

## Drugs in brief

**New US use for paclitaxel?** An FDA advisory panel on June 23 urged approval of paclitaxel (Taxol) as a second-line therapy for AIDS-related Kaposi's sarcoma. Bristol-Myers Squibb had been seeking "accelerated" approval based on early safety and efficacy data; the panel was so impressed that the majority voted for full approval. "I've never seen such dramatic improvements", said panel consultant Donald Abrams. If the FDA follows the panel's advice, the company will not need to complete confirmatory trials before marketing. Neutropenia—the main side-effect—was seen in most patients; an AIDS advocacy group has suggested that Taxol only be given with haemopoietic growth factors. The same panel voted against mitoguanzone dihydrochloride (Zytkamine; ILEX Oncology) as a second-line therapy for AIDS-related non-Hodgkin lymphoma, citing the drug's poor response rate.

## No to new prostate-cancer agent

Liarozole fumarate (Liazal; Janssen Pharmaceutica) was rejected for use in advanced prostate cancer by an FDA advisory panel on June 24. Janssen hoped to get approval of the drug—the first in a new class of agents thought to increase retinoic acid production—as a second-line therapy. The panel felt that liarozole did not perform as well in studies as comparators prednisone and cyproterone acetate, and, from Janssen data, even prednisone seemed a potent alternative. FDA criticised Janssen for not defining certain trial endpoints, such as prostate-specific antigen values, prospectively.

**First for enoxaparin** On June 26, enoxaparin sodium (Lovenox; Rhône-Poulenc Rorer) became the first low-molecular-weight heparin to receive FDA advisory panel backing for use in unstable angina and non-Q-wave myocardial infarction. The panel found enoxaparin superior to unfractionated heparin, although the drug was studied in only one major trial, ESSENCE, of 3100 patients. The FDA had announced a policy in March to consider approval of products with data from just one major trial.

Alicia Ault

## Indonesia helped to tackle communicable disease

A massive drive to combat communicable diseases in Indonesia has been launched with the help of a US\$87.4 million loan from the Asian Development Bank. It is hoped the money, to be used in various schemes by the Ministry of Health, will improve the delivery of health services to more than 17 million people living in poverty-stricken and remote rural areas in Sumatra, Java, and Borneo.

Among those targeted will be more than 2 million children below 5 years of age and 10 million young adults. Around 25 000 young adults with early-stage tuberculosis will be treated. The money will also be used to strengthen the communicable diseases control programme dealing with malaria, acute respiratory infec-

tions especially pneumonia, and other vaccine-preventable diseases.

It is hoped that lower rates of sickness and death will lessen the drain on the nation's economy and help boost labour productivity and household incomes. Cash will also be allocated for strengthening the technical and management skills of the Ministry of Health and to promote closer ties between the government, non-governmental organisations, the private sector, and the community.

The loan, repayable over 25 years, will also be used to help promote the use of systematically collected data for use in decision making, planning, and research into communicable diseases.

Adam Easton, Claire Wallerstein



Sowing seeds of health

PANOS PICTURES

## Will UK NHS trusts be only recruitment agencies?

Last week, the UK government approved 14 hospitals that will be built and run by the private sector, yet will be used by National Health Service patients. This most recent wave of the Private Finance Initiative (PFI) adds a fresh twist to the UK private medical insurance market, which is currently in the doldrums.

*Networks and Alliances*—the theme of the 1997 Annual Acute Health Care Conference held by Laing and Buisson in July—set out how providers and insurers are responding. The two major UK insurers, BUPA and PPP, are using the dual strategy of competition and buy-outs as a means of increasing control of the market. In response, the for-profit hospital sector is now forming networks. But as Clive Bath of Nuffield Hospitals showed, this competition is edging out the small not-for-profit hospitals.

Kingsley Manning was the representative for Newchurch, the management consultancy firm that not only holds the Department of Health database of PFI projects, but also acts as advisor to the government and to trusts, health authorities, local authorities, and the private-sector consortia on PFI projects. Manning claimed that exciting PFI opportunities lie not only in acute care but also

in the next phase of NHS privatisation—the extension of the PFI to community care, mental health, and primary care.

Manning contradicted assurances that had been given by Health Minister Alan Milburn that clinical services will not be contracted out under PFI, while acknowledging the much higher costs to the public of the PFI. He claimed that the higher capital costs of PFI would have to be met from clinical-service budgets and that this would be done "by substituting capital for labour, by generating clinical savings and by substituting doctors and nurses for capital".

It was difficult to reconcile this view of promoting clinical quality against the evidence presented by Alan Shanks, vice-president of the Hospital Consultants and Specialists Association. He said that the UK has among the lowest number of beds, nurses, and doctors per head of population in Europe, and now faces very real shortages in clinical staff.

There is a sense that NHS trusts under PFI could become little more than employment and recruitment agencies, that serve only to give a "product brand" to the services they provide.

Allyson Pollock