3. Fallowfield LJ, Hall A. Psychosocial and sexual impact of diagnosis and treatment of breast cancer. *Br Med Bull* 1991;47:388-99.

[Three of the authors respond:]

Drs. Bathe and Brosseuk make some important points concerning initial surgery for early-stage breast cancer. We agree that access to radiation therapy can be an important factor in patients' selection of the type of breast surgery. As we noted in the introduction to our article, the current body of evidence shows that the 2 procedures are equivalent in outcome. Women need to be offered a choice and unbiased information about the 2 options in a way that allows them to make an informed decision that is appropriate for them. This is a complex issue and is obviously not value-free.

Work to assist women in this area is progressing rapidly. A national cancer-information hotline is now available (tel. 800 939-3333). Health Canada has funded 5 regional Breast Cancer Information Exchange projects, which have produced and are distributing valuable resources.[1] We have developed a decision aid for use at initial diagnosis, which explicitly presents the options and their consequences and includes pictures and graphic presentations of probabilities of different outcomes.[2] A values-clarification exercise assists the decision-maker in incorporating her preferences into the decision.

The challenge is not to eliminate variations in patterns of practice but to understand why they occur and to ensure that the physician–patient interaction is as fully informed as possible.

Vivek Goel, MD, MSc
Carol Sawka, MD
University of Toronto
Toronto, Ont.
Ivo Olivotto, MD
University of British Columbia
Vancouver, BC

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1. Olivotto I, Gelmon K, Kuusk U. *The intelligent patient guide to breast cancer*. Vancouver: Intelligent Patient Guide Ltd., 1995.
2. Sawka CA, Goel V, Mahut C, Taylor G, O'Connor A, Ackerman I, et al. Pilot study of a decision aid for locoregional management for breast cancer. *Breast Cancer Res Treat* 1996;41:258.

Worried residents watch and wait

I would like to clarify my position concerning residents who are considering a switch from radiation oncology to another training program, discussed in the article, "For first time, unemployment line awaits group of new Canadian specialists," (*Can Med Assoc J* 1997;156:1739-41), by Patrick Sullivan. Radiation oncology residents should not arbitrarily leave their program unless they have a strong interest in and desire to change the focus of their training. I strongly support any residents who wish to change programs and support their right to do so. Forcing residents to proceed in a program that offers restricted employment opportunities benefits neither the health care system nor the population we serve. Given the current employment situation in radiation oncology, program directors nationally have agreed to support any resident who wishes to proceed to training in another discipline.

At this time, 80% of 39 candidates have passed the recent Royal College examination in radiation oncology; 22 of these physicians have guaranteed employment in the field for the coming year, and the rest continue to look for work.

A demonstrated need for radiation oncologists exists in Canada. Finding the funds to meet this need is a challenge that continues to face our profession.

Juhu Kamra, MD
Chair
Committee of Residents and Fellows
Canadian Association of Radiation Oncology
Hamilton, Ont.

Review of the literature on allogeneic red blood cell and plasma transfusions in children [correction]

In this background paper (*Can Med Assoc J* 1997;156[11 suppl]:S41-9) accompanying the special supplement "Guidelines for red blood cell and plasma transfusion for adults and children," by the Expert Working Group, affiliations for Drs. Jonathan B. Kronick and Victor S. Blanchette were inadvertently omitted. Dr. Kronick is with the Department of Pediatrics, Children's Hospital of Western Ontario, London, Ont., and Dr. Victor Blanchette is with the Department of Pediatrics, Division of Hematology/Oncology, Hospital for Sick Children, Toronto, Ont. — Ed.