for Population and Development (part of Rotary International) has developed an Internetbased, short guide about adolescents' reproductive health. Available on the website are ideas and guidelines for teachers and health professionals, together with information on reproductive health for adolescents

Source: www.rfpd.dk

Reported by Niels Einer-Jensen, DVM, DScVM Retired Professor in Physiology, Institute of Medical Biology, University of Southern Denmark, Odense, Denmark