IARC has radically transformed itself into an international cancer agency, staffed with public-health specialists, having as its main objective the development of national cancer control programmes, particularly in developing countries, with research as a minor and occasional component.

Each one of these options is in principle defensible, since they all respond to real needs. However, a choice must be made: because the biennial core budget of IARC is a relatively modest US$45 million, the three strategies are not, in my view, mutually compatible. If none of them is pursued in a concentrated, competitive fashion by first class professionals, IARC risks becoming one of several international agencies characterised by low effectiveness.

Given the momentous implications of the choice, it would be wise for the newly appointed IARC Director to subject the long-term mission and role of IARC to an in-depth review grounded on the advice of independent and outstanding personalities in cancer research and in international public health.

I have been a staff member (1976–95) and Chairperson of the Ethics Committee (1982–2005) at IARC.

Rodolfo Saracci
saracci@hotmail.com

IFC-National Research Council, 56100 Pisa, Italy

1 The Lancet. Time to strengthen public confidence at IARC. *Lancet* 2008; **371:** 1478.

For information on the **Medical Peace Work project** see http://www.medicalpeacework.org

Medical Peace Work

Launch of online medical peace work course

At the 2005 McMaster–*Lancet* Peace Through Health Conference,[1] a session devoted to education resulted in several plans to broaden the spectrum of educational activities available for health professionals interested in peace work. However, peace through health is a nascent concept, with a limited number of academics doing research and teaching in this field, so it is difficult for health professionals to locate training possibilities and teaching material.

To overcome this problem, an international group of experts and institutions led by the Centre for International Health, University of Tromsø, Norway, used a European Commission Leonardo da Vinci grant to develop an online learning course aimed to enhance the activities and professional responsibility of health workers in violence prevention and sustainable peace building. The project was named Medical Peace Work (MPW) and drew on the concepts of health as a bridge for peace[2] and peace through health,[3] as well as on other relevant concepts and disciplines such as global health, violence prevention, health and human rights, and medicine and war.

Since the official start of the project in October, 2005, the MPW partners have held four working meetings and organised an international symposium on educating health workers for peace in Tromsø, Norway.[4] On March 11, 2008, a multimedia distance-learning course was officially launched. It contains the following independent, but interlinked modules: (1) peace, conflict, and health professionals; (2) medicine, health, and human rights; (3) war, weapons, and strategies of violent conflict; (4) structural violence and the underlying causes of violent conflict; (5) peace–health interventions in armed conflict; (6) refugee and migration challenges; and (7) interpersonal and self-directed violence. Each module is structured into two to four chapters. A chapter consists of several textbook lessons, standardised questions, and a problem-based e-learning case, including sound and film material.

The course is aimed at health professionals and their students who want to strengthen their peace and conflict competencies; intend to work for humanitarian, development, human rights, or medical peace organisations; or want to improve health outcomes for children, refugees, and other vulnerable groups in conflict or violence-prone settings. The course is envisioned as a self-standing learning resource or an auxiliary tool to be integrated into university curricula. The MPW partnership invites all who are interested in this subject to use the course freely and provide the feedback necessary to polish up this new and, hopefully, valuable educational resource.

KM is the MPW project manager. DS is a member of the MPW reference group. We declare that we have no conflict of interest.

**Dario Sambunjak, Klaus Melf*
dsambunj@mef.hr

Zagreb University School of Medicine, 10000 Zagreb, Croatia (DS); and Centre for International Health, University of Tromsø, Tromsø, Norway (KM)

1 McMaster University. Second McMaster-*Lancet* Challenge Conference. Peace through health: learning from action. http://www.humanities.mcmaster.ca/~hlthpeac/Conf2005/Conf-2005.htm (accessed May 1, 2008).
2 WHO. Health as a bridge for peace. http://www.who.int/hac/techguidance/hbp/en/index.html (accessed May 1, 2008).
3 MacQueen G, Santa-Barbara J, Neufeld V, Yusuf S, Horton R. Health and peace: time for a new discipline. *Lancet* 2001; **357:** 1460–61.
4 Centre for International Health. Educating health workers for peace: an international symposium enhancing training and research on peace and conflict issues in the health sector. http://uit.no/sih/8989 (accessed May 1, 2008).

Department of Error

D:A:D Study Group. Use of nucleoside reverse transcriptase inhibitors and risk of myocardial infarction in HIV-infected patients enrolled in the D:A:D study: a multi-cohort collaboration. Lancet *2008;* **371:** *1417–26*—In this Article (April 26), the 95% CIs for event rate per 1000 person-years in table 3 should have read, from left to right, 3·0–3·9, 2·8–3·5, 3·7–5·3, 2·7–3·3, 3·1–4·4, 2·8–3·5, 3·3–4·1, 2·1–2·9, 5·3–7·0, and 2·3–2·9.

Prospective Studies Collaboration. Blood cholesterol and vascular mortality by age, sex, and blood pressure: a meta-analysis of individual data from 61 prospective studies with 55 000 vascular deaths. Lancet *2007;* **370:** *1829–39*—In this Article (Dec 1), the hazard ratio in figure 4B for haemorrhagic stroke for people aged 70–79 years should have been 1·18 (95% CI 1·06–1·31). The number of deaths in figure 5B for the total stroke subgroup for baseline SBP of 125–144 mm Hg should have been 2562.