

## Letters

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### Interpret results with caution

The conclusions drawn by the authors of the March 31 meta-analysis of the effect of school-based physical activity interventions on body mass index (BMI) in children are troubling.

Their analysis found that school-based physical activity interventions implemented in the general school population do not improve BMI. This says nothing about effects of physical activity on the subgroup of children who are overweight or obese; it says nothing about the role of physical activity in preventing weight gain in children of healthy weight; and it cannot account for changes in body composition among children (a limitation they note).

Physical activity should be an integral part of population-based health promotion efforts. We should be working to enhance these efforts in schools. We should avoid drawing conclusions (with policy implications) about the impact of physical activity on childhood obesity using data and methodological approaches that have inherent limitations.

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**Frances McCarty PhD**

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### The authors respond:

We are keenly aware the results of our study may be misconstrued by those wishing to limit physical activity in schools. We strongly believe that all children should be active both inside and outside of school because of the numerous beneficial health effects, including improved cardiovascular and

bone health. We also believe that overstating the benefits of such programs without evidence is imprudent.

Despite the limitations in the primary studies, it is clear that the best research to date demonstrates that school-based physical activity does not improve BMI. This has been qualitatively reported on numerous occasions,<sup>1,2</sup> and 1 group recently went so far as to say that it is unrealistic to think that it could ever influence BMI.<sup>2</sup> We stand by our comments that if these often highly supported interventions are not efficacious, then policies that are potentially not as well supported are extremely unlikely to be effective in addressing the obesity epidemic.

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**Jennifer E. Retallack MD**

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### REFERENCES

1. Summerbell CD, Waters E, Edmunds LD, et al. Interventions for preventing obesity in children [review]. *Cochrane Database Syst Rev* 2005;(3):001871.
2. Dobbins M, De Corby K, Robeson P, et al. School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18 [review]. *Cochrane Database Syst Rev* 2009;(1):007651.

For the full text of these letters go to:  
[www.cmaj.ca/cgi/eletters/180/7/719#91018](http://www.cmaj.ca/cgi/eletters/180/7/719#91018)

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### Clear language

Re: The March 31 editorial by MacDonald and Picard on the importance of the use of plain language.

A simple maxim, taught me by 1 of my professors of undergraduate biology over 3 decades ago, is that you should not write science so that you can be understood, you should write it so that you cannot be misunderstood. It is worth trying to identify all the possible interpretations of our work, not just the obvious ones.

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The safety and effectiveness of vaccines would be remarkable if the basic requirements for storage were always met. The temperature range stipulated for the storage of each type of vaccine should be indicated with distinct symbols on the packaging. The use of universally accepted symbols is mandatory for poisons, inflammable substances and radioactive substances. The use of such symbols would not increase the cost of producing vaccines.

**Subhash C. Arya MBBS PhD**  
**Nirmala Agarwal MBBS**  
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For the full text of these letters, go to:  
[www.cmaj.ca/cgi/eletters/180/7/697](http://www.cmaj.ca/cgi/eletters/180/7/697)

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### Lung cancer screening

In the April 14 editorial, Matthew Stanbrook and Ken Flegel accused the Lung Cancer Alliance of having promoted screening with computed tomography (CT) for lung cancer. Our position is that people at high risk for lung cancer should speak with their physicians about the risks and benefits of CT scanning; we do not advocate population-based screening.

We have advocated strongly for research funding to find a simple biomarker to further refine the optimal population subset for CT scanning. Stanbrook and Flegel stated that "targeting smoking avoidance and cessation, rather than detection and management of lung cancer, would seem a better investment" at present. Sadly, this statement ignores the fact that over 50% of lung cancer diagnoses are in people who quit smoking before their diagnosis; many had quit decades earlier. Another 15%–20% of patients with lung cancer have never smoked. Any analysis of investments concerning lung cancer is incomplete and suspect if it does not consider these patients.

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