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Chief of Akyem Abuakwa, Ghana, receives the results of his HIV-test during a Royal ceremony to encourage voluntary HIV testing
© Still Pictures

3 by 5 initiative This week's Health and human rights section focuses on the WHO/UNAIDS "3 by 5" initiative, which aims for 3 million people with AIDS to be started on antiretroviral treatment by the end of 2005. Joia Mukherjee emphasises that a human rights based--rather than market based--approach is the only realistic strategy for an epidemic that is concentrated in poor and marginalised communities. Wendy Holmes highlights how, without additional resources and staff, the initiative might deepen inequalities between urban and rural areas. In a personal account from Uganda, Alex Coutinho says that although WHO does not have the funds to procure treatment for 3 million people, together with UNAIDS they have the moral authority to ensure that bottlenecks to treatment are reduced.

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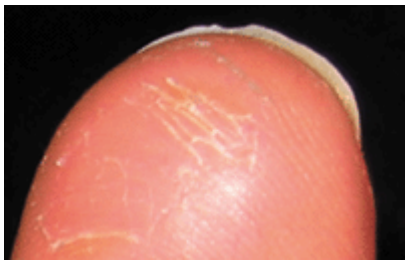
Breast cancer and abortion Results of a major international collaboration provide evidence that pregnancies ended by abortion do not have adverse effects on women's subsequent risk of developing breast cancer. More.

A snip in the right direction Research from India suggests that circumcised men could be over six times less likely than uncircumcised men to acquire HIV-1 infection. The study, by Steven Reynolds and colleagues, also shows how the explanation for this decreased risk in circumcised men is likely to be biological rather than behavioural, with thin tissue in the foreskin being the likely target for viral activity.

Reducing sugar to tackle obesity In a Viewpoint article, Jim Mann discusses how intensive lobbying from the US food industry threatens the adoption by the World Health Assembly of the WHO/UN global strategy on diet, physical activity, and health.

Thumbs up A Correspondence letter discusses the affliction commonly known as "Playstation thumb".

more



1 Bosch X. Spanish editor sued over rofecoxib allegations. *Lancet* 2004; **363:** 298.
2 Boers M. Seminal pharmaceutical trials: maintaining masking in analysis. *Lancet* 2002; **360:** 100–01.
3 Bombardier C, Laine L, Reicin A, et al. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. *N Engl J Med* 2000; **343:** 1520–28.

Independent clinical trials

Sir—In April, 2002, we reported the results of a multicentre, randomised clinical trial of deferiprone versus deferoxamine in 144 patients with thalassaemia major.[1] It was an independent study by 12 Italian thalassaemia centres, and was not supported by any pharmaceutical company.

Recently, the European Agency for the Evaluation of Medicinal Products (EMEA) asked us to provide the pharmaceutical company Apotex with a complete data package for the above trial. After discussion with the participating centres, the scientific committee decided to make the requested data available to Apotex and the EMEA on the understanding that the profit derived from the agreement would be used to fund another three independent randomised multicentre studies on deferiprone versus deferoxamine in patients with thalassaemia major, thalassaemia intermedia, and sickle-cell anaemia.

We think that, considering the problems sometimes encountered in the conduct of unbiased and objective industry-sponsored clinical studies,[2–4] independent studies like ours, although very difficult to organise and manage, could be an effective alternative. This kind of strategy could also be useful for the development of some neglected[5] drugs (eg, oral chelators), which could be very useful for developing countries.

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1 Maggio A, D'Amico G, Morabito A, et al. Deferiprone versus deferoxamine in patients with thalassemia major: a randomized clinical trial. *Blood Cell Mol Dis* 2002; **28:** 196–208.
2 Constantinou G, Melides S, Modell B, et al. The Olivieri case. *N Engl J Med* 2003; **348:** 860–63.
3 Rosoff PM. Industrial collaboration. *N Engl J Med* 2003; **348:** 863.
4 Kiln MR, Hirst JMD. Academia and industry. *Lancet* 2000; **356:** 1359.
5 Sulston J. Beyond release: the equitable use of genomic information. *Lancet* 2003; **362:** 400–02.

Fighting obesity

Sir—In response to your Editorial (Jan 31, p 339),[1] as the leader in the fight against overweight and obesity, the US Department of Health and Human Services (HHS) has the goal of supporting the strongest possible resolution and strategy on diet, nutrition, and physical activity based on the best possible scientific evidence, that can be adopted by the most number of countries.

Under the leadership of HHS Secretary Tommy G Thompson, the issue of overweight and obesity has successfully been raised to the top of the domestic agenda by speaking the truth, and calling on all those with a stake in the issue to do their part to fight this issue in America.

Thus, individuals and families need to be more active and make better and healthier choices; industries need to provide and promote healthier choices for customers and better information about their products; the government needs to make sure the public has accurate, science-based information to help consumers make better choices; and we need scientists to help us understand the causes of and contributing factors to overweight and obesity, by providing more information about what we can do to decrease the frequency of overweight and obesity. We are making progress on all these fronts.

The WHO Executive Board, with the support of 32 nations, has unanimously adopted a resolution calling for the passage of a global strategy on diet, nutrition, and physical activity. The executive board asked the WHO Secretariat to provide an additional 30 days of comments to the draft strategy from member states and interested parties. As the strategy is finalised, the USA will continue to work with the WHO and member states, to ensure that the document contains the most scientifically accurate information to help consumers.

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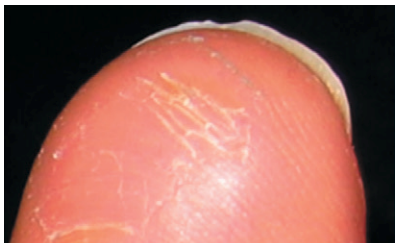
1 The Lancet. Who pays in the obesity war. *Lancet* 2004; **363:** 339.

Playstation thumb

Sir—I went round my friend's house last weekend and while I was there I played a fast-paced fighting game on a Playstation 2 (PS2) for about 10–20 min. At night, while flicking through the pages of a book, my left thumb that I had used a lot in the game felt numb. I saw a blister made by the friction of my left thumb and the PS2 game controller. I had PS2 thumb!



Left thumb of HJV 1 week after sustaining injury

I showed it to my dad but it was late, so he had no time to take a picture. He did say, however, that I was not allowed on the PS2 until it had healed. About a week later this is what it looked like (figure). It has healed greatly, but you can still see some old skin. PS2 ban is now lifted!

Hrisheekesh Jayant Vaidya (aged 9 years)

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(e-mail: j.vaidya@ucl.ac.uk)

DEPARTMENT OF ERROR

Bonithon-Kopp C, Kronborg O, Giacosa A, Räth U, Faivre J. Calcium and fibre supplementation in prevention of colorectal adenoma recurrence: a randomised intervention trial. Lancet *2000;* **356:** 1300–06—In this Article (Oct 14), the Italian contributor from Trento (p 1305) should be: "R Andreatta".

Rovers MM, Schilder AGM, Zielhuis GA, Rosenfeld RM. Otitis media. Lancet *2004;* **363:** *465–73*—In this Seminar (Feb 7), two rows were omitted from table 3. The complete table should be as below:

Child's age	Certain acute OM diagnosis*	Uncertain acute OM diagnosis†
<6 months	Antibiotics‡	Antibiotics‡
6 months to 2 years	Antibiotics‡	Antibiotics‡ if severe§ illness Observe¶ if non-severe§ illness
2 years or older	Antibiotics‡ if severe§ illness Observe¶ if non-severe§ illness	Observe¶

*Definitive middle-ear effusion plus recent onset of signs and symptoms of middle-ear inflammation. †Non-definitive effusion or signs and symptoms. ‡Children younger than 2 years treated for 7–10 days; older children for 5–10 days. §Severe illness is moderate to severe otalgia, >39°C orally or >39·5°C rectally in past 24 h, or clinician judgment that child is infected or severely ill; non-severe illness is mild otalgia and lower fever. ¶Appropriate only when follow-up can be assured (by telephone or office visit) and antibiotics started if symptoms worsen or persist by 48–72 h.

Table 3: **OM management guidelines from New York Region Otitis Project**