

We therefore believe that the strongest evidence favouring chest-compression-only CPR is in arrest of cardiac cause.

We agree with Alexis Descatha and Daniel Jost that most observational studies in chest-compression-only CPR are subject to bias owing to the manifold reasons why some bystanders chose chest compression-only over standard CPR. We also agree with Toshikazu Abe and Yasuharu Tokuda that neurologically intact survival after out-of-hospital cardiac arrest is paramount, but despite their assertion that no clinical trial showed a significant difference between chest-compression-only CPR and standard CPR, the study by Rea and colleagues² showed a 25% improvement in neurologically intact survival for patients who received chest-compression-only CPR ($p=0.13$). We interpret this finding as underpowered rather than statistically negative.

PN's institution has received research support from Roche Diagnostics, unrelated to this study; PN has received consultancy fees from Gerson Lehrman Group; and PN and his institution have received grants from the US National Institutes of Health and American Heart Association. MH is receiving a salary and has received payment for development of educational presentations from St John's Ambulance Service, Vienna, Austria; and has received research support, lecture fees, and travel support from Novo Nordisk. HFS declares that he has no conflicts of interest.

Michael Hüpfli, Harald F Selig,
*Peter Nagele
nagelep@wustl.edu

Department of Anesthesiology, Critical Care and Pain Therapy, Medical University of Vienna, Vienna, Austria (MH, HFS); and Department of Anesthesiology, Washington University School of Medicine, Box 8054, St Louis, MO 63110, USA (PN)

- 1 Hallstrom A, Cobb L, Johnson E, Copass M. Cardiopulmonary resuscitation by chest compression alone or with mouth-to-mouth ventilation. *N Engl J Med* 2000; **342**: 1546–53.
- 2 Rea TD, Fahrenbruch C, Culley L, et al. CPR with chest compression alone or with rescue breathing. *N Engl J Med* 2010; **363**: 423–33.
- 3 Svensson L, Bohm K, Castrén M, et al. Compression-only CPR or standard CPR in out-of-hospital cardiac arrest. *N Engl J Med* 2010; **363**: 434–42.

Human papillomavirus vaccine trials in India

Heidi Larson and colleagues in their Comment,¹ and Mark Feinberg of Merck in his response,² call for more effective ways to engage with public advocates who question new health interventions, or studies, particularly for diseases that affect developing countries. We disagree with Larson and Feinberg about the human papillomavirus (HPV) vaccine's public health value and would like to reiterate the importance of transparency in research. We are dismayed by its absence in the Indian HPV projects, particularly after two of us (AS, NBS) found evidence of gross ethical violations on a visit to the project site in Bhadrachalam, Andhra Pradesh (report available from the authors).

Feinberg states that the India projects are not clinical trials, but studies to facilitate speedier access to a vaccine in the country. The Drugs Controller General of India (DCGI), in a response to an application under the Right to Information Act has described the project as involving "Phase IV studies as per the Schedule Y of Drugs & Cosmetics Act and rules there under". The Minister of Health and Family Welfare has also described it "as an epidemiological study which needs to be carried out on a bigger population and a larger number of subjects".³ These quotes contradict the claims that these were not clinical research. The DCGI's office has used Section 8(1)(d) of the Right to Information Act, to deny information on the study protocols as a "trade secret and commercial confidence of third party". The Indian Council of Medical Research has also invoked intellectual property rights to deny this information. It is not clear how information from a study done in collaboration with government organisations can be a trade secret.

Research done in the public domain must involve the communities affected, and be based on the country's

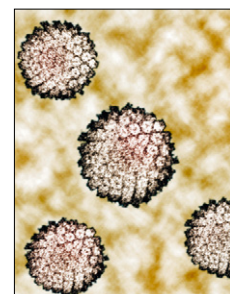
public health priorities. The focus must be on maximising investment in priority health issues, ensuring safety of health interventions, and following not only the letter but also the spirit of ethical protocols and legal obligations.

We declare that we have no conflict of interests.

Amit Sengupta, *Anjali Shenoi,
N B Sarojini, Y Madhavi
shenoi.anjali@gmail.com

People's Health Movement—Global, Saket, New Delhi, India (ASE); Sama Resource Group for Women and Health, Malviya Nagar, New Delhi 110017, India (ASH); Jan Swasthya Abhiyaan (People's Health Movement—India), Saket, New Delhi, India (NBS); and National Institute of Science, Technology and Development Studies, New Delhi, India (YM)

- 1 Larson HJ, Brocard P, Garnett G. The India HPV-vaccine suspension. *Lancet* 2010; **376**: 572–73.
- 2 Feinberg M. HPV vaccine suspension in India. *Lancet* 2010; **376**: 1644–45.
- 3 Parliament Proceedings: Calling attention to a matter of urgent public importance: HPV vaccine programme by PATH in certain states of India. Rajya Sabha Synopsis of Debate. April 22, 2010. http://164.100.475/newsynopsis1/Englishsessionno/219/Syn_%20Eng_%20Dated%2022_04_2010.pdf (accessed Feb 1, 2011).



Science Photo Library

Europe and the century of biomedical discovery and implementation



Research in the UK¹ suggests that investment in medical research delivered a return of 39%, in perpetuity. As the European Commission's independent advisory board on health research, we call with this letter for more and better investment in health research. In Europe we face an ageing population, obesity, diabetes, increasing mental health disorders and neurodegenerative diseases, rising allergic disease, and a continuing fight against rare diseases and the big killers, cancer and cardiac disease. On the horizon are climate change and a rapid spread of infectious disease. We need more and better medical research to overcome these challenges in the most rational, evidence-based, and cost-effective way.

Published Online
February 11, 2011
DOI:10.1016/S0140-6736(11)60180-3
See [World Report](#) *Lancet* 2011; **377**: 541