

makers can be blamed for consistently failing to recognize that the use of such methodology is a prescription for uncontrolled growth in expenditures, but they should not be blamed for adopting the methodology in the first place.

Perhaps researchers will, at some point, admit that promoting simple tools such as the ICER represents a departure from economic principles and fails to address the decision-makers' problem, as illustrated by the uncontrolled (but predictable³) growth in ODBP expenditures. If not, there might be grave consequences (e.g., cancellation of a program perceived by government as unaffordable). We recommend giving economics principles a chance before it is too late.

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References

1. Gafni A, Birch S. Inclusion of drugs in provincial drug benefit programs: Should "reasonable decisions" lead to uncontrolled growth in expenditures? [editorial]. *CMAJ* 2003;168(7):849-51.
2. Laupacis A. Inclusion of drugs in provincial drug benefit programs: Who is making these decisions, and are they the right ones? [editorial]. *CMAJ* 2002;166(1):44-7.
3. Gafni A, Birch S. Guidelines for the adoption of new technologies: a prescription for uncontrolled growth in expenditures and how to avoid the problem. *CMAJ* 1993;148(6):913-7.

Relative risks or odds ratios?

I was surprised that in an article concerning risks of waiting for cardiac catheterization, written by specialists in clinical epidemiology,¹ the same results are reported as relative risks (in the abstract and the Results section of the paper) and as odds ratios (in Table 5). Given that these data were generated by multivariate analysis, I suppose that the values are odds ratios, as stated in Table 5. However, with regard to the results of the univariate analysis, which are presented only in Table 5, I'm uncertain what the numbers represent. They might be odds ratios, as stated; however, because the report describes a cohort study, relative risks should have been given.²

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References

1. Natarajan MK, Mehta SR, Holder DH, Goodhart DR, Gafni A, Shilton D, et al. The risks of waiting for cardiac catheterization: a prospective study. *CMAJ* 2002;167(11):1233-40.
2. Sackett DL, Deeks JJ, Altman DG. Down with odds ratios. *Evid Based Med* 1996;1:164-5.

[Two of the authors respond:]

Cristian Baicus is correct in pointing out the inconsistency in terms in our article.¹ We intended to refer to relative risks in all instances. The type

of analysis (univariate or multivariate) would not determine the type of value generated.

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Reference

1. Natarajan MK, Mehta SR, Holder DH, Goodhart DR, Gafni A, Shilton D, et al. The risks of waiting for cardiac catheterization: a prospective study. *CMAJ* 2002;167(11):1233-40.

Corrections

In the Nov. 26, 2002, article concerning risks of waiting for cardiac catheterization,¹ the values in Table 5 are relative risks, not odds ratios.

Reference

1. Natarajan MK, Mehta SR, Holder DH, Goodhart DR, Gafni A, Shilton D, et al. The risks of waiting for cardiac catheterization: a prospective study. *CMAJ* 2002;167(11):1233-40.

In a recent review article on peanut allergy,¹ on p. 1281, first paragraph, ImmunoCAP-FEIA is FDA-approved quantitative, not semiquantitative as printed.

Reference

1. Al-Muhsen S, Clarke AE, Kagan RS. Peanut allergy: an overview. *CMAJ* 2003;168(10):1279-85.

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