being less flexible. "That's sometimes the way it is with *Cell*," says ASHG director Huntington Willard of Case Western Reserve University in Cleveland.

But even when *Cell* is not directly involved, a general fear that publicity might hurt their chances of being published in the top journals is making researchers in highly competitive fields like genetics leery of presenting new findings at conferences, especially those whose organizers actively seek press coverage in an attempt to win public support—and ultimately, federal funding—for research. Not only do the researchers fear that the results will no longer appear novel to journal editors, but they also worry that if they report unpublished work, they could be scooped by their competitors. As a result, says ASHG program director Reed Pyeritz of the Medical College of Pennsylvania and Hahnemann University in Pittsburgh, "people don't go to meetings expecting to hear very cutting-edge stuff."

The tension seems likely to continue. Some geneticists—including Ellis—suggest that the ASHG should reconsider its policy of allowing journalists to attend their meetings. But Willard rebuffs that idea: "One of [ASHG's] missions is public education, and journalists are instrumental in that process," he says. "I don't think I would ever be in favor of banning journalists."

–Rachel Nowak

CANCER PREVENTION

Tamoxifen's Trials and Tribulations

Three years ago, the government launched a $68 million experiment to learn whether tamoxifen, a drug used to treat some breast cancer patients, could prevent breast cancer from occurring in healthy women. This major clinical trial—sponsored by the National Cancer Institute (NCI)—also sought to find out whether tamoxifen's hormonelike qualities could reduce osteoporosis and fatal heart disease. The plan called for thousands of women matching a high-risk cancer profile to take the drug.

From the start, the trial—the most ambitious cancer prevention study ever attempted—has been dogged by controversy, as critics questioned the wisdom of giving healthy women such a powerful drug. And last year, it suffered a setback when NCI put the recruitment of new subjects on hold for 6 months while monitoring procedures were overhauled (*Science*, 10 June 1994, p. 1524). Now, just as the trial was getting back on track, it is facing two new obstacles. The National Heart, Lung, and Blood Institute (NHLBI), which is helping to pay for the study, decided last month to reduce its commitment because the data may be too thin to be of use for cardiovascular studies. And NCI has become embroiled in a wrangle over whether tamoxifen should be listed as a carcinogen in California—a label that could make it more difficult to recruit subjects for the NCI trial and might even cause some breast cancer patients to forgo the drug.

NHLBI's change of heart was communicated by the institute's director, Claude Lenfant, in a letter to NCI Director Richard Klausner dated 5 October. Lenfant based his decision—first reported in *The Cancer Letter*—on the fact that not enough minority women or women over age 55 (groups that have a higher than average risk for heart disease) have entered the trial. "The way the study is going," Lenfant said in a telephone interview with *Science*, "we will get some information, but not what we were expecting."

In his letter, Lenfant pointed out that the trial is not meeting its recruitment targets. While NCI had aimed to have 16,000 women signed up by June of 1994, Lenfant observed, "the total recruitment is only 11,500 women," fewer than 5000 of whom are age 55 or older and only 3% of whom are minorities. "For all these reasons, it has become apparent that the study does not have the power to provide significant data regarding cardiovascular clinical end points." The heart institute had originally promised $8 million for the trial; now it will provide only $3 million, of which $1.2 million has not yet been spent. Lenfant suggested using the remaining money to study indicators of cardiovascular disease, such as blood lipid levels, among the participants.

"The study does not have the power to provide significant data regarding cardiovascular clinical end points."
—Claude Lenfant

Klausner responded on 27 October, saying that NCI will run the recommended lipid studies, but it will also continue to watch for tamoxifen's cardiovascular benefits. Some of the expense of the cardiovascular monitoring will now have to be carried by NCI, however. "Frankly," says one NCI staffer, "I think [NHLBI] has been looking for a way out for a long time."

While NCI officials are disappointed by Lenfant's decision, they are more concerned about the long-term impacts of what is happening in California. Under a law known as Proposition 65, California must publish and maintain a list of all known carcinogens. In 1994, a group that advises the state—the Carcinogen Identification Committee (CIC)—identified tamoxifen as a risky drug because several clinical studies have shown that women using it had a slightly increased risk of endometrial cancer. CIC began collecting data, and after publishing a draft document and soliciting comment early this year, the committee decided unanimously in May that tamoxifen should be listed as a Prop 65 carcinogen.

At that point, says Thomas Mack, CIC's chair and an epidemiologist at the University of Southern California, Zeneca Pharmaceuticals of Wilmington, Delaware—the maker of tamoxifen—got alarmed and began calling physicians. NCI grantees and officials, including Leslie Ford, NCI's coordinator of the tamoxifen trial, called to protest the CIC's decision. In an unprecedented move, the state ordered that the CIC's advice be held in abeyance until after a public forum, held on 10 October.

In a telephone interview, Ford said she worries that if tamoxifen is put on the Proposition 65 list, patients who need it will be scared away. Yet, as Ford and many clinicians argue, the benefits of tamoxifen far outweigh the risks for cancer patients. John Glick, director of the cancer center at the University of Pennsylvania, says: "Many more patients would die as a result of their fear of taking" tamoxifen "than ever would die as a result of getting endometrial cancer."

Zeneca, meanwhile, flew its own staffers and a group of independent oncologists to appear before state officials in Sacramento on 10 October. Alan Milbauer, Zeneca's vice president for external affairs, noted that tamoxifen is not an environmental contaminant and is available only by prescription from physicians, who must warn patients of potential side effects. Because tamoxifen "has not been shown to cause cancer of the endometrium," Milbauer said, listing it as a carcinogen would do "significant harm" and give patients "incorrect, incomplete, and misleading information."

The blitz angered Mack. He refused to attend the forum because, he says, it was a "reprehensible" attempt to interfere with his panel's deliberations. So far, Mack says he isn't impressed by the new data. He says: "Unless something comes along that's a complete surprise, tamoxifen will be listed" as a carcinogen. And that may add yet another complication in recruiting patients to the prevention trial.

–Eliot Marshall