What’s New In Screening Mammography

For years, debate has raged over screening mammography—whether it works and, if so, for whom. Major medical groups have widely divergent recommendations for patients. The American Cancer Society recommends annual x-ray breast examinations for all women beginning at age 40, while the government’s Preventive Services Task Force suggests 50 as the starting age, continuing only through 69. Public Citizen’s Health Research Group has long held that there is insufficient evidence to recommend annual mammography for average-risk women under the age of 50 but has previously supported screening mammography in women 50 or older. We have also endorsed annual manual examinations by a health professional for women 40 or older.

Most experts would not hesitate to recommend mammography for high-risk women. Factors conferring increased risk for breast cancer include a first-degree relative with a history of breast cancer, a positive test for the genes BRCA-1 or BRCA-2, a history of estrogen replacement or more than 10 years of oral contraceptive use, and first pregnancy after the age of 30.

The earliest debate, then, has focused on low-risk women, particularly those under 50.

There have been several attempts by the National Institutes of Health to establish guidelines for screening by convening so-called Consensus Conferences. The most recent was in 1997, when a 13-member panel heard testimony from 32 experts and concluded that no data supported routine screening for women under 50. This conclusion aroused such an outcry from radiologists, other physicians, and lay persons that the U.S. Senate voted 98-0 that the National Cancer Institute’s National Cancer Advisory Board, which helps set U.S. cancer policy, should ignore the panel’s conclusions. The Advisory Board duly knuckled under.

The debate just got wider and hotter. On October 20, 2001, The Lancet, a well-respected British medical journal, published the results of a rigorous analysis of the seven randomized, controlled clinical trials of mammography that have been done world-wide. Randomized, controlled trials are the best way of determining whether an intervention is effective, because each patient is equally likely to be assigned to the screened or unscreened group. In the Lancet analysis, the authors combined the results of all seven randomized, controlled trials using a statistical technique called meta-analysis. The Lancet paper carries so much weight because the authors are part of the Cochrane Collaboration, which provides the most comprehensive and authoritative meta-analyses in a number of fields of medical importance.

The authors’ main conclusion: “there is no reliable evidence that screening for breast cancer reduces [overall] mortality.” Once again, the gloves are off.

The data from the Cochrane group’s meta-analysis are summarized in the table on page 2.

The data show that, after 13 years, there is some evidence of a benefit in terms of reducing mortality due to breast cancer, but this is true only for women over 50 years of age and is continued on page 2
MAMMOGRAPHY SCREENING, from page 1

driven by the results of poor quality studies. There is no evidence of benefit for women of any age in terms of reducing total mortality.

Unfortunately, even within the Cochrane Collaboration, there has been controversy. While the Cochrane Breast Cancer Group editors agreed with the reviewers of the mammography study that 1) there was no evidence that mass screening mammography conferred an overall survival benefit and 2) that the evidence was inconclusive for breast cancer mortality, they disagreed on whether "mass screening leads to increased use of aggressive treatment." Potentially, such aggressive treatment, if more dangerous but no more effective than less aggressive treatment, could result in higher mortality due to causes other than breast cancer, and thus the overall finding of no benefit on total mortality. While The Lancet has published the full version, the Cochrane Library omitted the statement about more aggressive therapy. An accompanying commentary by The Lancet's editor concluded that, "At present, there is no reliable evidence from large randomized trials to support screening mammography programs."

Whatever the technology's merits, there can be little question that a powerful lobby is pushing screening mammography: radiologists, anti-cancer organizations, and companies that manufacture the equipment and film used in mammography. In the public realm, the fear of breast cancer is out of proportion to the reality: lung cancer kills 65,000 American women annually as opposed to 41,000 from breast cancer. Furthermore, cardiovascular disease is the leading killer of American women with 510,000 deaths each year. Yet, in a survey of 200 women younger than 50 years of age, 77 percent of respondents overestimated their probability of dying of breast cancer within 10 years by a factor of 10 or more.

In 1992, Joann Schellenback of the American Cancer Society told the New York Times that the Society's much touted 1 in 9 women getting breast cancer in their lifetime was "meant to be a jolt." The 1 in 9 figure was developed by calculating a U.S. woman's cumulative lifetime risk of breast cancer between birth and age 85 (even though a woman's life expectancy, were she to be born today, is 80). Of course the risk in any one year is much lower (never greater than 0.4 percent) and only starts to rise significantly after the age of 55. Thankfully, for less advanced tumors, the 10-year recurrence-free rate after treatment is as high as 90 percent.

Many patients and physicians fail to appreciate the very real problem of false positives. One out of every 15 normal mammograms is wrongly read as a possible cancer. Also, the positive predictive value of screening mammography, or the likelihood of having breast cancer if a mammogram is abnormal, is only 5.6 percent and is rarely greater than 12 percent (this figure changes with the age of the woman and her risk profile). Women who receive false-positive mammograms are subject to adverse psychological effects, including anxiety and depression—all for naught. Long-term psychological distress after receiving a false positive result lasts up to 12 months and results in the use of more health care resources than would be used had the initial mammogram been correctly read as normal. Furthermore, recipients of false-positive results tend to seek mental health care at significantly higher rates than those who receive normal results.

Even some of the detected abnormalities are not clinically relevant. Hence, aggressive treatment of these mammographic findings does not automatically translate into a longer life, another potential explanation for the lack of demonstrable benefit in reducing total mortality. Others may be detected later by manual examination by the physician or patient—but still not so late as to endanger the woman's life.

The efficacy of screening mammography remains controversial. The new Cochrane analysis makes the case for screening mammography in all ages still weaker. The possible benefits of screening must be weighed against the risks, such as the psychological trauma of receiving a false positive result. We maintain that screening mammography for average risk women under the age of 50 is not recommended. For older women, we now recommend that you discuss the risks and benefits of screening with your health care provider.

What You Can Do

If you are a woman at high risk, i.e.: • Have a 1st degree relative with breast cancer.

continued on page 15
Product Recalls
November 8—December 5, 2001

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs, dietary supplements and medical devices, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS & DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request, or by FDA order under statutory authority. A Class I recall is a situation in which there is a reasonable probability that the use of or exposure to the product will cause serious adverse health consequences or death. Class II recalls may cause temporary or medically reversible adverse health consequences. A Class III situation is not likely to cause adverse health effects. If you have any of the drugs noted here, label them Do Not Use and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA web site is www.fda.gov.

Class I Recalls

<table>
<thead>
<tr>
<th>Name of Drug or Supplement; Class of Recall; Problem</th>
<th>Lot #; Quantity and Distribution; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opti Gest 1a, dietary supplement. Each capsule contains betaine hydrochloride 648 mg and pepsin 130 mg; Product was manufactured using pepsin that American Laboratories, Inc., Omaha, Nebraska recalled due to Salmonella contamination</td>
<td>Code 4902; 76 bottles distributed nationwide; Eclectic Institute, Inc., Sandy, Oregon</td>
</tr>
<tr>
<td>Karuna Brand HCL (Betaine HCl, Glutamic HCl, and Pepsin), 100/100mg capsules in a vial; Product was manufactured using pepsin that American Laboratories, Inc., Omaha, Nebraska recalled due to Salmonella contamination</td>
<td>Lot 0104602 EXP 02/04; 63 vials distributed in Arizona, California, Minnesota, Oregon, and Wisconsin; Health Wright Products, Inc., Clackamas, Oregon. Recalled by Karuna Corporation, Novato, California</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Drug or Supplement; Class of Recall; Problem</th>
<th>Lot #; Quantity and Distribution; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegra Tablets (fexofenadine hydrochloride), 60 mg., 100-ct. bottles packaged in 24-bottle shipping containers; Class III; Mislabeling—Shipping carton bears incorrect NDC Bar Code</td>
<td>Lots: 1038818 EXP 12/27/03, 1039714 and 1039715 EXP 2/6/04; 30,681 bottles distributed nationwide; Aventis Pharmaceuticals Inc., Kansas City, Missouri</td>
</tr>
<tr>
<td>Atarax Tablets (hydroxyzine HCl), 10 mg, 100 tablet bottles, Rx only; Class III; Dissolution failure (12th month stability)</td>
<td>Lot # 0105K00A EXP 7/02; 24,140 bottles distributed nationwide, and In Puerto Rico, Trinidad, Bahamas and St. Martin; Pfizer, Inc., New York, New York</td>
</tr>
</tbody>
</table>

continued on page 4
<table>
<thead>
<tr>
<th>Name of Drug or Supplement: Class of Recall; Problem</th>
<th>Lot #: Quantity and Distribution; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETCO Brand Premium Antibacterial and Antiseptic Hand Cleaner and Lotion with active ingredient chloroxylenol 0.5%, packed and distributed in 55 gallon drums, 5 gallon pails, 1 gallon containers, 16 oz bottles, 8 oz bottles, 4 oz bottles, 1100 ml Bag-In-Box, 900 ml Bag-In-Box, 500 ml Bag-In-Box; Class III; Unapproved dye in products</td>
<td>Numerous lot numbers; 123,000 gallons total distributed nationwide, and in Japan and British Columbia; BETCO Corporation, Toledo, Ohio</td>
</tr>
<tr>
<td>Cheratussin AC Expectorant Cough Suppressant, sugar free containing guaifenesin (100mg/5mL), codeine phosphate (10mg/5mL), and alcohol 3.5%, manufactured under names: Qualifex, Vintage, and Zenith; Goldline (Zenith Goldline uses the name, Guaituss AC Syrup, in place of Cheratussin); Class III; Subpotency (codeine phosphate ingredient at 12 month stability)</td>
<td>Numerous codes; 15,860,150 ounces distributed nationwide and in Puerto Rico; Vintage Pharmaceuticals, Inc., Huntsville, Alabama</td>
</tr>
<tr>
<td>Chlor-Trimetol Allergy 8 hour Tablets, chlorpheniramine maleate, 8 mg per tablet, 15 tablets, blister packaged; Class II; Dissolution failure at 2 hour test time (Stability 50th month)</td>
<td>Lot 7-CC-2 EXP 1/02; 154,404 distributed nationwide and in Puerto Rico; Schering-Plough HealthCare Products, Inc., Cleveland, Tennessee</td>
</tr>
<tr>
<td>CVP Antacid Anti-Gas Liquid with Simethicone, 12 fl. oz.; Class II; Batch failure for Total Aerobic Microbial Count specification (at manufacturer)</td>
<td>Lot 003018; 5,352 distributed in Texas and Colorado; York Pharmaceuticals, Inc., Kansas City, Kansas. Recalled by Chemrich Holdings, Inc., Los Angeles, California</td>
</tr>
<tr>
<td>Equate Allergy Medication Decongestant Caplets in 24 caplet blister cartons. The product is an OTC product containing diphendydramine hydrochloride 25 mg and pseudoephedrine hydrochloride 60 mg., capsule-shaped tablets; Class II; Misbranding—directions for use may lead to a doubling of the dosage</td>
<td>Lot Numbers. 1GB0825, 1GB1041, 1GB1042; 45,504 24-caplet cartons distributed nationwide; Leiner Health Products, Inc., Carson, California</td>
</tr>
<tr>
<td>Estratest Tablets (esterified estrogen 1.25 mg and methyltestosterone 2.5 mg). Bottles of 100; Class II; Mislabeling—bottles may contain Estratest HS tablets (half strength of both active ingredients)</td>
<td>Lot 91666, EXP 11/02; 17,315 bottles distributed nationwide; Solvay Pharmaceuticals, Inc. Marietta, Georgia</td>
</tr>
<tr>
<td>Flucinolone Acetonide Topical Solution, 0.01%, for external use; 20 mL and 60 mL plastic bottles; Class III; Subpotency (12 month stability)</td>
<td>Numerous lots; 73,612 bottles distributed nationwide and in Puerto Rico; Thames Pharmacal Co., Inc., Ronkonkoma, New York</td>
</tr>
<tr>
<td>Lantus Insulin Glargine (rDNA origin) Injection, 100 units/mL (U-100)in 10 mL vials, 10 vials per pack; Class II; Temperature Abuse—product shipped unrefrigerated by recalling firm</td>
<td>All lots of Lantus U-100 Insulin distributed to Walgreens pharmacies between 5/2/01 and 9/7/01; 38,000 vials distributed nationwide; Aventis Pharma AG Frankfurt am Main, Germany. Recalled by Walgreen Co., Deerfield, Illinois</td>
</tr>
<tr>
<td>Oxygen, compressed, in cylinder sizes of E, D, M6, M9, and M12, Rx only; Class II; Current Good Manufacturing Process Deviations, including but not limited to improper cleaning, and filling of high pressure cylinders and calibration of assay equipment</td>
<td>Numerous lot numbers; 188 distributed in Nebraska; Island Supply Welding Co., Norfolk, Nebraska</td>
</tr>
<tr>
<td>Oxygen, compressed, packaged in #2 high pressure cylinders; Class II; Cylinders were contaminated with oil in and around the valve threads</td>
<td>Code 12892001/11, 12892001/12, 12892001/13, 12892001/18, 12892001/20, 12902001/8, 12902001/12; 22 cylinders distributed in Tennessee and Arkansas; Nexair, LLC Memphis, Tennessee</td>
</tr>
<tr>
<td>Premarin Tablets (conjugated estrogen tablets), 1.25 mg,100 tablets per bottle; Class III; Dissolution failure (by manufacturer)</td>
<td>Lot No. 9010249B EXP 09/03; 9,851 bottles distributed nationwide; Ayerst Laboratories, Rouses Point, New York. Recalled by National Pharmapak Services, Inc., Zanesville, Ohio</td>
</tr>
</tbody>
</table>
### DRUGS & DIETARY SUPPLEMENTS cont.

<table>
<thead>
<tr>
<th>Name of Drug or Supplement; Class of Recall; Problem</th>
<th>Lot #: Quantity and Distribution; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timoptic-XE (Timolol Maleate Ophthalmic Gel Forming Solution) 0.5% Timolol Equivalent (Timolol Maleate 6.8 mg/mL), 5 ml Ophthalmic Dispenser; Class II; Lack of assurance of sterility</td>
<td>Lot # 0304L EXP 12/02; 74,671 units distributed nationwide; Merck &amp; Co., Inc., West Point, Pennsylvania</td>
</tr>
</tbody>
</table>

### MEDICAL DEVICES

Device recalls are classified in a manner similar to drugs, Class I, II or III, depending on the seriousness of the risk presented by leaving the device on the market. Contact the company for more information. You can also call the FDA's Device Recall and Notification Office at (301) 443-4190. To report a problem with a medical device, call 1-800-FDA-1088. The FDA web site is [http://www.fda.gov](http://www.fda.gov).

<table>
<thead>
<tr>
<th>Name of Device; Class of Recall; Problem</th>
<th>Lot #: Quantity and Distribution; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker Model No. 2500 Go Bed; Class II; Side rail does not always lock in the highest position and it may drop suddenly causing injury or falls to patients or caregivers</td>
<td>Serial Nos. C01001 through C03551; 201 beds distributed nationwide; Stryker Corp., Kalamazoo, Michigan</td>
</tr>
</tbody>
</table>

### CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at 1-800-638-2772. The CPSC web site is [http://www.cpsc.gov](http://www.cpsc.gov).

<table>
<thead>
<tr>
<th>Name of Product; Problem</th>
<th>Lot #: Quantity and Distribution; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATVs; Screws in the manual transmission can loosen, causing rear wheels to lock, which can cause the driver to lose control of the ATV</td>
<td>2000, 2001 and 2002 model year Xpedition 425 with 5-speed manual transmissions; 12,000 sold nationwide from February 1999 through October 2001; Polaris Industries Inc., Medina, Minnesota (800) 765-2747 <a href="http://www.polarisindustries.com">www.polarisindustries.com</a></td>
</tr>
<tr>
<td>Batteries for Notebook Computers; Batteries can overcharge during re-charging, causing them to overheat, smoke and possibly catch fire</td>
<td>First set of numbers must be &quot;00&quot;, second set either &quot;99&quot; or a number less than 52. Letter &quot;P&quot; must be printed at the end of the first line on the label. Sold with computers: ARM TS30W2 and N38W2, ChemUSAChemBook 3015E, HyperData MediaGo 2320, Jetta Jetbook 9120 MPC MPC, Nomand 1500 PC-Club ENP-325W2, Sceptre Soundx 6600 and 6900, Systemax SW-14, SW-15, Ultra TTX 9200; 13,000 sold nationwide from October 1999 through October 2001; Bizcom Electronics Inc., Milpitas, California, Sceptre Technologies Inc., City of Industry, California, and Systemax Inc., Port Washington, New York (877) 475-3425 <a href="http://www.regcen.com">www.regcen.com</a></td>
</tr>
<tr>
<td>Bicycle Aero Bars; Can loosen or separate during use, causing the rider to lose control</td>
<td>Carbon X and Carbon Stryke; 8,400 sold from August 1999 through November 2001; LLC, Long Beach California (888) 800-5999 <a href="http://www.profile-design.com">www.profile-design.com</a></td>
</tr>
<tr>
<td>Bicycle Rims; Rims can crack causing the rider to lose control</td>
<td>2001 model R-101 Performance Forte/Forte SL rims, and Performance Forte SL road wheels; 1,150 sold nationwide from February through October 2001; Performance Inc., Chapel Hill, North Carolina (800) 553-8324</td>
</tr>
<tr>
<td>Bicycles; Bottom bracket spindle inside the crankset of the bicycle can break, causing the rider to lose control</td>
<td>2001 Diamondback XSL-Race and XSL- Pro Mountain models; 500 sold nationwide from January through August 2001; Raleigh America Inc., Kent, Washington (800) 222-5527</td>
</tr>
<tr>
<td>Name of Product; Problem</td>
<td>Lot #: Quantity and Distribution; Manufacturer</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Blast Balls Toys</strong>; When consumers strike them together, sparks can ignite, posing a burn hazard</td>
<td>Packaged as &quot;Super Bang...Blast Balls,&quot; sold two in a pack, in a variety of colors; 43,000 sold nationwide from June through October 2001; JA-RU Inc., Jacksonville, Florida (800) 231-3470</td>
</tr>
<tr>
<td><strong>Candle Holders</strong>; When candle burns down to the bottom of the wick it can set the candle holder on fire</td>
<td>Constructed of unfinished wood, designed to be painted or decorated; 60,000 sold nationwide from October 2000 through November 2001; Darice Inc., Strongsville, Ohio (800) 321-1494 <a href="http://www.darice.com">www.darice.com</a></td>
</tr>
<tr>
<td><strong>Computer Mouse Sets</strong>; Mouse ball can separate from the mouse and pose a choking hazard to young children</td>
<td>Shaped like a toy car; 49,000 sold nationwide from September 1999 through August 2001; Distributed by KB Gear, which is no longer in business. Contact Little Tikes, Co., Hudson, Ohio (800) 321-0183 <a href="http://www.littletikes.com">www.littletikes.com</a></td>
</tr>
<tr>
<td><strong>Curious George Toys</strong>; Toys include fabric-filled mobile phones that can pose a choking hazard to young children</td>
<td>Plush toys dressed in a yellow plastic space suit with matching gloves, detachable backpack with a red fabric-filled mobile phone attached; 3,100 sold nationwide from July through November 2001; BRIO® Corp., Germantown, Wisconsin (888) 274-6869 <a href="http://www.briotoy.com">www.briotoy.com</a></td>
</tr>
<tr>
<td><strong>Girl's Shoes</strong>; Buckle can break, posing a choking hazard for young children</td>
<td>Munchkin T-Strap in size 4 through 12; 109,000 pairs sold nationwide from January through September 2001; Stride Rite Children's Group Inc., Lexington, Massachusetts (800) 650-7708 <a href="http://www.strideritecorp.com">www.strideritecorp.com</a></td>
</tr>
<tr>
<td><strong>Inflatable Baby Floats</strong>; Leg holes can tear, causing children to unexpectedly fall into the water</td>
<td>SunSmart Baby Adjustable Sunshade Boats; 90,000 sold nationwide from August 2000 through September 2001; Aqua-Leisure Industries Inc., Avon, Massachusetts (866) 807-3998 <a href="http://www.aqualeisure.com">www.aqualeisure.com</a></td>
</tr>
<tr>
<td><strong>Juice Extractors</strong>; Strainer basket and lid can break apart, posing a risk of injury</td>
<td>Models 67150, 67180, 67180W, 395WS, 67199 and 3920JS; 2.4 million sold nationwide from 1992 through October 2001; Hamilton Beach, Glen Allen, Virginia (800) 298-9955 <a href="http://www.hamiltonbeach.com">www.hamiltonbeach.com</a></td>
</tr>
<tr>
<td><strong>Lawn Tractors</strong>; Tank can crack and leak fuel, posing a fire hazard</td>
<td>Brand names Poulan Pro, WEED EATER, Husqvarna and Jonsered. Contact manufacturer for manufacturing and serial numbers; 35,000 sold nationwide from November 2000 through September 2001; WCI Outdoor Products Inc., Cleveland, Ohio (866) 284-8872</td>
</tr>
<tr>
<td><strong>Lobster Toys</strong>; Antennae can break, posing a choking hazard</td>
<td>Ocean Friends Stationary Entertainer model 4629 GIG with black antennae; 260 sold at Toys R Us stores nationwide from October through November 2001; Little Tikes, Hudson, Ohio (888) 883-7662 <a href="http://www.littletikes.com">www.littletikes.com</a></td>
</tr>
<tr>
<td><strong>Rattles</strong>; Rattle can break and expose the noisemaker inside the rattle handle, posing a choking hazard</td>
<td>Wiggly Giggler brand 3-inch long tube with mushroom caps on each end; 100,000 sold nationwide from May 2000 through September 2001; HandsOnToys, Inc., Wilmington, Massachusetts (888) 442-6376 <a href="http://www.mongoose.com">www.mongoose.com</a></td>
</tr>
<tr>
<td><strong>Recumbent Tandem Bicycle</strong>; Steerer tube on the front forks can separate, causing the rider to lose control of the bicycle</td>
<td>Model E2, serial numbers BX000000X or T00000, with X representing a letter and 0 representing a number; 700 sold nationwide from March 2000 through July 2001; BikeE Corp., Corvallis, Oregon (800) 231-3136 <a href="http://www.bikee.com">www.bikee.com</a></td>
</tr>
<tr>
<td><strong>Tandem Bicycle Accessories</strong>; Hitch connecting the tandem accessory to the bicycle can fall, causing the accessory to become unstable</td>
<td>Alley Cat models AC 100, AC 200, or AC 300; 2,500 sold nationwide from March 2000 through July 2001; LLC, Madison, Wisconsin (800) 625-2811 <a href="http://www.mongoose.com">www.mongoose.com</a></td>
</tr>
</tbody>
</table>
Clearing the Smoke from Low-Tar and Nicotine Cigarettes

In the 38 years since the then-Surgeon General Luther L. Terry issued his blockbuster report on Smoking and Health, government and private agencies concerned with the national well-being have conducted a consistent (and consistently losing) battle against the wiles of a multi-billion dollar merchant of death: the tobacco industry. Today, 47 million Americans smoke cigarettes and the death toll associated directly or indirectly with smoking far exceeds in a typical week all the deaths of Americans from terrorism in the last 10 years.

Industry efforts to market a “safer” cigarette, while phenomenally successful from a financial point of view, have been “a cruel deception of current smokers,” according to a new report entitled Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine published just after Thanksgiving by the National Cancer Institute. The “deception” is all the more cruel in being based on results from a testing machine maintained by one of the government’s leading consumer protection agencies, the Federal Trade Commission (FTC).

Claims of low-tar, low-nicotine content originate in this machine, which “smokes” a cigarette in a standardized way and produces numbers that give industry an official basis for subsequent advertising claims. According to a footnote in the new report, “The machine smokes the cigarette with 2-second, 35-[milliliter] puffs and a 58-second inter-puff interval until a 23-[millimeter] butt length or 3 [millimeters] from the filter overwrap is reached.”

That’s how machines smoke cigarettes, but not how people smoke them. Machines look for numbers; people look for satisfaction. As the lead paragraph of the report’s third chapter points out: “Most smokers are addicted to nicotine.” And like junkies of any other kind, cigarette addicts “[seek] to take in a constant level of nicotine from smoking each day. Consequently, when faced with low yield cigarettes, smokers tend to take in more nicotine and other tobacco smoke constituents from these cigarettes than would be predicted by machine testing in order to sustain optimal levels of nicotine intake.” (Italics supplied.)

And how do they do this? “...[W]hen faced with lower yield cigarettes, smokers can smoke more cigarettes per day, take more and deeper puffs, can puff with a faster draw rate, and/or can block ventilation holes [on the filter].” The first of these stratagems directly benefits the tobacco industry by increasing cigarette sales, and the others “can increase ... smoke intake from a particular cigarette several fold above the machine-predicted yields.”

So what does all this add up to? In the view of the National Cancer Institute’s Tobacco Control Research Branch’s, Dr. Scott Leischow, “The monograph clearly demonstrates that people who switch to low-tar or light cigarettes from regular cigarettes are likely to inhale the same amount of cancer-causing toxins, and they remain at high risk for developing smoking-related cancers and other diseases.” To which the senior scientific editor of the report, Dr. David M. Burns of the University of California San Diego’s school of medicine, adds, “The take... continued on page 15

---

**C O N S U M E R  P R O D U C T S  c o n t.**

<table>
<thead>
<tr>
<th>Name of Product: Problem</th>
<th>Lot #: Quantity and Distribution; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea Kettles; Kettles can break or burst during use</td>
<td>Glazed black with wooden or ceramic handle; 3,000 sold nationwide from October 2000 through October 2001; Ceraflame Inc., New York, New York (888) 679-5060 email <a href="mailto:info@ceraflame.com">info@ceraflame.com</a></td>
</tr>
<tr>
<td>Water Fountains with Candle Holders; Tea candles on the water fountains can flare up, posing fire and burn hazards</td>
<td>Black base and two tiers of rocks over which water flows. Decorative rocks come in various shapes and colors; 75,000 sold nationwide from February through October 2001; Alco Industries Inc., Edison, New Jersey (800) 662-9816 <a href="http://www.alcoindustries.com">www.alcoindustries.com</a></td>
</tr>
<tr>
<td>Zapper Toys; Balloon tongues and the cylinders holding the tongues on these toys can detach, posing a choking and aspiration hazard to young children</td>
<td>2-to 3-inches long, in the shape of various animals. When squeezed, the balloon tongue attached to its mouth inflates or rolls out; 15,800 sold nationwide from January 2000 through August 2001; Manley Toy Direct, Indianapolis, Iowa (800) 767-9998 <a href="http://www.manleytoy.com">www.manleytoy.com</a></td>
</tr>
</tbody>
</table>
Health Letter Volume Index, 2001

Volume 17, Number 1, January 2001
FDA Fails to Get the Point on Safe Needles for Health Care Workers
Sex Education Information on the Internet: Caveat Emptor!
Product Recalls
Volume Index, 2000 and Cumulative Alphabetic Index
Outrage: FDA Accuses Red Cross of Jeopardizing the Safety of the Blood Supply

Volume 17, Number 2, February 2001
Unhealthy Partnership: How Massachusetts and Its Managed Care Contractor Shortchange Troubled Children
Bad Policy, Worse Medicine
Let the 'Non-Governments' Beware: Multinational Organizations Are Out to Co-opt You and Your Tactics
Product Recalls
Outrage: None of Your Business

Volume 17, Number 3, March 2001
Is the U.S. Safe from Mad Cow Disease? Could We Be Safer?
Still Hard to Swallow
Product Recalls
It's the Calories that Count
COX-2 Inhibitors Vioxx and Celebrex: Keep Staying Away
Consumer Product Safety Commission Finally Sees the Light on Lead in Candles
Outrage: A Discussion of Misleading Drug Ads

Volume 17, Number 4, April 2001
Latin America: the Answer to Drug Companies' Problems?
Election 2000 Commentators
Product Recalls
One Drug Company—Schering-Plough—Faces Massive Recalls
High Drug Prices for Research or Profit?
Is This Doc Deadly? His Practice Hasn't Been Perfect
Outrage: CASHCOW—Here a Moo, There a Moo

Volume 17, Number 5, May 2001
Public Citizen's Health Research Group Ranking of State Medical Board Disciplinary Actions in 2000
How to Reduce the Risk of Mad Cow Disease in the United States
Product Recalls
Outrage: Dietary Supplements: the FDA Should Do More

Volume 17, Number 6, June 2001
Public Citizen Petitions OSHA to Limit Residents' Working Hours
Preventing Heat-Induced Death and Illness
Product Recalls
Outrage: Lontronex and the FDA: A Fatal Erosion of Integrity

Volume 17, Number 7, July 2001
Hormone Therapy: Doubts Grow
Drug Companies' Antics Can Really Make You Sick
Product Recalls
Why Doesn't the Government Know About These Doctors?
Outrage: "Operation Cure All" Wages New Battle in Ongoing War Against Internet Health Fraud

Volume 17, Number 8, August 2001
In Memory of Our Colleague Henry Bergman
Questionable Hospitals
Product Recalls
Outrage: Darvon, Darvocet, Darvon Compound

Volume 17, Number 9, September 2001
Criminal Charges Should BeFiled Against Schering-Plough
Direct-to-Consumer (DTC) Ads: Illegal, Unethical or Both
Below the Beltway
Product Recalls
Outrage: Crouching Government, Hidden Snake Oil

Volume 17, Number 10, October 2001
Health Care Reform Coming? Don't Bet the Farm On It
Unsafe Drugs: Congressional Silence Is Deadly
Product Recalls
Outrage: Do Not Use Ephedra

Volume 17, Number 11, November 2001
Insufficient Credits
Drugs for Possible Exposure to Anthrax: What Makes Sense?
An Epidemic of Lung Disease Caused by a Quarter-Century of Government Inaction
Product Recalls
Colds: How to Treat Them
Outrage: The Lupron Loophole — and the Doctors Who Exploited It

Volume 17, Number 12, December 2001
"You Can't Leap a Chasm in Two Jumps"
Product Recalls
"...Makes You Stop and Think!"
Philip Morris Brags About its Killer Cigarettes
Living and Dying
DEA Promotes Public Citizen Information
Outrage: "I Have Never Seen Anything Like This"
Topics are listed alphabetically. Following each topic, the volume and issue number of the Health Letter containing the article is listed. For example, an article on the topic of Accutane can be found in volume 4 number 5 (V4#5) of the Health Letter. Volumes are chronological (volume 1 was issued in 1985). Back issues are $3.00 each. Indicate issues wanted and send check made to Public Citizen, 1600 20th Street, NW, Washington, DC 20009.

A

AAARP: V5#6,7; V7#6,8; V8#1,3,4,8; V9#2,5,12; V10#2,9

Accutane: V4#5,6; V5#6; V6#7

ACE Inhibitors: see Hypertension

Acemidipine: see Tobacco

Aclidin: V9#6 (tobacco); V10#1

Actos: V16#4

Advance Directives: V7#11

Adverse Drug Reactions: V6#4,11; V9#10; V15#4; V16#10

Advertising: see Drug, Advertising

Rheumatology: V4#10; V9#7; V12#3; V14#5,6, see also Food and Drug Administration

Affirmative Action: V13#4 (Doctors)

AIDS: V1#4, V3#8; V4#2

Commission: V3#11

Drug Price Control: V4#10

HIV Unethical Experiments: V13#6; V14#5

Home Test Kits: V13#11

Knowledge: V7#7; V8#1

Needle Exchange Programs: V12#3,11

Unapproved Drugs: V4#9

Vaccinating Children: V6#6; V9#2,5,12; V10#2,3; V17#4,9

Atrial fibrillation: V2#1; V4#5; V5#9; V7#9

Heart attack/stroke: V2#1; V4#5; V5#9; V7#9

Reye’s Syndrome: V1#1,2,5,6; V2#2; V3#5; V9#10; V9#7; V15#12

Asthma: V1#6; V6#12; V10#2,3; V17#4,9

and Women: V7#3

Avitamin: V3#4; V16#8

Autologous Blood: V3#4

Avandia: V16#4

Awards: V9#3; V11#5; V12#5, see also Project Censored

B

Back Pain: V1#1

Baldness: V5#3,7; V5#8

Bed Rest: V15#10

Benzene in Denture Adhesives: V7#3

Benzodiazepines: V3#4; V6#4; V8#12; V16#8

Bereavement: V16#7; V17#12

Beryllium: V17#11

Bergman, Henry: V17#8

Beta-Blockers: V8#5

Bhopal: V1#1

Bicycle Helmets: V10#8

Biochoce: V17#9

Birth Control Pills: V4#3,5; V5#2,8; V7#12, V13#4

Bladder-Shyke Heart Valve: V1#5; V3#1; V5#10; V6#5,9; V8#4; V9#4; V10#9, see also Pfizer

Blood Donors: V3#4

Blood Supply Safety: see Red Cross

Blood Thinners: V9#9

Blood Transfusions: V2#4; V3#4; V10#7

Blue Cross/Blue Shield: V22#5; V3#11

Blue Cross/Blue Shield: V6#3; V7#2

Bocking (blood squades); V6#12; V12#5; V17#2

Bovine Spongiform Encephalopathy (BSE): see Mad Cow Disease

Breastfeeding: V15#10

Breast Cancer: V1#3; V3#6; V7#6; V10#8; V16#1 (and HRT), 10 (and Health Food Store Recommendations); V17#7 (and HRT), see also DES, Silicone Gel Implants, Tamoxifen

Breakthroughs, Medical: see Medical Breakthroughs

Breast Cancer: V1#3; V3#6; V7#6; V10#8; V16#1 (and HRT), 10 (and Health Food Store Recommendations); V17#7 (and HRT), see also DES, Silicone Gel Implants, Tamoxifen

Breastfeeding: V15#10

Breast Implants: see Silicone Gel Implants

Bromoehron: see Parke-Davis

Budget Bill: V13#10

Bupropion: see Wellbutrin

Burt, Dr. James: V4#12

Buspar (buspine): V5#12; V4#4

Bypass Surgery: see Coronary Bypass Surgery

C

Cadmium: V2#3; V3#8

Calcium: V5#6; V14#2; V15#11,12

Calcium Channel Blockers: V16#11

Cancer: see type of cancer

Business: V7#3

Causing Chemicals: V4#1; V7#2

Causin Pain Relievers: V7#3

Delaney Clause: V3#12; V8#10

Candles: V1#6,8; V17#5 (lead wicks)

Capoten (captopril): V5#10

Carbon Monoxide and Heart Disease: V6#12

Care of the Seriously Mentally Ill: V2#2; V4#11; V6#10, see also ‘Letter’ Website

Carpet Hazards: V9#5

CASHCOW: V17#4

Cataracts: V3#3, V9#5,7; V14#4,6

Catastrophic Coverage: see Medicare

Celebrex: V16#6; V17#3

Cerebrolysin: see Celebrex

Cellular Phones: V12#7, see also Pacemakers

Centrax: V1#4; V3#4; V16#8

Chemical Burns: V9#4

Chemical-caused Sterility: V13#12

Chemical Hazards: V1#5; V13#12

Chemical Industry: V1#1

Chemicals in Carpets: V9#3

Chickenpox: V11#8

Child-Proof Medication Containers: V6#5

Children, poisoned: V13#12

Chiropractic Treatment: V14#11

Chlorazepate: see Tranxene

Chlordiazepoxide: see Librium

Cholesterol: V4#8; V5#12; V10#12

Cholesterol-lowering Drugs: V10#12

Cholestyramine: V4#9

Chromium: V9#5; V16#8 (Hexavalent, and lung cancer)

Chronic Fatigue Syndrome: V4#4

Cigarettes: see Tobacco

Cigna: V16#4

Clomipramine: see Propulsid

Claritin: V9#10; V16#5

Clioquinol: see Vioform

Clozapine (clozarin): V7#7

Coffee, Decaffeination: see Methylene Chloride

Cognex: V10#1

Colds: V9#1,2; V17#11

Colorectal Cancer: V1#6 (screening of)

Color Additives: see Food Dyes

Colorado Department of Health: V3#4,7

Consumer Product Safety Alert: see Product Safety Alert

Contact Lenses: V3#4, V14#11; V6#11

Contaminated Blood: V10#7

Public Citizen’s Health Research Group ♦ Health Letter ♦ 9
Coronary Bypass: see Heart Disease
Corneal Transplantation: see Eye Problems

Cosmetic Surgery: see Plastic Surgery

Coumadin: see Anticoagulants

Creutzfeldt-Jacob Disease: see Mad Cow Disease
Croms Disease: see Inflammatory Bowel Disease
Cytotec: see Misoprostol

D

Dalmane: V1#4, V3#4, V16#8
Daminozide: see Alar
Dantron: V3#4, V7#9
Darvon: V5#8, V17#8
Decafelnation: see Methylene Chloride
Defibrillators: see Heart Devices

Dental X-rays: see X-rays
Denture Adhesives: V7#3
Deprenyl: see Eldepryl
Depression: V5#4, V6#12
DES: V1#2, V7#9
Devices: see Medical Devices
Decedrinx: V4#9, V14#10
Diabetes: V4#2, V13#2
Drugs For: see also Cancer

Dialysis: see Asthma Drugs
Diazepam: see Valium
Dicyfenac: see Voltaren
Diet: V2#1, V17#3
Dietary Supplements: V17#5, 9, 10
Dispensing: see also DES

Doctor
Bribing: see Medical Device Laws
Bribery: see V3#5, V6#5, V9#10
Competency Testing: V9#1
Corporate Deals: see V12#2
Data Disclosure: V1#2, V5#11, 12, V17#7, see also National Practitioner Data Bank
Diversity: V13#4
Doctor Defamation: see V11#4
Prosecution: see V11#4
Fraud: V3#6
Incomes: V3#11, V5#1, 5, V6#7, 10, V8#6, V9#2, 3, V11#10, V13#2
Kickbacks: V5#2, 6, 7, V6#1, 3, V7#1, V14#10, V15#8, 10, V17#11
Managed Care Opinions: V13#4, 9, 10, V14#1, V16#9
Patient Relationship: V11#4, V12#11, V14#1, V16#2
Corney Disease: see V2#12
Physician Profiles (Massachusetts): V12#12
Quality of Care: V4#8
Sanctions: V6#6, V7#7, V9#10, 11, V10#5, 8, V11#4, V12#4, 5, 12, V13#2, 3, 7, V14#3, 4, V15#6, V16#3 (web site), 9, V17#4, 5, 7
Appeals from Sanction: V8#11

Drug Enforcement Administration: see Drug Enforcement Administration

Doxidin: see Dantron

Drug: see also Over-The-Counter
Advertising: V1#4, V5#6, V8#8, V10#2, 12, V11#9, 10, V12#1, V13#6, V14#2
V15#7, 10, 12, V17#3, 7, 9
Flu Drugs: V6#2
To Medical Students: V12#3
To Pharmacist: V12#10, USA Today: V14#10

Antidepressants: V11#2
Approval: V2#1, V4#9, V5#10 (Council on Competitiveness Plan), V9#1, V14#8, V15#2, 7, V17#4
Exports: V3#1, 2, V8#12, V9#9
Generic: V3#6, V4#11, V6#10, V11#3, V13#9

Induced Diseases: V4#5, V5#8, V7#8, V15#2, 6, V14#4
Industry: V15#12 (mergers), V16#8, V17#7

Conflict of Interest in Studies: V16#9
Criminal Activity: V7#3, V17#11
Gifts: V7#10, V13#8, V14#10, V17#9
Labeling: V9#9 (Third World)
V11#9, 11
Liability: V6#7
Misleading Media Reports: V16#8
Off-Label Uses: V15#9
Older Adult Studies: V10#9
Painkillers: V11#2
Perks: V5#6, V6#1, V13#8, 9
Policies: V15#6
Post Marketing Research Studies: V16#6
Prescribing: V5#1, 2, V6#4, V8#3, V12#1, V13#6
Problems: V7#4, 7
Third Party Companies: V14#4
Prescription Information: V12#1, V13#6, V14#8
Prescription Privacy Concerns: V14#4
Prescription Over-the-Counter: V6#9
Prescription Profiles: V15#6
Prices: V6#3, V8#7, V9#4, V11#3
(comparison with foreign countries); V14#5, V16#8, V17#3, 4, 9
Product Safety: V14#5
Recalls: V8#7, 10, V9#1, 4, 7, 10, V10#1, 4, 7, 10, V11#1, 4, 7, 10, V12#1, 4, 7, 10
V13#1, all issues beginning with V13#3
Research, Conflict of Interest: V5#11, V10#2, V13#9
Sales: V7#9 (Versed)
Third World: V8#12, V17#4
Worksheet: V6#3

Drug Enforcement Administration, Doctor Sanctions: V4#3, V5#4, V6#4, V7#12, V12#4, 5, V17#12
Dumpling: see Patient Dumpling
Duragesic Pain Patch: see Fentanyl
Dust Mites: V6#12
Dyes: see Food Dyes
Dying: V17#12

E

Eldepryl: V11#2
E lectro web site on Drugs for Severe Psychiatric Illnesses: V16#6
Electromagnetic Fields: V10#8, V12#6
Elensys: V14#4

Emergency Rooms: V7#12, V11#2, 7, 12, see also Patient Dumpling
Enalapril: see Valsartan
Enkaid (encainide): V5#7, 11
Enterovioform: see Vioform
Environmental Hazards: V1#5, V9#3
Epilepsy: V6#10
Epilplex: V10#9
Epsilonotomies, Unnecessary: V16#3
Ergold Mesylates: see Hydrgine

Estrogen: see Birth Control Pills, DES, Hormones
Menopausal: V5#9, V7#6, V16#5, V17#7
Therapy: V3#5, V5#9, V10#6, 14, 8, 12

Ethyl Hexanodial: V7#11
Exercise: V5#12, V17#3
Osteoporosis: V4#5
Seniors: V7#8
Women & Diabetics: V8#8

Experimentation, Human: V3#10, V6#11, V7#2, V11#4, V12#11, V14#5, 7, V16#7, 9, V17#4, see also Institutional Review Boards
Eye Problems in Older Adults: V14#4, 6

F

Farm Equipment, Unsafe/Accidents: V4#3, 6, V5#3, V15#9
Federal Trade Commission: V17#7
Felene: V2#1, 2, 3, 4, V5#1, 6, V11#1
Fentanyl, Narcoic Lollipops: V5#4, V10#3, 5, (Pain Patch)
Fiberglass: V10#9
Finasteride: see Proscar
Fish Oil Supplements: V3#3
Fluoxetine: see Prozac
Flurazepam: see Dalmane
Focus Factor: V17#9

Food and Drug Administration: V4#9, see also Adverse Drug Reactions, Drug Recalls, Medical Devices
Abbot Connection: V15#3
Approval: V14#8, V17#4, 6
As Excuse for Liability: V6#7, V9#12
Code of Ethics for Government Service Act: V16#5
Congressional Oversight: V17#10
Lisiting Agent Control: V12#6
Medical Officers: V15#1
MedWatch Program: V16#10
Operation Cure All: V17#7
Phase IV Studies: V16#6
Pregnancy Complication: V17#2
Nitroprusside (Nipride): V6#4
Noise: V3#9
Nolvadex: V14#12
Nomifensine: see Mirtal
Non-governmental Organizations: V17#2
Nonsteroidal anti-inflammatory drugs (NSAIDs): V6#6, V5#6, see also individual drug name
Normodyne: V6#9
North American Free Trade Agreement, Effects on Health and Safety Regulation: V9#3
Nurse Practitioners: V8#10; V16#6
Nursing Homes
Care: V11#9
Improper Drug Prescribing: V5#1
Nutri/Systems: V14#3

O
Obesity, Children & TV: V16#11
Occupational Safety and Health: Canadian Plan: V10#5
Health Care Workers: V11#8
Occupational Safety and Health Administration: V13#3; V4#7; V5#9; V10#3; 10; V17#11
Enforcement: V15#10
Safety Bingo: V10#10
Older Adults, Drug Use: V4#6,9; V5#2; V6#11; V7#8; V8#3
Olestra: V12#3
Operation Care All: V17#7
Ortho Pharmaceutical Corporation: V11#4
Orudis: V2#3
Osteochondritis: V14#6
Osteoporosis: V3#6,5; V4#5; V6#11; V11#4; V5#4; V6#12; V17#7
Outpatient Commitment: V11#9
Over-the-Counter Drugs
Switch from Prescription: V6#9
Capsules: V7#4
Vs. On the Street: V13#6
Oxazepam: see Serax

P
Pacemakers:
Cellular Phone Interference: V12#7
Defective: V4#10
Electromagnetic Interference: V12#6; V14#11
Respiratory Equipment: V8#9
Unnecessary: V4#4
Pain: V2#3
Control After Surgery: V12#9
Management Guidelines: V8#4
Pap Smear: V7#12 (home kit)
Parkinsonism, Drug-Induced: V6#7
Paradigm: V4#7; V5#1,7; V9#10; V10#10
Patient Cost Sharing: V11#6
Patient Dumping: V4#11; V5#1,9; V7#5,9; V9#6; V10#8,11; V12#4; V14#1; V17#8
Patient Guide: V11#6,7
Patient Outcome Research Teams (PORTs): V10#11,12
Patient Package Inserts: V11#11
Patients Rights: V6#2; V7#4,11; V16#7
Patient Safety Act 1994: V10#10
Paxiplam: V1#4; V5#4; V6#8
Pedicle Screws: V11#1
Peer Review Organizations: V3#12; V6#1; V10#3; V16#5, see also Drug Enforcement Administration, Doctor Sanctions, and Medicare Doctors Sanctioned
Pepper Commission Report: V6#5
Persian Gulf War: V7#1,2
Pesumasa Vaccine: V4#5
Pesticides: V7#2
Peterson, Esther: V14#2
Pfizer: V15#9 (ear infections), 11 (correction), see also Bjork-Shiley
Pharmaceutical Industry: see Drug Industry
Pharmacists: V11#12
Phenacetin: V5#9
Phenergan: V5#9
Phenytoin (PPIA): V7#1; V11#11
Philip Morris: see Tobacco, Philip Morris
Physician: see Doctor
Physio-Control: V6#7
Pilots Fatigue: V8#9; V11#12
Pioglitazone: V16#4
Plants, Toxic: V8#4
Playground Safety: V6#11
Play Sand, Dangers: see Sand
Poisonings: V13#12
Polis: V10#5
PORTS: see Patient Outcome Research Teams
Potassium: V4#9
Poultry, Irradiated: V8#9
PPA: see Mirtal
Preparation A: see ContraRx
Pregnancy, Complications: V17#2
Pregnancy, Herbs and Supplements for: V16#3,5
Preparation H: V8#5
Pressure Ulcers: V12#11
Primary Care: V16#1,2
Prinivil: V5#10
Product Safety, Alert: V6#10,11; V7#5,7,11; V8#2,4,5,8,11; V9#2,5,8,11; V10#2,5,8,11; V11#2,5,8,11; V12#2,5,7,11; V13#2; all issues beginning with V13#3
Progestagen: V5#9
Project Censored: V9#3; V11#5; V12#5
Propoxyphene: see Darvon
Propyl: V11#3; V16#5
Proscar: V9#11
Prostate: V5#4; V9#11
Proventil: see Albuterol
Prozac: V6#6; V7#5; V10#5,7,8 (with Dilatin)
Psychiatric Institutes of America: V8#10 (fraud)
Psychologists Prescribing Drugs Debate: V7#1
Psychology: V10#4
Public Health: V11#2
Q
Quality of Care: V4#8,9; V9#8, see also Medical Care
Questionable Doctors Publication: V6#8; V7#7; V9#11; V12#4; V14#3; V16#9; V17#12
Questionable Hospitals Publication: V17#9
Questioning: see Cholestyramine
Quinine Sulfate: V4#9; V5#1; V10#10

R
R.J. Reynolds: V3#7; V5#8,9; V8#5
Radial Keratotomy: V1#6
Radiation: see also Fluoroscopy and X-ray and Human Radiation Exposure
Nuclear: V3#10
Radon Gas: V3#2
Raw Milk: V3#4; V5#4; V7#3
Red Cross: V17#1
Reglan: V6#7
Relenza: V16#2
Research: see Medical Research
Residency, Long Hours: V5#9; V15#3,7; V17#6
Restorel: V1#4; V3#4; V16#8
Retin-A: V4#9; V11#4
Rexall Showcase International (RSI): V15#10
Rye's Syndrome: see Aspirin
Rexall: V15#5; V16#4,5
Right to Know: V1#1,2,3,5,6; V5#11
Rocky Mountain Spotted Fever: V3#7
Rofecoxib: see Vioxx
Rogaine (Regaine): V3#7; V5#8,9
Rosiglitazone: V16#4
RU 486: V6#10

S
Safety Bingo: V10#10
Safety Cables: V9#10 (deaths)
Sanford: V4#9; V5#6
Scherling-Plough: V17#4, 9
Schizophrenia: V2#3; V3#4; V5#1,10
Scoliosis: V1#6
Searle: V6#1
Second Opinion: V1#2; V3#3,11; V6#2
Sedatives: V7#3
Seldane: V8#9
Selecline: see Eldepryl
Self-referral: see Doctor, Self-referral
Serax: V1#4; V3#4; V5#5; V16#8
Sex: V1#3,4
Sex Education: V17#1
Sex-related Offenses: see Doctors, Sex-related Offenses
Silibutramine: see Meridia
Silicone Gel Implants: V4#12; V5#3,5; V8#; V10#1,8; V14#9
Advertising: V7#4; V7#6
FDA Advisory Panel: V8#1,2
Silicone: see Viagra
Singulair: V14#10
Sinutab: V11#9
Skin Cancer: V3#8; V16#6
Sleeping Pills: V1#4; V3#4; V5#5; V6#1
Smokeless Tobacco: V1#1,2,3,4,5; V2#1,2,5; V3#5
Smokers Rights: V5#9
Smoking
Advertisements: see Tobacco
Campaign Contributions: see Tobacco
Cessation: V4#10,11,12; V5#4
Depression: V6#12
Recommendation to Congress: V5#4
Smuf: see Smokeless Tobacco
Sodium Nitroprusside: V6#4
Spinal Cord Injuries: V6#6
St. John's Wort: V16#4
Stadyl: V13#1
Sterilization
Chemical-caused: V13#12

Public Citizen's Health Research Group ♦ Health Letter ♦ 13
**SUBSCRIPTION RATES:**

- $18/one yr.
- $30/two yr.
- $42/three yr.

Total Back Issues Ordered ___ x $3.00 = ____

Subscription Amount: ____

**TOTAL AMOUNT DUE:** ____

---

**NAME**

**ADDRESS**

**CITY, STATE, ZIP**

**TELEPHONE (HOME)**

**TELEPHONE (BUSINESS)**

Make check or money order payable to Public Citizen and mail this form to: Health Letter Back Issues, Public Citizen Publications Dept., 1600 20th St. NW, Washington, DC 20009.
CIGARETTES, from page 7

home message ... is that the only proven way to reduce the disease risks associated with smoking is to quit." And quit, in the long run, usually means cold turkey, facilitated for many by the use of nicotine patches or gum.

"Quitting cigarettes is easy," an old joke goes. "I've done it dozens of times." Actually, the recidivism rate among would be cigarette abstinence is extremely high; how else can one explain the fact that (according to a report in the December 5, 2001, issue of The Journal of the American Medical Association (JAMA), "tobacco is the leading cause of preventable death in the United States, killing 430,000 U.S. smokers and 53,000 nonsmokers annually")?

The JAMA report just cited is part of a special section of the journal called Medical Student JAMA which, by coincidence or design, appeared in the same week as the NCI's monograph. Unlike the NCI paper, the MSJAMA section looks ahead, suggesting possible ways of drastically reducing the prevalence of smoking in the reasonably near future: from the current level of 22.7 percent of the adult population to 10 percent by 2007—a more ambitious goal than the U.S. Public Health Service's little-publicized Healthy People 2010 campaign that aims at a prevalence level of 15 percent by the end of the current decade.

Prepared by a team of researchers from the University of California San Francisco medical school, one paper in the section points to a tobacco control program, the first of its kind in the country, launched in California in 1989. "After rapid declines in smoking between 1989 and 1993, when the program was large and aggressive," the paper says, "the progress in reducing smoking prevalence in California stopped in the mid-1990s due to the tobacco industry's success working with allies such as the California Medical Association to reduce funding for the program." (Emphasis supplied.)

With friends like that, who needs enemies? But even so, the paper adds, "smoking prevalence in California was about 18 percent, well below the national average." And what about death rates? "The overall decline in cigarette consumption in the seven years between 1989 and 1997 has translated into 59,000 fewer coronary heart disease deaths in California than would have been expected in the absence of the program." Significant changes in cancer death rates would not be expected to occur in so brief a period as seven years.

The California experience is not the only one that offers hope, provided self-interested groups don't get together to sabotage programs aimed at the general welfare. Massachusetts, Arizona, Oregon and Florida have tobacco-prevalence reduction programs in effect, and probably to no one's surprise the lowest present prevalence in the U.S. is in Utah (under 14 percent), where the socially and politically powerful Church of Jesus Christ of Latter-Day Saints (Mormons) teaches abstinence from such products as alcohol and tobacco.

To the extent that switching brands signals a desire by smokers to reduce their risk of disease and death (not effective, as shown by the NCI report), what groups in the U.S. are most—and least—likely to continue looking for a way out of the nicotine addiction maze? In 1996 (in California again) the groups with the highest switch over rates were: females; older people (45 and up); Caucasians and Asian/Pacific Islanders; the better educated (some college and up); and the more prosperous ($50,000 a year and up). Conversely the most reluctant to switch were: men; younger people (18-44); African-Americans and Hispanics (in that order); less well educated (no more than 12 years schooling); and the poorest (less than $10,000).

So? Perhaps the lead article in the MSJAMA special section wraps it up best: "As the societal costs of tobacco use continue to grow, the time has come to evaluate the role of legislation in the reduction of tobacco related deaths. Having conclusively established the harm that results from tobacco use the medical community must now find an equally effective political strategy."

And that, perhaps needless to say, presupposes the medical community's not colluding with the proverbial fox to guard the henhouse of public health, as the California Medical Association apparently did some eight years ago.

MAMMOGRAPHY SCREENING, from page 2

- If you are a carrier of a cancer causing genetic mutation like BRCA1, or 2.
- Have never been pregnant, or had your first pregnancy after age 30.
- Have used estrogen replacement therapy or an oral contraceptive for more than 10 years.
- Have a prior history of breast cancer.

You Should:
- Examine your breasts monthly;
- Make sure your physician examines your breasts as part of your regular gynecological examination;
- Undergo mammography annually, beginning at age 40 or sooner.

If you are a woman at average risk, you should:
- Make sure your physician examines your breasts as part of your regular gynecological examination;
- If you are under 50, do not have a mammogram;
- If you are over 50, discuss the risks and benefits of mammography with your physician.

Public Citizen's Health Research Group ◆ Health Letter ◆ 15
Outrage of the Month

Oops—Did It Again! (or, Escondido in Escondido)

Last month, we reported the case of a nine-inch retractor found escondido (Spanish for hidden) in the abdominal cavity of a 45-year-old man who had been operated on in September 2000 at a hospital in Escondido, California. The negligently left retractor resulted in a serious soft tissue infection and the need for a long and difficult re-operation, all of which would have been prevented by a simple instrument count at the time of the first surgery, as required by the California Department of Health.

Now, The San Diego Union-Tribune reports, a year later almost to the day and at the very same hospital, a 12 x 12 inch surgical sponge was left in another patient—a man in his 40s undergoing lumbar fusion and bone grafting. Following the surgery, the patient developed abdominal pain, vomiting, and fever, resulting in the discovery of the hidden sponge and its eventual removal four days after the initial operation. According to the Union-Tribune, the hospital failed to report the incident to the state until 12 days afterwards; nor was the incident noted in the patient's subsequent hospital discharge summary.

A spokeswoman for the hospital was quoted as saying “Leaving sponges inside patients is a common incident,” though a supervisor from the State Division of Licensing and Certification disagreed with this. The hospital spokeswoman did nevertheless add that “we are trying to do everything we can to prevent it from happening again.” She also pointed out that the patient and family had been immediately notified of the incident.

The Union-Tribune noted that according to the state report, operating room personnel counted sponges only twice during the operation, despite a policy requiring staff to “account for sponges at five times during the procedure.” The report also noted that the hospital violated patient confidentiality by allowing three representatives from the company that made the bone graft to watch the procedure without obtaining the patient’s consent.