to enhance recovery and reduce depression in cancer patients.

As for survival and mortality, some of the clearest evidence seems to come from cardiovascular research. Patients who reported gaining strength and comfort from religion and who participated in social or community groups had lower mortality during the 6 months after surgery than those who were lacking in these categories.

Creagan noted in his article that cancer survivors may “may be spared for reasons that are not clearly understood.” But in general, the biology of any cancer is the most important determinant of its course, and the question of how far religion or spirituality can influence that remains unresolved.

— Jan Ziegler

How Randomized Clinical Trials Came Into Their Own

Randomized controlled trials are such a fixture of clinical research that it seems hard to believe that it hasn’t always been that way. Actually, however, evaluations of health care interventions that relied on what today would be considered anecdotal evidence were pretty much the rule until after World War II. How that era drew to a close and these studies began to come into their own will be the theme of a conference The British Medical Journal will hold in London, October 29–30.

The occasion for the conference is the 50th anniversary of the BMJ’s October 1948 publication of a study that may have been the first — and surely was among the first — to have all the methodological elements of modern randomized clinical trials.

The study was undertaken for Britain’s Medical Research Council by a team led by the late Sir Austin Bradford Hill, a pivotal figure in development of medical statistics who would also help design the first epidemiologic study definitively linking smoking to lung cancer. The study’s purpose was to determine the effect of streptomycin on pulmonary tuberculosis, a disease with a natural tendency to wax and wane. Previous studies of the drug had been controlled and proved inconclusive.

To settle the question, Hill arranged to have the antibiotic given in some tuberculosis hospital wards but not in others — i.e., in a randomized and multicenter fashion. Also in the interest of objectivity, the clinical impressions of all those involved played no part in arriving
at the results. Instead, the evaluation was done by two radiologists who didn’t know which patients were given streptomycin and which were not; and independently read the chest x-rays that were taken when each patient entered the study, at 6 months, and at a year of follow-up.

"In those days, tuberculosis had been a major public health problem on both sides of the Atlantic for almost a century," said Harry Marks, Ph.D., who helped to plan the forthcoming conference and is a historian at the Johns Hopkins University School of Medicine, Baltimore. "So it was truly a milestone when this study found the streptomycin-treated group had fared significantly better than the controls. Moreover, the news fell on immediately receptive ears because American investigators, in a (non-controlled) Public Health Service study of streptomycin, had already decided that only a randomized control trial could determine the drug's value."

"Equally important," Marks continued, "was that [these studies] would now become — although sooner in some areas of medicine than others — the gold standard not only for the study of infectious disorders, but also for clinical research as a whole. Nor should it be forgotten that they have come to figure heavily in many of the regulatory decisions that are made by the Food and Drug Administration and its counterparts in other countries."

Not Just History

The BMJ conference, however, will not dwell exclusively on history or even on how randomized control trials have continued to evolve. It will also cover a range of issues including the complexities of running multicenter trials with good quality control, the impact of those trials on ordinary medical practice, the ethical and other challenges — especially in poor countries — of globalizing trials, and how politics can influence which trials get priority and how they are shaped.

The speakers will come from a variety of disciplines and from 16 countries ranging from Australia to Zimbabwe. One of these is Kay Dickersin, Ph.D., an epidemiologist who heads the Baltimore Cochrane Center at the University of Maryland School of Medicine, who, like Marks, helped to plan the meeting.

Principles Taught

Dickersin, besides being a researcher, is a breast cancer survivor. In this dual capacity she developed a course several years ago through the National Breast Cancer Coalition to familiarize its leaders and breast cancer activists with the principles of basic science, randomized clinical trials, epidemiology, biostatistics, and other tools of research.

"NBCC advocates have found that increased-scientific knowledge has helped them to advocate more constructively for breast cancer patients and breast cancer research," Dickersin said.

"Among the points I plan to make in London is that other health advocacy groups could also benefit from the approach," she said. Although research studies in different fields, of course, vary in detail they tend to be based on core knowledge and the principles of good design."

Fifty years later, randomized control trials would seem to be here to stay. However, there is always a chance that something — for instance, the enormous expense of doing them — may threaten their popularity or even their existence. Small wonder then that the BMJ conference will close with a talk entitled "If not RCTs, then what?"

— Judith Randal

Patients, Advocates, Organize The March

A number of U.S. patient and patient advocacy organizations are organizing The March — an event not only in Washington D.C., but in communities across the country — to rejuvenate public and private support for cancer research and the "war" to conquer cancer.

The main event will take place September 25 and 26 in Washington, beginning September 25 with a candlelight vigil near the Reflecting Pool on the Mall. On September 26, beginning at 9 a.m., thousands are expected to gather on the Mall to visit exhibits and memorials representing each state. The March web site (www.TheMarch.org) has details.

The major rally, at noon, is chaired by Gen. H. Norman Schwarzkopf, and will include speeches by cancer survivors, supporters, government officials, celebrities, and is designed to focus national attention on cancer. Plans also are in motion for rallies, candlelight vigils, town hall meetings, and other activities in cities across the United States.