

PUBLIC HEALTH

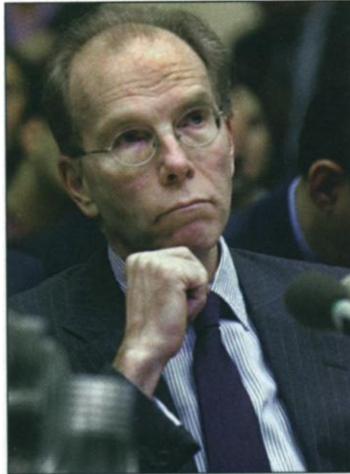
CDC Head's Resignation Expands Leadership Void

Jeffrey Koplan, who guided the Centers for Disease Control and Prevention (CDC) in Atlanta through the country's first fatal bioterrorism attacks last fall, is stepping down on 31 March. Koplan unexpectedly announced his resignation last week, exacerbating the leadership vacuum at U.S. public health agencies. Three other top jobs are currently vacant, even as the nation struggles to face the continuing threat of bioterrorism.

Koplan, who declined an interview request, did not give a reason for quitting, and in newspaper reports he denied that he was pressured to leave. Health and Human Services (HHS) Secretary Tommy Thompson called Koplan's departure a "loss," adding that "I am going to miss [Koplan's] counsel, leadership, and dedication to public service." But public health experts say there had been friction between Koplan and top HHS officials, including Thompson, in part over CDC's handling of the anthrax crisis.

Some members of Congress and media outlets criticized Koplan last year for an apparent lack of control during the bioterrorism episode and for failing to communicate effectively with local public health experts and the public. "Koplan is a very knowledgeable and credible doc," says Tara O'Toole, who heads the Center for Civilian Biodefense Strategies at Johns Hopkins University in Baltimore, Maryland; "the country would have been better off if it had seen more of him." But O'Toole adds that it's unclear whether Koplan ducked the limelight on his own initiative or at the request of others in the Bush Administration. Eventually, National Institute of Allergy and Infectious Diseases (NIAID) director Anthony Fauci became the government's prime anthrax spokesperson.

Koplan served CDC from 1972 to 1994 and took the centers' top job in October 1998 after a 4-year stint in the private sector. As a member of the agency's Epidemic Intelligence Service in the 1970s, he helped eradicate smallpox in Bangladesh, one of the scourge's last hideouts. In the early 1980s, he chaired the Public Health Service Executive Committee on AIDS. O'Toole and others



Help wanted. Koplan's departure leaves another top health job vacant.

credit Koplan for his steadfast push to improve public health infrastructure nationwide and his efforts to replace the agency's dilapidated facilities. "CDC has crummy old labs, and he did a superb job of getting a new building plan under way," says C. J. Peters, a former head of CDC's special pathogens branch, who is now at the University of Texas Medical Branch in Galveston.

Koplan's departure comes at a time when the Bush Administration is proposing to spend \$5.9 billion next year to prepare for bioterrorism, some \$1.6 billion of which would go to CDC. The National Institutes of Health, slated to receive \$1.5 billion in bioterrorism funds, has lacked a director for 2 years. Fauci was long rumored to be the front-runner but is now out, according to media reports. Why the deal crumbled is unclear: Some attribute it to Fauci's wish to stay involved in NIAID; others say his candidacy was unpalatable to conservatives, who prefer an outspoken opponent of abortion and embryonic stem cell research.

The Administration is also trying to fill the top slot at the Food and Drug Administration, as well as find a successor for Surgeon General David Satcher, whose term expired this month. Now that Koplan is leaving too, says O'Toole, "Tommy Thompson is truly home alone." —MARTIN ENSERINK

EPIDEMIOLOGY

Battle Heats Up Over Mammography Benefits

The top U.S. health official last week fired the most dramatic salvo to date in a long, drawn-out war over the benefits of mammography. But it is unlikely to be the last shot on the subject.

On 21 February Tommy Thompson, secretary of the Department of Health and Human Services (HHS), released a report from an outside group saying that all women over 40 should get breast x-rays at least once every 2 years. This conclusion, published on the HHS Web site last week,* is at odds with some other biostatistical studies that have found little support for screening women in their 40s. Thompson buttressed the report with a personal view: Mammography saved his wife from cancer, he said, adding that "all of you in this audience [should] take these

recommendations to heart."

The recommendation that mammography should begin at age 40 comes from the U.S. Preventive Services Task Force, an independent panel of health care experts that advises HHS. After examining published reports over a 2-year period, the task force concluded in January that there is "fair" evidence that mammography for women in their 40s "significantly reduces mortality from breast cancer." Janet Allan, dean of the school of nursing at the University of Texas Health Science Center in San Antonio and a co-chair of the panel, appeared at the HHS press conference with Thompson to defend this finding. The risks and benefits of mammography have become clearer since the panel examined this issue in 1996, she said. Back then, the task force had found "insufficient evidence" to support routine mammography under age 50.

Peter Greenwald, a National Cancer Institute official in charge of cancer prevention, used the press conference to criticize a widely cited analysis questioning the value of mammography. The paper, which appeared last October in *The Lancet*, rejected the methodology in five of seven large studies that have been cited as proving the value of mammography. The authors, Peter Gøtzsche and Ole Olsen of the Nordic Cochrane Center in Copenhagen, Denmark, a biostatistics group, said even the two studies that are reliable fail to show that the benefits outweigh the risks. The false positives that turn up in x-ray testing lead to anxiety and unnecessary surgery, according to the *Lancet* paper, which argued against the routine use of mammography in cancer screening.

The skeptics got another boost in January, according to biostatistician Donald Berry of Houston's M. D. Anderson Cancer Center, when another advisory group began taking a serious look at the Gøtzsche-Olsen analysis. The panel, which reviews medical literature for NCI's online information service known as the Physician Data Query, noted that the benefits claimed for routine screening with breast x-rays are small in public health terms,



Screening supporters. HHS Secretary Tommy Thompson and advisory panel co-chair Janet Allen.

* www.ahrq.gov/clinic/3rduspstf/breastcancer