Editorial comments

Secondhand smoke has now been found to increase the risk of cardiac disease in healthy nonsmokers. Specifically, a 91% increase of coronary heart disease (CHD) occurred among the 32,046 female nurses who were exposed to secondhand smoke on a regular basis. Even those who were exposed on an occasional basis had a 58% increase in CHD. Nonfatal myocardial infarctions increased by 88% in the regularly exposed group and 64% in the occasionally exposed group. Overall, of the 152 myocardial infarctions that occurred, 25 were fatal.

The subjects ranged in age from 36 to 61 years at the start of this investigation in 1982. None of the subjects smoked or had heart disease or cancer. Participants were controlled for diabetes and hypertension, among other risk factors.

The data were obtained via detailed surveys, with subjects monitored at regular intervals for cardiac disease.

These participants were part of a larger investigation— the Nurses' Health Study— in which more than 30,000 nurses participated, beginning in 1976.

Complete study results of the secondhand smoking arm of this long-term trial appear in the May 20 issue of *Circulation*.

Could the risk of certain cancers among carriers of gene mutations BRCA1 and BRCA2 be less than previously estimated? Earlier studies have estimated the risk of breast cancer or ovarian cancer or both at 76% to 87% among women who carry the gene mutation BRCA1 or BRCA2. However, in research published in the May 15 issue of *The New England Journal of Medicine*, investigators estimate the risk of breast cancer at 56% in women carriers by age 70.

Their estimates are based on blood samples and epidemiologic questionnaires taken from 5318 Ashkenazi Jews, both women and men. More than 2% of this ethnic group have already been shown to be carriers of the aforementioned gene mutations.

Risk of ovarian cancer and prostate in this study population was estimated at 16% each. No significant differences in cancer risks were found between those carriers of BRCA1 and BRCA2.

Earlier estimates indicated a 64% risk of ovarian cancer developing in women with a strong family history of this disease.

Despite the seemingly reduced risk of having cancer develop in carriers of either mutation, other researchers—including those who first discovered these gene mutations—urge caution in interpreting the latest findings. Geneticist Mary-Claire King noted that the participants' family histories of cancer in this study was based on memory. Dr King, who is with the University of Washington, helped to first discover the BRCA1 gene in 1990. That earlier study used medical records to confirm family histories of cancer.

"The honest truth is we don't know yet what the risks are in BRCA1 and BRCA2 mutation carriers who are not in high-risk families," she explained.

Parents are unnecessarily requesting that pediatricians prescribe antibiotics for their children, according to results from a study posted on the *June Pediatrics electronic pages*. Researchers at the Boston Medical Center surveyed 400 parents and 61 pediatricians. The surveyed parents were pooled from two private practices and a community public health center.

The participating pediatricians had been in practice a median of 12 years and saw an average of 110 patients per week.

Among the researchers findings were:

- Overall, 85% thought problems occurred because of too many antibiotics being prescribed;
- 90% of parents thought antibiotics were needed to treat ear infections;
- 80% thought antibiotics were appropriate treatment for throat infections; and
- 18% gave their children antibiotics *without* consulting their physician.

Of the responding pediatricians, 71% reported having a parent ask them to prescribe an antibiotic for the child at least 4 times within the previous month. This request was made despite the physician thinking such treatment unnecessary. On occasion, 35% of the pediatricians reported acquiescing to these parental requests.

The war on cancer calls for more prevention rather than treatment, according to researchers at the University of Chicago, John C. Bailar III, MD, PHD, and Heather L. Gornik, MHS.

Using data from the National Center for Health Statistics, the researchers analyzed cancer deaths from 1970 through 1994. Age-adjusted cancer mortality was 6% higher than in 1970. However, a 1% overall decrease did occur between 1991 and 1994. The investigators attributed much of this decrease to a decline in smoking and improvements in screening.

In an earlier 1986 report, Dr Bailar concluded, "Some 35 years of intense effort focused largely on improving treatment must be judged a qualified failure." In their most recent findings, appearing in the May 29 issue of *The New England Journal of Medicine*, the researchers write, "Now, with 12 more years of data and experience, we see little reason to change that conclusion..."

Although they do not call for ceasing research on treatment, the researchers do call for a "substantial realignment of the balance between treatment and prevention, and in an age of limited resources this may well mean curtailing efforts focused on therapy."

According to data from the National Cancer Institute, the rate of age-adjusted cancer mortality fell approximately 3% between 1990 and 1995.

Director of the National Cancer Institute Richard Klausner, MD, called the current researchers' argument "very unhelpful and false," reports the May 29 issue of *The New York Times*. ◆