

for people with positive genetic test results, flexible sigmoidoscopy beginning at puberty. For people in kindreds with hereditary nonpolyposis colon cancer, annual colonoscopy beginning between 20 and 30 years of age is recommended. These groups made screening recommendations for people with a family history of polyps or colon cancer similar to those for people at normal risk but beginning at age 40 rather than 50.

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References

1. National Cancer Institute of Canada. *Canadian cancer statistics 2000*. Toronto: The Institute; 2000.
2. Ontario Expert Panel on Colorectal Cancer. *Colorectal cancer screening: final report of the Ontario Expert Panel*. Toronto: The Panel, Cancer Care Ontario; 1999. p. 28-31. Available (pdf format): www.cancercare.on.ca/colorectal.pdf (accessed 2001 June 15).
3. US Preventive Services Task Force. *Screening for colorectal cancer. Guide to clinical preventive services*. Alexandria (VA): International Medical Publishing; 1996. p. 89-103.
4. Winawer SJ, Fletcher RH, Miller L, Godlee F, Stolar MH, Mulrow CD, et al. Colorectal cancer screening: clinical guidelines and rationale. *Gastroenterology* 1997;112(2):594-642.
5. Mandel JS, Church TR, Ederer F, Bond JH. Colorectal cancer mortality: effectiveness of biennial screening for fecal occult blood. *J Natl Cancer Inst* 1999;91(5):434-37.
6. Kronborg O, Fenger C, Olsen J, Jorgensen OD, Sondergaard O. Randomised study of screening for colorectal cancer with faecal-occult-blood test. *Lancet* 1996;348(9040):1467-71.
7. Hardcastle JD, Thomas WM, Chamberlain J, Pye G, Sheffield J, James PD et al. Randomised, controlled trial of faecal occult blood screening for colorectal cancer. Results for first 107,349 subjects. *Lancet* 1989;1(8648):1160-4.
8. Kewenter J, Bjork S, Haglund E, Smith L, Svanvik J, Ahren C. Screening and rescreening for colorectal cancer. A controlled trial of fecal occult blood testing in 27,700 subjects. *Cancer* 1988;62(3):645-51.
9. Friedman GD, Collen MF, Fireman BH. Multiphasic health checkup evaluation: a 16-year follow-up. *J Chronic Dis* 1986;39(6):453-63.
10. Newcomb PA, Norfleet RG, Storer BE, Surawicz TS, Marcus PM. Screening sigmoidoscopy and colorectal cancer mortality. *J Natl Cancer Inst* 1992;84(20):1572-5.
11. Muller AD, Sonnenberg A. Protection by endoscopy against death from colorectal cancer. A case-control study among veterans. *Arch Intern Med* 1995;155(16):1741-8.
12. Verne JE, Aubrey R, Love SB, Talbot IC, Northover JM. Population based randomized study of uptake and yield of screening by flexible sigmoidoscopy compared with screening by faecal occult blood testing. *BMJ* 1998;317:182-5.
13. Berry DP, Clarke P, Hardcastle JD, Vellacott KD. Randomized trial of the addition of flexible sigmoidoscopy to faecal occult blood testing for colorectal neoplasia population screening. *Br J Surg* 1997;84(9):1274-6.
14. Rasmussen M, Kronborg O, Fenger C, Jorgensen OD. Possible advantages and drawbacks of adding flexible sigmoidoscopy to hemoccult-II in screening for colorectal cancer. A randomized study. *Scand J Gastroenterol* 1999;34:73-8.
15. Mandel JS, Bond JH, Church TR, Snover DC, Bradley GM, Schuman LM, et al. Reducing mortality from colorectal cancer by screening for fecal occult blood. Minnesota Colon Cancer Control Study. *N Engl J Med* 1993;328(19):1365-71.
16. Mandel JS, Church TR, Bond JH, Ederer F, Geisser MS, Mongin SJ, et al. The effect of fecal occult blood screening on the incidence of colorectal cancer. *N Engl J Med* 2000;343:1603-7.
17. Bulow S, Bulow C, Nielsen TF, Karlsen L, Moesgaard F. Centralized registration, prophylactic examination, and treatment results in improved prognosis in familial adenomatous polyposis. Results from the Danish Polyposis Register. *Scand J Gastroenterol* 1995;30(10):989-93.
18. Powell SM, Petersen GM, Krush AJ, Booker S, Jen J, Giardiello FM, et al. Molecular diagnosis of familial adenomatous polyposis. *N Engl J Med* 1993;329(27):1982-7.
19. Burke W, Petersen G, Lynch P, Botkin J, Daly M, Garber J, et al. Recommendations for follow-up care of individuals with an inherited predisposition to cancer. I. Hereditary nonpolyposis colon cancer. Cancer Genetics Studies Consortium. *JAMA* 1997;277(11):915-9.
20. Vasen HF, Watson P, Mecklin JP, Lynch HT. New clinical criteria for hereditary nonpolyposis colorectal cancer (HNPCC, Lynch syndrome) proposed by the International Collaborative group on HNPCC. *Gastroenterology* 1999;116:1453-6.

CMAJ strikes gold with Winnie-the-Pooh article

An article from last year's Holiday Review, Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne (*CMAJ* 2000;163 [12]:1557-9), won a gold prize in the Canadian Business Press' Kenneth R. Wilson Memorial Awards (www.cbpc.ca). The award is accompanied by a \$1000 cheque.

The article, by Drs. Sarah Shea, Kevin Gordon, Ann Hawkins, Janet Kawchuk and Donna Smith of Dalhousie University, made headlines around the globe after its publication last December. It won the award for excellence in the "One-of-a-Kind" article category. The prizes were presented in Toronto June 6, 2001. — *CMAJ*



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