

work reveals a misunderstanding of proper peer review.

Michael Murphy and Rachel Neale note that the age-adjusted cervical cancer death rate in single women increased until recently. These trends are dominated by death rates in older single women, and cannot be interpreted without separate data for each birth cohort. We are disturbed to hear that the Office for National Statistics does not provide more detailed data “to maintain confidentiality”.

Finally, Peter Smith and Amanda Herbert suggest that the decision to delay the age at starting cervical screening from 20 to 25 years should be reconsidered. Our analyses indicate that reducing the age at first smear is likely to reduce the lifelong cancer risk, but the benefit of starting at 20 rather than 25 years of age is uncertain, and could be small. Linking national screening records to cancer registrations and deaths should provide better evidence on this important issue.

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“sea-change in opinion” you observe was achieved by misrepresenting the facts to the point of blackmail. Meanwhile, you ignore a poll of family doctors, the results of which reveal that 82% are concerned that animal data are misleading when applied to people and 83% would like to see an independent scientific assessment of the clinical relevance of animal experimentation.

You repeat the fallacy that thalidomide was not tested on animals, despite the fact that the drug would still be passed as safe by animal tests today. Furthermore, you say you are not naive, while believing the pharmaceutical industry’s dishonest claim that animal tests predict 70% of the side-effects of drugs, which is nonsense.

You assert that all animal experiments must be fully justified scientifically—but where is that justification? Surely *The Lancet* should now entertain a debate on the scientific justification for animal testing, or your Editorial will be fairly regarded as a piece of corporate propaganda, unbecoming of such a respected journal.

Europeans For Medical Advancement (EFMA) exists to promote the safety of patients, who are the most serious casualty of animal testing. Another casualty is the integrity of science itself.

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1 The Lancet. Animal research is a source of human compassion, not shame. *Lancet* 2004; **364**: 815–16.

## COX-2 inhibitors and risk of heart failure

Muhammad Mamdani and colleagues (May 29, p 1751)<sup>1</sup> report an increased risk of admission to hospital for congestive heart failure after use of the selective cyclo-oxygenase 2 (COX-2) inhibitor rofecoxib and non-selective

non-steroidal anti-inflammatory drugs (NSAIDs), but not after use of the selective COX-2 inhibitor celecoxib. However, their study has some crucial limitations that have not been adequately addressed.

The compared drugs have different half lives and pharmacokinetics, as stated in the discussion. For this reason, the used doses of the drugs and the frequency of drug intake need to be established to compare their effects, especially since there is a clear dose-response relation of, for example, rofecoxib, with regard to prostaglandin excretion and blood-pressure increase.<sup>2,3</sup> However, in this study we do not know whether the used doses of COX-2 inhibitors and non-selective NSAIDs are equivalent to each other.

In a prospective placebo controlled trial, Schwartz and colleagues<sup>4</sup> used equivalent doses of celecoxib, rofecoxib, and naproxen. They noted that the effect on sodium excretion and blood pressure was similar for all three drugs. The results of two large randomised trials (SUCCESS VI and SUCCESS VII) in 1902 patients with osteoarthritis indicated a higher risk of oedema and hypertension with rofecoxib than with celecoxib.<sup>5</sup> However, both trials have been criticised with respect to the doses of the compared COX-2 inhibitors (the maximum recommended dose of rofecoxib was used, but only half the maximum dose of celecoxib), and the different plasma half lives of the drugs (rofecoxib has a longer half life than celecoxib, yet both COX-2 inhibitors were administered once daily).<sup>5</sup>

Therefore, the findings of this study only emphasise the potential risk of congestive heart failure during intake of both selective and non-selective inhibitors of cyclo-oxygenase. The data do not provide sufficient evidence for rofecoxib or non-selective inhibitors of cyclo-oxygenase bearing a higher risk of admission for congestive heart failure than celecoxib.



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## Animal testing: call for open, scientific debate

What a departure from your usual wise, insightful Editorial on Sept 4 (p 815).<sup>1</sup> You repeat the mantra of the Association of the British Pharmaceutical Industry—that without animal testing there will be no new drugs—without question, even though many scientists have been saying otherwise for years. How do you explain away the protease inhibitors, which came to market with no animal testing?

You quote a poll that is the subject of an official complaint to the Market Research Society for breaching polling industry guidelines, in which the