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Lancet Steering Group on the occupied Palestinian territory

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Rita Giacaman (founding director of the Institute of Community and Public Health at Birzeit University, Birzeit, occupied Palestinian territory) and Richard Horton (Editor, *The Lancet*) invited us early in 2007 to join them in a steering group for a Series of reports^{1–5} about health and health services in the occupied Palestinian territory. Who are we and what did we do?

Iain Chalmers is a British health-services researcher, formerly director of the National Perinatal Epidemiology Unit and the UK Cochrane Centre in Oxford, and is now coordinator of the James Lind Initiative. During his first visit to Palestine, in 1963, he learned about the UK's key role in creating the Israeli–Palestinian conflict. He worked as a medical officer in the UN Relief and Works Agency's clinic in Khan Younis in 1969 and 1970, and has returned to Gaza on several occasions since then, most recently in June, 2008.

Jennifer Leaning is a US physician, working at the Harvard School of Public Health, whose research

and writings have focused on the impact of crises on civilians. She went to Israel for the first time in 1969 to visit a friend in a kibbutz in the Beit She'an valley. In 1984, she was asked by the American Friends Service Committee to join a study tour exploring dimensions of the Israeli–Palestinian conflict. In 1988 and 1990, she participated in human-rights investigations sponsored by Physicians for Human Rights–USA in Israel and the occupied Palestinian territory during and soon after the first *intifada* (popular uprising against occupation).

Harry Shannon is a biostatistician who has worked for many years at McMaster University, Hamilton, ON, Canada in occupational health epidemiology. He has been to Israel many times since 1967 and visited the Institute of Community and Public Health in 2004 and 2006, assisting in capacity building for scientific research, and has written a report with Rita Giacaman and her colleagues there.

Huda Zurayk is a Lebanese biostatistician and was dean of the Faculty of Health Sciences at the American University of Beirut, Beirut, Lebanon, up to August, 2008. Her association with the Institute of Community and Public Health at Birzeit began more than 20 years ago; however, because she is Lebanese, it was never possible for her to travel there to visit this institute. She established the regional Reproductive Health Working Group and has raised funds to enable researchers at the Institute of Community and Public Health to visit the American University of Beirut during the summers to write, exchange ideas, and complete joint research.

A Medline search shows that researchers associated with the Institute of Community and Public Health at Birzeit University have an impressive record of research that has been reported in internationally respected journals. Despite this record, they were daunted by the invitation to prepare and submit a series of five reports for *The Lancet*. The institute's main research strengths are epidemiological surveys and multidisciplinary public-health research rather than clinical trials and intervention studies, both of which are also needed to inform health-service practices and policies.

Our aim as a steering group was to support staff at the institute and their colleagues in responding to the challenge and opportunity provided by the invitation. Our initial task involved commenting on the aims of the Series and the proposed themes of the five reports, and we asked the lead authors to draft protocols for each of these. Although IC has a research background in maternal and child health, his main contribution to the Series was as a generalist with some editorial experience. He made four visits to the institute, raising questions about the evolving conceptualisation of the Series, encouraging clearly structured and written texts, and sometimes challenging inadequately supported causal inferences.

JL and HS made their input by email during the months before the final meeting of the steering group and authors in July, 2008. JL's contribution at the final meeting was to propose that human security might be an appropriate framework⁶ within which to conceptualise the evidence assembled in the Series. As a statistician, HS provided advice about the analysis and presentation of data in the reports, and commented more generally on their content.



Palestinian man in partly destroyed al-Quds hospital, Gaza, 2009

HZ commented on the reports and provided a regional perspective for the analyses. Because she could not visit the institute, she made her contributions through email and in three meetings with Rita Giacaman outside the occupied Palestinian territory.

Irrespective of our political opinions, our role was to try to ensure that rigorous scientific standards were applied throughout the Series. So we were pleased to learn that all five reports passed *The Lancet's* rigorous, anonymous external peer review, and we are confident that readers will agree that the Series matches the high standards expected of *The Lancet*. That said, we are under no illusions that these reports constitute the last words on health and health services in the occupied Palestinian territory. We look forward to making our contributions to *The Lancet*-Palestinian Health Alliance,⁷ and we urge others to do so too.

*Iain Chalmers, Jennifer Leaning, *Harry S Shannon, Huda Zurayk*

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IC makes financial donations to several Israeli and Palestinian human-rights organisations and charities. HSS has immediate family members in Israel, and is an active member of the (Canadian) Independent Jewish Voices. JL and HZ declare that they have no conflict of interest.

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Rectal cancer: optimum treatment leads to optimum results

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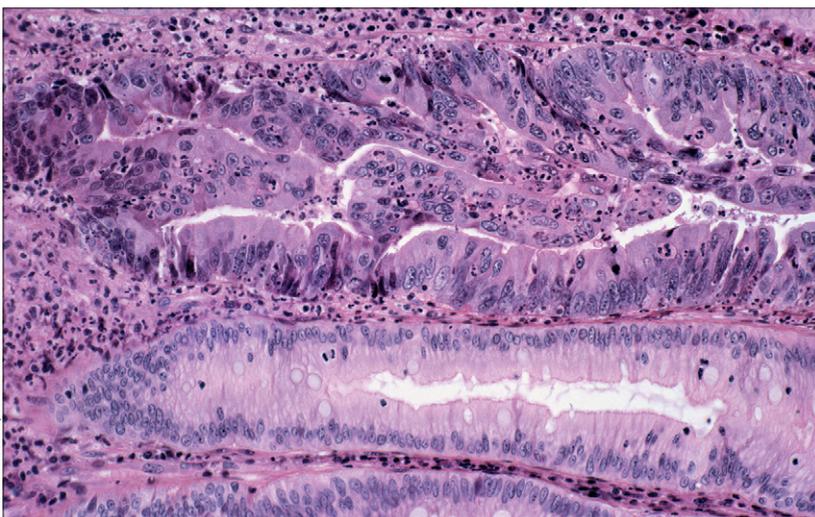
Even though the primary treatment of rectal cancer is surgery, there is now widespread agreement that combined modality therapy is often indicated. Debate, however, continues to rage as to exactly what type of therapy to give, when to give it, and who ought to have it. In *The Lancet* today, two papers from the combined MRC CR07/NCIC-CTG C016 trial shine light on these questions and highlight ongoing challenges.^{1,2}

The study randomised 1350 patients with rectal cancer to either preoperative short-course radiation (five×5 Gy) or selective postoperative chemoradiation (25×1.8 Gy with concurrent fluorouracil) for patients with an involved circumferential resection margin. The primary outcome showed a statistically and clinically significant absolute risk reduction in 3-year local recurrence rate of 6.2%, corresponding to a relative risk

reduction of 61%. Disease-free survival was 6% better in the preoperative radiotherapy group, but there was no improvement in overall survival. The study confirms the importance of achieving a negative circumferential resection margin, because patients with involved margins had a three-fold increased risk of local recurrence (17% vs 6%) and a substantially reduced 3-year disease-free survival (50% vs 79%). The investigators assessed surgical quality by evaluating the plane of resection in the pathology specimen, and observed that both positive circumferential margins and local recurrence rates were inversely associated with the plane of surgery achieved. Indeed, poor plane of surgery was an independent predictor of local recurrence on multivariate analysis.

It is now accepted that high-quality surgery on the basis of anatomical principles is a key component in avoiding local recurrence.³ This type of resection, known as total mesorectal excision (TME), is intended to remove the rectum and its mesentery as a single anatomical package, minimising the likelihood of an involved circumferential resection margin, a major risk factor for local recurrence and reduced survival.⁴ Several studies confirm that outcomes improve when TME techniques are taught and systematically adopted.^{5,6} In the present trial, surgeons did not undergo specific TME training or accreditation, and even though the quality of surgery improved over time, overall only 52% of patients had optimum surgery in the mesorectal plane.

The main message of this study, that short-course radiation therapy reduces the local recurrence rate after surgery for rectal cancer, is not new. Several previous



Rectal cancer
Irregular appearance of cells in glandular structure across top is indication of cancer.