

inclusion of an adjuvant in the control vaccine, which could induce a non-specific immune response, should be avoided if possible. A successful example of this approach is the use of a rabies vaccine as a control in a trial of a malaria vaccine.<sup>9</sup> Another approach is phased introduction of a new vaccine that allows comparison of vaccinated and control communities at the same point in time, an approach used successfully to assess a new, licensed serogroup A meningococcal conjugate vaccine in Chad.<sup>10</sup>

Consideration of the ethics of a placebo-controlled trial after licensure of an effective vaccine will probably become a major issue in the next few years for development of malaria vaccines. If the partially effective RTS,S/AS01 malaria vaccine is licensed, then will all the novel malaria vaccines under development need to be compared with RTS,S/AS01, or will cheaper and faster placebo-controlled trials be allowed? Similar situations could arise with increasing frequency with the development of improved second-generation and third-generation vaccines against other infections. The Expert Panel has had a valuable role in raising further debate about some of the important ethics issues that trials of such vaccines will create.

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## WHO and the media: a major impediment to global health?

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On May 19–24, 2014, WHO hosted the sixty-seventh session of the World Health Assembly (WHA) in Geneva, Switzerland. This annual event is a time when senior health officials from member states convene to review WHO's practices and finances, and adopt new goals and assign tasks in public health policies. According to the press release at the close of the WHA, more than 20 resolutions on important public health issues were adopted.<sup>1</sup> Margaret Chan, WHO's Director-General, is quoted in the release as saying: "This has been an intense Health Assembly, with a record-breaking number of agenda items, documents and resolutions, and nearly 3500 registered delegates. This is a reflection of the growing number of complexity of health issues, and your deep interest in addressing them."<sup>1</sup>

However, one group of participants, namely the media, felt somewhat ostracised from the debates that took place at the WHA. For the second year in a row, Margaret Chan did not give a specific address to the

media at the WHA, despite a request before the WHA from the Geneva-based Association of Correspondents Accredited to the United Nations (ACANU) to do so. ACANU asked Margaret Chan to meet the press to discuss the main topics of the WHA; she declined this request, arguing a lack of time, a reason that journalists found disrespectful. Throughout the week, Margaret Chan was not available to the media for comment, and there was no process by which she could receive questions from the media and respond. The reactions from the media at the WHA's daily press briefings ranged from disappointment to outrage, and, unsurprisingly, Margaret Chan's absence became a story in itself. Yet the Director-General was visible elsewhere during the WHA, addressing technical briefings and other ministerial events. Furthermore, access to WHO technical experts and ministers was also limited throughout the week. Again, the media were told that these individuals were just too busy to meet the media, although they were

available for interviews on WHO's daily digital event *World Health+SocialGood*.

When asked to comment on why WHO's Director-General declined requests to meet the press formally, a WHO spokesperson said: "As you know, it has not been normal practice for the Director-General to meet the media during the World Health Assembly. Other members of staff do that on behalf of the Organization, because Dr Chan's own schedule is so packed. This was a particularly intense World Health Assembly, attended by nearly 3500 registered delegates, which passed more than 20 resolutions. The Director-General's daily agenda was a long series of back-to-back meetings of the governing bodies, technical briefings and side events, and meetings requested by Ministers of Health. But WHO is keenly aware of the importance of keeping the media informed about the Health Assembly. We held daily press briefings, facilitated interviews with senior WHO experts, organised topic specific briefings, and ensured that guest speakers gave press conferences within the Palais des Nations, as well as live-streaming daily commentary on the proceedings."

But there is an unwritten rule between the UN press corps and heads of UN agencies based in Geneva that at least once a year they talk to the press. Since September, 2013, ACANU has had press conferences with the heads of many UN agencies. Beyond the UN family, the Director-General of the World Trade Organization, the President of the International Committee of the Red Cross, and other institutional leaders have also briefed the ACANU in person. Even UN Secretary-General Ban Ki-moon finds time to meet the press when he comes to Geneva. Why should WHO's Director-General be any different?

These briefings with the press are important because the international media have a responsibility to report properly and accurately. It is vital that they have access to all information sources, especially to key experts and delegates. The head of an organisation that is financed by states has an obligation to speak to the media and is accountable to them. The transparency and credibility of the organisation depends on it. So it is unacceptable that the media were relegated to a position of such unimportance during the WHA, especially at a time when threats to public health are high with the current outbreaks of Middle East respiratory syndrome coronavirus, polio, and Ebola haemorrhagic fever,<sup>2-5</sup>



just to name a few. A senior UN correspondent told us, "there is a restrictive and increasingly closed door culture that has become a major impediment for reporters covering global public health and humanitarian issues".

Furthermore, at a time when WHO is undergoing a period of reform the agency needs to be scrutinised. For example, WHO's engagement with non-state actors, which include the private sector, philanthropic foundations, academia, and non-governmental organisations, continued to be a topic of debate at this year's WHA.<sup>6</sup> Certain parties have called for the need to preserve the integrity of WHO and to ensure transparency in relation to private sector funding.<sup>7</sup> In this context, the media have a vital part to play by raising questions about the common practices of the agency and how it is funded, as well as by monitoring the progress of reform.

We believe Margaret Chan would better serve her organisation by building closer relations with UN correspondents instead of disregarding the press. In terms of public awareness and engagement, the media are important allies to WHO's mission. It is imperative that by the sixty-eighth WHA, in 2015, efforts to improve the relationship between WHO and the media are made, and the Director-General takes time out of her busy schedule to address the media formally.

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## Postmastectomy radiation in breast cancer with one to three involved lymph nodes: ending the debate

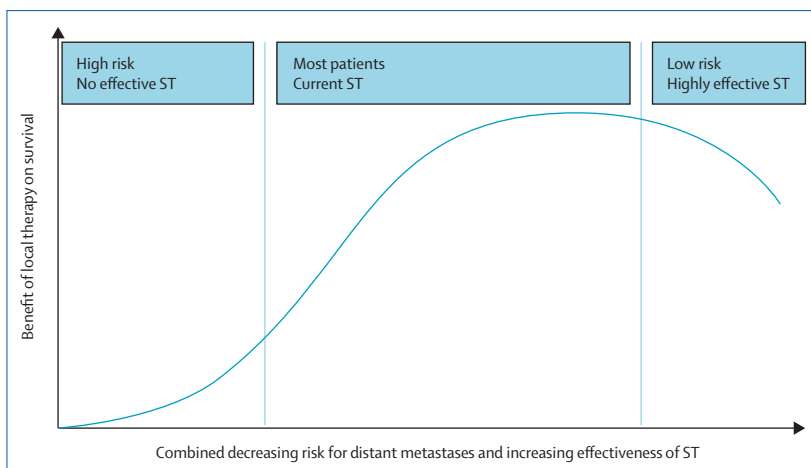
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Many trials in breast cancer have investigated various aspects of locoregional and systemic treatments. Combination of the results of these trials in a meticulous meta-analysis, as has been done several times by the Early Breast Cancer Trialists' Collaborative Group (EBCTCG), fills the gaps in evidence and knowledge by conclusively showing significant trends and differences.

Following publication of the effect of radiotherapy after breast-conserving therapy,<sup>1</sup> the EBCTCG now presents results for postmastectomy radiotherapy in *The Lancet*.<sup>2</sup> The central issue is the role of postmastectomy radiotherapy in patients with one to

three involved axillary lymph nodes, which is currently a matter of debate in many countries.<sup>3</sup> Whereas the earlier results were essentially confirmed in this report,<sup>1,4</sup> we get more insight into the effect of the extent of lymph-node involvement, the number of examined axillary lymph nodes, and the use of adjuvant systemic therapy. Overall, postmastectomy radiotherapy improves locoregional disease-free survival, overall disease-free survival, and breast-cancer-specific survival for all patients with involvement of axillary lymph nodes, irrespective of the number of involved lymph nodes and of administration of adjuvant systemic therapy. This improvement is not only statistically significant, but also clinically relevant.

The proportional reductions in rates of recurrence and mortality were independent of the administration of systemic therapy. Whether this finding also applies to patients treated with more contemporary regimens remains to be seen. We need to continue evaluating results of the contemporary multidisciplinary approach in breast cancer to better understand the complex interaction between respective contributions of systemic and locoregional treatments to the final outcome, including survival and toxic effects. As Punglia and colleagues<sup>5</sup> pointed out, the contribution of improved locoregional control to survival depends on the effectiveness of systemic treatment. Punglia and colleagues' bell-shaped curve,<sup>5</sup> however, misses the component of metastatic risk of the primary tumour. Combining both, the influence of both the effectiveness of systemic therapy and metastatic risk of the primary tumour can be used to estimate the



**Figure:** Combined hypothetical benefit of local tumour control on survival with increasing effectiveness of systemic therapy (ST) and decreasing risk of distant metastases of the primary tumour. Patients in the left part of the slope have high-risk disease without effective systemic therapy and are not expected to benefit from improving locoregional treatments. For patients in the right part of the slope, treatment deintensification (surgery, radiation, or systemic therapy) might be appropriate. The middle group will represent most past and current patients with breast cancer, for whom an optimum multidisciplinary approach results in the greatest benefit.