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"We have been awaiting advances in joint replacement research with the hope that we might one day grow individually customised biological joint replacements for patients in the laboratory."

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2 Kulldorff M, Davis RL, Kolczak M, Lewis E, Lieu T, Platt R. A maximised sequential probability ratio test for drug and vaccine safety surveillance. http://www.populationmedicine.org/content/docs/maxSPRTsubm.pdf (accessed June 28, 2010).

3 Black S, Eskola J, Siegrist C-A, et al. Importance of background rates of disease in assessment of vaccine safety during mass immunisation with pandemic H1N1 influenza vaccines. *Lancet* 2009; **374:** 2115–22.

Screening for chronic kidney disease in sub-Saharan Africa

Tony Kirby (April 10, p 1240)[1] discusses some promising results from pilot screening programmes for chronic kidney disease (CKD) in developing regions. We have done such screening in the Democratic Republic of Congo.

Since 2007 we have organised annual screening for CKD (proteinuria and/or serum creatinine) and its risk factors (hypertension, diabetes, and obesity), and combined educational messages with management of risk factors. The campaigns, in the capital Kinshasa and the rural town of Muanda to the west of that city, were supported by the Embassy of Greece and by non-governmental organisations.

Corbis

More than 15 000 adults were screened at churches, schools, and industrial sites in Kinshasa by volunteer doctors, nurses, and medical students. Hypertension (40%), proteinuria (12%), obesity (13%), and diabetes (8%) were prevalent.[2] Among 274 employees and their relatives at a remote rural oil company in Muanda, the baseline results also showed a high prevalence of hypertension (60%), proteinuria (31%), obesity (17%), and diabetes (11%). The proportion of individuals with CKD on the basis of estimated glomerular filtration rate was 12·4% for Kinshasa[3] and 13% for Muanda.

Only 3% of those with CKD were aware of their condition. In hypertensive patients, only 8% of adequately treated patients had well controlled blood pressure (<140/90 mm Hg). During follow-up at Muanda, this proportion increased to 44%. Moreover, 38% of diabetic patients had good blood glucose control at baseline. During the programme, this latter proportion increased to 63%.

These results validate the usefulness of trained personnel in the prevention of CKD in cities and in rural areas. The results also suggest that even when resources are limited, initial screenings and subsequent follow-up can be helpful in reducing the risk of CKD.

We declare that we have no conflicts of interest.

Ernest K Sumaili, Eric P Cohen
skiswaya@yahoo.fr

Renal Unit, University Hospital of Kinshasa, PO Box 123 Kin XI, Democratic Republic of Congo (EKS); and Nephrology Division, Medical College of Wisconsin, Milwaukee, WI, USA (EPC)

1. Kirby T. Screening for chronic kidney disease shows promise. *Lancet* 2010; **375:** 1240–41.
2 Sumaili EK, Nseka NM, Lepira FB, et al. Screening for proteinuria and chronic kidney disease risk factors in Kinshasa: a World Kidney Day 2007 study. *Nephron Clin Pract* 2008; **110:** c220–28.
3 Sumaili EK, Krzesinski JM, Zinga CV, et al. Prevalence of chronic kidney disease in Kinshasa: results of a pilot study from the Democratic Republic of Congo. *Nephrol Dial Transplant* 2009; **24:** 117–22.

Plain cigarette packs: a creative challenge for Big Tobacco

Proponents of plain cigarette packs (May 8, p 1580)[1] claim that the elimination of ubiquitous tobacco advertising from television, sports sponsorship, billboards, and most print media has let the cigarette pack itself become the major source of marketing. Advocates also believe that if one country institutes such packaging regulations, then the other dominoes will fall around the globe.

Given the dynamism and creativity of the tobacco industry, the effect of plain packaging might not be as great as is claimed. Tobacco control has a way of getting what it wishes for, only to discover that demand for cigarettes is not significantly affected. A case in point was the ban on television cigarette advertising in 1971 in the USA. Moreover, First Amendment protections would unquestionably preclude plain packaging in the USA.

Doubtless the industry will now look again to matchbooks, lighters, elegant cigarette cases, or some other fashionable way to exult in smoking a certain brand. And what about the creative use of textures of paper, shapes of packs, impregnated aromas, and electronic musical chips? Or would all these presumably be banned as well?

The cigarette pack might indeed have a role in attracting young smokers. However, although the threat of alcohol to young people is at least as great as that of tobacco in the teenage years, plain packaging has not been proposed for alcohol products.

When all is said and done, we must devote greater resources in the mass media to discouraging juvenile-onset tobacco use, rather than to incremental regulatory "gotchas". Regulation, in its entirety, is only one component of reducing demand for tobacco products.

I declare that I have no conflicts of interest.

Alan Blum
ablum@cchs.ua.edu

University of Alabama Center for the Study of Tobacco and Society, Tuscaloosa, AL 35401, USA

1 The Lancet. Plain cigarette packs in Australia. *Lancet* 2010; **375:** 1580.

Department of Error

Ghezzi P, Bernaudinb M, Bianchic R, Blomgren K, on behalf of 29 other authors. Erythropoietin: not just about erythropoiesis. Lancet 2010; **375:** *2142*—In this Correspondence letter (June 19), the second and third authors' names were mis-spelled. The correct spellings are Myrian Bernaudin and Roberto Bianchi. Additionally, the conflict of interest statement, which was supplied but erroneously omitted, should have read: "PG has received contract money as principal investigator and travel money for meetings from Warren Pharmaceuticals; contract money as principal investigator, travel money, and honoraria from Lundbeck A/S and Amgen; and honoraria from Janssen-Cilag. MB has received contract money as principal investigator from Lundbeck A/S and Amgen. RB has received institutional grants for research from Warren Pharma. BK has no conflicts of interest." These corrections have been made to the online version as of August 6, 2010.