the English TPS could have affected rates elsewhere, but this does not negate its possible effectiveness in England). Further, similar interventions to reduce teenage pregnancy rates were mounted simultaneously in Scotland and Wales, albeit branded differently.[2,3] With respect to other European countries, as noted in our paper, a comparison of EU countries shows a more dramatic fall in birth rates in people under the age of 18 years in the UK than in the other 27 member states. However, a similar exercise for abortion rates is not possible since the data in many countries are either unreliable or unavailable, and so there are no comparable data on conception rates in this age group.

With a population of 55 million in England, compared with 5 million in Scotland, there is clearly greater potential for area analysis in England than in Scotland. The allocation of funding at area level has provided opportunities to analyse area-level conception rates in girls under the age of 18 years, not only by deprivation level but also strategy-related investment. The evidence presented in our paper, of a decline of 51% in conception rates overall in girls under the age of 18, a more marked, or steeper decline in regions with a higher investment, and a strong and independent association at local area level between the amount of strategy-related investment and the scale of the reduction in conceptions in people under the age of 18 years, is—though not conclusive—suggestive of an intervention-related effect.

We declare no competing interests.

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Brexit—a perspective from the other side of the Channel

We read with interest Dmitri Nepogodiev and colleagues' Correspondence (July 30, p 459)[1] supporting European research collaboration after Brexit. Research collaboratives in the UK have shown that multicentre studies can be run by trainees, enabling a change in the traditional paradigm of clinical research, which in turn provides benefit to both patients and investigators.

This experience has been successfully exported by some UK trainees through various international projects—eg, the GlobalSurg study[2] or International Cohort studies run by the European Society of Coloproctology. This momentum on the international stage continues with the first student-led collaborative across Europe, EuroSurg, which resulted in the first European collaborative audit.[3]

26 Italian centres have been involved and an incredibly enthusiastic response from medical students and trainees has helped to overcome the obstacles that traditionally exist for trainees getting involved in research at a local level (ie, at the university where these students and trainees train and work).[3] This has also been the case in another six European countries: Czech Republic, Ireland, the Netherlands, Spain, Turkey, and the UK.[3]

By sharing experiences and points of view with UK colleagues, we developed our own national network, devoted to supporting trainees and students in doing surgical research in our country.[4] Such national platforms could ease international research projects, and could not exist without the collaboration of European colleagues, primarily those from the UK. European collaboratives can hence create international connections and foster local advancements, disclosing the otherwise unmet needs of the young trainees in every country.

Brexit could have detrimental effects on scientific research and international scientific collaborations,[5] not to mention its implications for the National Health Service. Many UK institutions have recently made it clear that Brexit is not going to change their attitude towards young researchers moving to the UK or with respect to collaborating with international research projects. Most of the Italian trainees involved have had a period of their training in the UK, representing how ongoing collaborative research within Europe is crucial.

Brexit could cause harm to UK scientists,[1,5] but it could also damage Italian and other European research. This is perhaps shown by the high number of UK-led collaborative international projects, projects that the European Union (EU) could now decide not to support further.

We strongly support our UK colleagues[1] and we thank them for their invaluable collaboration in developing our Italian collaborative, as well as the diffusion of trainee-led and student-led research across the EU. We are confident that the UK Government and the EU will continue to support scientific collaborations, researchers, and student exchange opportunities within Europe and we will ensure every effort occurs to make these initiatives effective in Italy and beyond.

We declare no competing interests.

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For more on the **relationship between the NHS and the EU** see http://www.hsj.co.uk/comment/will-the-nhs-be-affected-by-leaving-or-remaining-in-the-eu/7005428.article

For more on **European links with UK universities** see http://www3.imperial.ac.uk/newsandeventspggrp/imperialcollege/newssummary/news_24-6-2016-6-20-13

For **international cohort studies run by the ESCP** see http://www.escp.eu.com/research/cohort-studies/2016-audit

For more on **EuroSurg** see www.eurosurg.org

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See Online for appendix

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The challenge of screening for early gastric cancer in China

An estimated 679 100 new cases of gastric cancer are diagnosed in China each year.[1] Gastric cancer is the second leading cause of cancer death in men and women in China, and 5 year survival of gastric cancer is low because more than 80% of patients are diagnosed at an advanced stage. About 498 000 Chinese people are estimated to have died from gastric cancer in 2015; roughly 1364 deaths per day.[1]

Gastric cancer is also common in other east Asian countries, such as Japan and Korea. However, because of government-sponsored screening programmes for gastric cancer by barium photofluorography or endoscopy in these countries, early detection of gastric cancer increased to 50% by 2009.[2] Thus, 5 year survival of gastric cancer is very high in Japan (64·6%) and South Korea (71·5%).[3,4]

Now is the time for the Chinese Government to commit financial resources to incorporate barium photofluorography or endoscopy into insurance plans. Three different social health insurance schemes have been launched to promote the health of the population in China, and the Government spent US$157·6 billion on social health programmes in 2013.[5] However, neither the insurance schemes nor the social health programmes cover the fee for barium photofluorography or endoscopy as part of a general physical examination for adults.

Because of the increased risk of gastric cancer in adults aged over 40 years in China, screening of this high-risk population is important.[1] However, the financial burden of doing so would be high, because 45·2% of the population of China is aged over 40 years. Because *Helicobacter pylori* (a group 1 carcinogen) has been confirmed to have an important role in gastric carcinogenesis,[6] people over 40 years old can be further stratified by *H pylori* infection. Financial resources could be targeted to support screening by barium photofluorography or endoscopy for this high-risk population only (ie, people who test positive for *H pylori*).

Public education is also key in increasing early detection of gastric cancer. Chinese people traditionally conceal their sickness for fear of treatment. Therefore, acceptance of endoscopy as part of a general physical examination, even it is not a financial burden, will need an educational campaign. Moreover, many people fear physical discomfort from the invasive endoscopy procedure. To reduce the public's fear of endoscopy, recognition of its effectiveness for early detection of gastric cancer should be emphasised, and discomfort associated with the procedure minimised.

With its burgeoning caseload of patients with gastric cancer, China must take action to avoid lagging behind the rest of the world in addressing this common disease.

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