



Research Update

Accurate test for nasopharyngeal cancer developed by Canadian researchers

Earlier diagnosis and treatment of a hard-to-detect type of cancer that is the leading cause of cancer deaths in Hong Kong, Southern China and many Mediterranean and Pacific Rim countries is a step closer to reality, thanks to a new test developed by Canadian researchers.

Dr. Michael Dosch, professor of immunology at the University of Toronto, has found that a modified version of the cytology brush is very accurate in diagnosing nasopharyngeal cancer. Cells are gently removed from the back of the nose, then subjected to DNA screening to confirm the presence of cancer.

In a study involving 178 patients with early- or late-stage tumours, Dosch and colleagues showed that the new procedure's sensitivity is more than 90% and specificity is around 98%. The findings,

published in the *Journal of the National Cancer Institute* (1999;91[9]:796-800), are being heralded as a significant first step toward screening in high-risk populations — which in Canada includes people of Chinese, Jewish and Inuit descent.

Dosch feels the new technique has the potential to reduce mortality rates significantly. "Early detection is almost certain to improve the poor prognosis of nasopharyngeal cancer. To date, over two-thirds of patients are not diagnosed until the disease reaches a late or very late stage."

Worldwide, about a million new cases of nasopharyngeal cancer are detected annually. Because of their location deep in the nose, the tumours often grow undetected. As a result, prognosis is poor: 10-year survival rates run as low as 10% to 20%. Although

the risk drops quickly when Chinese people immigrate to Canada, it is still 40 to 50 times higher than in Canadians of European descent.

Epstein-Barr virus (EBV), carried by almost all adults, is believed to be a central player in the development of nasopharyngeal tumours — EBV is present in all cells from them.

"With the ability to detect early [tumours] routinely, we [already are] considering new approaches to therapy that focus on the unique characteristics of this cancer, which is really an infectious disease quite distinct from other, non-EBV cancers," says Dosch.

Dosch and colleagues are currently planning a large, population-based clinical trial, "to help translate what we've done into practical medicine." — © Greg Basky, Saskatoon

CMA ready to launch one-of-a-kind source of CPG info

The CMA is gearing up to launch its improved *CPG Infobase* (www.cma.ca/cpgs), the country's largest database of Canadian clinical practice guidelines (CPGs). Recent data indicate that the *CPG Infobase*, created in 1996, is the second most popular public resource on *CMA Online*, trailing only *CMAJ*.

CPGs are designed to help physicians and patients make complex health care decisions. Using a menu-driven interface, the *CPG Infobase* provides free access to the full texts or structured abstracts of more than 650 current Canadian CPGs. When available, related publications, such as patient material and quick reference guides, are also provided. These CPGs represent a subset of more than 2000 CPGs listed in a rich internal database.

The new *CPG Infobase* will offer direct searching of the internal database via a newly developed search engine. A CMA project team began working last summer to create a workable interface. Potential users were also involved throughout the process. In January, 11 partici-

pants, including 5 physicians, "test drove" the prototype and provided valuable feedback. This same group, plus several new volunteers, will participate in beta testing of the "live" database before it is formally launched this fall.

The new search engine will include both quick and advanced user interfaces, with searching by keyword or phrase as well as coded fields, such as Medical



Subject Headings or gender. An expert, command-driven interface is also under consideration. Users will be able to display, print or save search results in a variety of formats, and to save their search strategy for future use. Useful resources

from the original *Infobase* will continue to be available, including a list of recent full-text additions and links to guidelines on featured health topics.

With the introduction of the new interface, the *CPG Infobase* will become the only comprehensive source for information on and access to current Canadian CPGs. It will be demonstrated at several physician conferences this year. — Becky Skidmore, CPG Database Manager, CMA