have an effect on stomach cancer rates. Good epidemiological evidence that this is true would make it easier to solve the riddle of why stomach cancer has been declining, while risk from many other cancers has scarcely changed during most of this century, especially in the industrially advanced countries.

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HIV Prevention Programs

We fully endorse the excellent overview by Peter Aggleton *et al.* of contemporary issues related to the primary prevention of human immunodeficiency virus (HIV) infection (Articles, 15 July, p. 341). It is important to continually underscore the fact that HIV prevention interventions clearly can avert or modify high-risk behaviors related to the acquisition or transmission of HIV infection, and some of these demonstrations of

successful behavioral outcomes have been randomized, controlled trials and quasi-experimental studies (2).

Behavioral and social scientists have shown that HIV prevention programs do work. However, we now need further empirical research to address the more complex set of questions, "Which HIV prevention interventions work best, under what conditions, for which persons, by how much, for how long, and at what cost?" Although partial answers to these questions are available (2), more comprehensive information is of vital importance to policy-makers, program managers, and community planning groups. During the past year, the Centers for Disease Control and Prevention and their prevention partners implemented a community-based approach to HIV prevention program planning (3). Community planning groups need access to the best available scientific data, and the more locally tailored the information, the more relevance it has for them. In addition, community planning groups and other program decision-makers need to help set the future scientific research agenda so that their program-related questions are ultimately answered.

Although additional empirical research is needed to further refine HIV prevention programs, it is appropriate to continue allocating financial, human, and material resources to the design, implementation, and evaluation of these programs. They do work. Furthermore, analyses have also shown that some of these programs are cost-effective relative to other health programs, and some even appear to be cost-saving to society (4).

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