

## The Million Women Study: design and characteristics of the study population

### ABSTRACT

By the end of 2002, statistical power of the Million Women Study will be sufficient to show that current users of hormone replacement therapy have a relative risk of 0.8 or greater, or 1.2 or higher than those who have never used the therapy for breast and other cancers, colorectal cancer, lung and ovarian cancer disease, ischaemic heart disease (ICR), and stroke.

### INTRODUCTION

Primary lymphoid organs (Synthesis: Primary T cell-presenting cells) participate in efficient interactions with T, B and antigen-presenting cells in T-dependent immune responses; T cells are mainly located in the paracortical zone, including the interfollicular areas, while B cells appear in small primary follicle(s) in or around the cortex, which become secondary follicles or germinal centres (GCs), after antigenic stimulation. Recent research on the GC reaction identified B cells, centroblasts and centrocytes, or follicular dendritic cells as targets for investigation. It is understood that T cells play a significant role in the development of the process, which is mediated by both cellular contacts and humoral factors such as interleukins. Specifically, GI T cell-derived cells express cytokines called CD40L (CD154), which facilitates interactions with CD4+ B-lymphocyte(s). High-affinity B cells, which are selected by antigen retained in the surface of follicular dendritic cells (FDCs), are then transformed into antibody producing plasma cells or memory B cell. The differentiation between these two types is determined by the signals of the CD40/CD40L interaction and the type of interleukins secreted by T cells. Non-selected B lymphocytes, on the other hand, die by apoptosis. The activation and production of memory T cells in secondary lymphoid tissues are still a mystery, although much is known about these processes in B cells. Some authors have shown that T cell migration to follicles can promote the proliferation of T-cells in mice. The GC reaction in T cells concentrates at and near the junction of the follicular mantle with the light zone. After some cells remain at this junction, but the origin, migration, and role of intra-GC T cell migration in human fetal heads is not accurately understood. Through the use of multiple markers and membrane antigens, the identification and distribution of cells in control lymph nodes are determined by comparing them with human tonsils or tumour reactive lymphnodes from patients with head and neck's carcinomas. CD69, a very early activation antigen, CD45RA (associated mostly to virgin cells) and CD44OG (association of memory cells), markers. In addition to the differences between control and reactive lymph nodes, an interesting layering pattern of B and T cells was observed when sections of tissue were performed. A speculative model of the cellular traffic into the general capillary chain reaction (GC) is presented, and these results suggest that T cells play a key role in regulation of this chemical cycle.

### CONCLUSION

What is the definition of "resources"? Ten years ago, we predicted that biotechnology advancements would pose significant ethical challenges for the field of clinical ethics. Over the last decade, there have been significant advancements in biotechnology, including cloning, xenotransplantation, stem cells, and the sequencing phase of the Human Genome Project. These developments were the subject of attention by the US National

Bioethics Advisory Commission, the Nuffield Foundation in the United Kingdom, and the OECD in Paris, France, as well as the World Health Organisation and Rockefeller Foundation, which raised important questions about humanity, social tolerance to risk, attitudes towards globalisation. The conceptual work of Weijer and Emanuel on genetic research has been advantageous. Over the next decade, biotechnology will face greater social obstacles than previously anticipated. Clinical ethics has achieved success in several areas, including its involvement among clinicians, its penetration into medical organizations and institutions, the emergence of important research and teaching initiatives, and the creation of new career paths for physicians and other clinician professionals. Clinical ethics may be aimed at improving patient care and outcomes, but there is little empirical evidence to support this claim. Further research is required to assess clinical ethics in light of these findings. Despite the difficulty in providing substantive solutions to priority setting, Holm has wisely pointed out that more emphasis should be given to the decision making process. Daniels and Sabin have made significant contributions to decision-making by developing "accountability for reasonableness" as a model for priority determination. The Oxfordshire Regional Health Authority in the UK has been the subject of a description of priority setting by Hope. Ham has taken the lessons learned from international efforts to establish priority, while Hadorn has developed methods for clearing waiting lists by setting priorities based on clinical indications. A new conversation about the fairness of health systems worldwide has been sparked by the 2000 World Health Report, which introduced an innovative approach to measuring health, financing, and responsiveness. Public education in clinical ethics has experienced significant growth, despite public consultation and participation not being as advanced. Major news organisations have shown a keen interest in ethics, with Art Caplan being the most prominent figure in the field. His efforts to make bioethics issues understandable to the general public have been significant, but methods of public consultation and participation have remained unclear. Over the next decade, we anticipate that there will be more focus on these issues and hopefully more progress. Certainly, the primary contribution to the conceptual underpinnings of clinical ethics has been the continued development of 'Principles of Biomedical Ethics' by Tom Beauchamp and Jim Childress. The clinical, casuistical approach of Jonsen, Siegler, and Winslade in their work has been a source of guidance for those interested in clinical ethics. Narrative ethics has emerged as an essential complementary method. Within the past decade, feminist theory has advanced, and now feminist scholars are extending their research beyond reproductive-related issues. There have also been advancements in virtue ethics, hermeneutics, or phenomenology. However, they must be reconciled and put into a rational context that accommodates all of these. The study of clinical ethics is not confined to philosophy, law, or theology but rather encompasses medicine as a sub-discipline, with heightened concern for the doctor-patient relationship. After two decades of practice, clinical ethical principles reveal deteriorating health care conditions related to bureaucratisation by managed care in the United States during the 1990s. Despite the numerous achievements in this article, it is alarming to witness the decline of the doctor-patient relationship. Given that clinical ethics is considered a foundational aspect of ethics, how can the field's performance be improved and sustained with weakened trust? Emerging issues: The primary ethical challenge today is to address the enormous inequalities present in global health, which has traditionally been a problem within developed countries. While clinical ethics has largely persisted over time, the development of global Health Ethics has also started and will continue to do so. Several authors have contributed to the study of global bioethics,

including Van Rensselaer Potter, Ruth Macklin, Hans Kung, Amartya Sen, the World Health Organisation, and the Fogarty International Center. In 10 years time, when we revisit clinical ethics, we anticipate a release of the 2006 World Health Report on Global Health Ethics, which will address major global issues in bioethics, including biotechnology, research ethics and other important areas such as end-of-life care, priority setting, women's health, child health or mental health and rehabilitation ethics. Peter A Singer has been awarded an Investigator award from the Canadian Institutes of Health Research, and he has contributed seven commissioned responses to this article. To submit comments, please contact us at [editorial@biomedcentral.com](mailto:editorial@biomedcentral.com).