

Abstracts

convent life and breast cancer in 1713, and by 1950 it was clear that nuns and other celibate women also had a high risk of ovarian and uterine cancers.

Catholic nuns have no children and no need to breastfeed. They have more menstrual cycles between menarche and menopause than women who have children, write the researchers. We now know that menstrual cycles contribute to risk of breast cancer, uterine cancer, and ovarian cancer. We also know that women who use oral contraceptives have significantly fewer uterine and ovarian cancers than non-users, a protection that lasts for around two decades. The world's 94790 nuns should be encouraged to take advantage of this protection, say the experts. Oral contraceptive pills do not help to prevent breast cancer, but are associated with significant reductions in overall mortality in epidemiological studies. Pills can save lives. Although the Catholic church explicitly bans all forms of contraception except abstinence, it does allow followers to take therapeutic agents to 'cure organic diseases, even though they also have a contraceptive effect.'

Hormonal contraceptives taken by celibate nuns would surely fall into this category, say the researchers. Nuns pay an unnecessarily high price for their childlessness, a fact that deserves wider recognition.

Britt K, Short R. *Lancet* 2011. doi:10.1016/S0140-6736(11)61746-7.

Do-it-yourself anticoagulation can be safe and effective

A new meta-analysis has confirmed that many adults can safely monitor their own oral anticoagulation. In pooled analyses, self-monitoring reduced the risk of thrombo-embolism by nearly 50% (hazard ratio 0.51, 95% CI 0.31 - 0.85) when compared with monitoring by doctors in primary care or anticoagulation clinics. Adults who monitored their own international normalised ratio had no more major haemorrhages than controls (0.88, 0.74 - 1.06) and comparable mortality (0.82, 0.62 - 1.09).

In smaller but more detailed analyses, self-monitoring seemed to work best for adults under 55 years (0.33, 0.17 - 0.66) and those

with mechanical heart valves. A linked comment says these patients should be given the chance to take their own tests and make the required dose adjustments, because self-testing alone looked less effective than full self-management.

Benefits were less clear-cut for older adults taking warfarin for atrial fibrillation, although the authors found no evidence of serious harm associated with self-monitoring in this group of patients.

They analysed individual patient data from 11 trials but were unable to access data from 10 more. Participants were carefully selected, so self-monitoring won't be an option for everyone, say the authors. Exclusions included adults with poor cognition and those without the manual dexterity to cope with a finger stick procedure.

Heneghan C, et al. *The Lancet*. doi:10.1016/S0140-6736(11)61294-4.