

Matthew Stanbrook and Ken Flegel caution patience in waiting for better evidence before implementing lung cancer screening programs with computerized tomography for Canadians, despite mean survival times for screen-detected lung cancer of more than 5 years in the context of the International Early Lung Cancer Action Program (I-ELCAP).

The pattern of results of treatment of symptomatic lung cancer in Manitoba provides excellent new evidence regarding what such caution and patience will yield.¹ The data show that the mean survival time for Manitobans with non-small-cell lung cancer increased from about 7.7 months in 1985 to about 9.2 months in 2004. If my math is correct, this indicates that mean lung cancer survival in symptomatic patients has improved by 45 days over the past 2 decades (2.25 days per year). With patient, cautious, continued efforts at curative treatment of symptomatic lung cancer, the mean survival time for people with lung cancer might be expected to exceed 1 year sometime after 2040.

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Competing interests: Frederic Grannis has been a principal investigator in the I-ELCAP trial and has received funding for data management and travel and accommodation costs to meetings. He has provided written testimony against the tobacco industry in 2 medical monitoring lawsuits in the states of New York and Massachusetts.

REFERENCES

1. Pitz MW, Musto G, Demers AA, et al. Survival and treatment pattern of non-small cell lung cancer over 20 years. *J Thorac Oncol* 2009;4:492-8.

For the full text of these letters, go to:
www.cmaj.ca/cgi/eletters/180/8/793

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Avalanche fatalities

Jeff Boyd and colleagues reported in the March 3 issue that 43 (21%) of the 204 avalanche fatalities in their sample in-

volved skiers and snowboarders who used helicopters and snowcats and thus would have been under the care of a paid mountain guide.¹ However, according to available public records, at least 15 of the 62 skiers who died after accessing backcountry terrain without mechanized assistance were also under the care of a paid guide. This means that at least 28% of the people who died were relying on a paid guide to keep them safe. This brings into question the adequacy of guide training programs and oversight in Canada. Unlike Europe, Canada has no legislated standards for guides; anyone can call himself or herself a mountain guide. Clients need to have more assurance that the guides to whom they are entrusting their lives are true professionals, accountable to a legislated standard.

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1. Boyd J, Haegeli P, Abu-Laban RB, et al. Patterns of death among avalanche fatalities: a 21-year review. *CMAJ* 2009;180:507-12.

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Editor's note: Frank Baumann is a professional engineer with over 40 years of experience dealing with slope hazards, including snow avalanches. He currently helps the Office of the Chief Coroner in British Columbia to analyze fatal avalanche accidents involving commercial operations and designs and oversees avalanche safety programs and systems for industrial clients.

For more letters on this topic, go to:
www.cmaj.ca/cgi/eletters/180/5/507

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New powers for naturopaths

On April 9, British Columbia passed legislation granting several new powers to naturopaths, including the ability to prescribe Schedule I drugs, administer radiographs and ultrasounds and perform minor surgeries. Physician response to this development has been frighteningly scarce. Naturopathic practitioners do not appear to be required to apply the same demanding standards of scientific rigour that are

required of medical practitioners.

There seems to be an underlying tendency to dismiss such alternative medical practices, which frequently employ unproven therapies that may offer nothing more than a placebo effect, as essentially harmless. I am deeply concerned that naturopaths are being permitted to widen the scope of their practice when they studiously ignore one of the ethical principles to which physicians must adhere, namely that the practitioner must continue to accumulate evidence-based knowledge for as long as he or she practises.

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Correction

In the May 26 news article "Push to link medical research innovations to public good," a reference to the Drugs for Neglected Diseases Initiative was edited to say: "The organization developed partnerships such as the Malaria Vaccine Initiative and expects to have 6 to 8 new treatments for neglected diseases available by 2014." It should read: "The organization, a product development partnership similar to the Malaria Vaccine Initiative, expects to have 6 to 8 new treatments for neglected diseases available by 2014."

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Letters to the editor

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