

on the hazards of cardiac imaging without this crucial information?

I humbly request that *CMAJ* include absolute risk reduction and/or increase in every research article published.

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### References

1. Wells G, Parkash R, Healey JS, et al. Cardiac resynchronization therapy: a meta-analysis of randomized controlled trials. *CMAJ* 2011;183:421-9.
2. Eisenberg MJ, Afilalo J, Lawler PR, et al. Cancer risk related to low-dose ionizing radiation from cardiac imaging in patients after acute myocardial infarction. *CMAJ* 2011;183:430-6.

*CMAJ* 2011. DOI:10.1503/cmaj.110-2067

### Editor's response

*CMAJ* is grateful for the reminder that what matters to a patient is the absolute risk.<sup>1</sup> We should have made this easier for readers to find, especially in the second article to which Shaw refers.

The total mortality on optimal medical therapy was easy to see in Wells and colleagues' article;<sup>2</sup> in Figure 2 it was 250/1013, or 24.5%. The absolute risk of cancer was less easy to find in Eisenberg and associates' article.<sup>3</sup> One estimate might be 12 020 cancers diagnosed in 82 861 patients, as reported in the abstract; these occurred over an average follow-up time of five years according to the results, which suggests about 2.9 cases per 100 person years.

What these summary absolute risks hide, however, is that they may not be appropriate for an individual patient. Risk may vary with characteristics such as age, sex, severity of illness, comorbidity and family history. There is a long tradition of debate about whether to present research findings in terms of relative measures, which tend to be more stable between patient populations, or absolute measures, which have more immediate interpretability for clinicians and patients.<sup>4,5</sup> We prefer to have both where possible, and we will make renewed efforts to remind authors to provide them.

**John Fletcher MB BChir MPH**

Deputy Editor, Research, *CMAJ*

### References

1. Shaw RY. Absolute risk reduction a must. *CMAJ* 2011;183:1517.
2. Wells G, Parkash R, Healey JS, et al. Cardiac resynchronization therapy: a meta-analysis of randomized controlled trials. *CMAJ* 2011;183:421-9.
3. Eisenberg MJ, Afilalo J, Lawler PR, et al. Cancer risk related to low-dose ionizing radiation from cardiac imaging in patients after acute myocardial infarction. *CMAJ* 2011;183:430-6.
4. Schwartz LM, Woloshin S, Dvorin EL, et al. Ratio measures in leading medical journals: structured review of accessibility of underlying absolute risks. *BMJ* 2006;333:1248.
5. Naylor CD, Chen E, Strauss B. Measured enthusiasm: Does the method of reporting trial results alter perceptions of therapeutic effectiveness? *Ann Intern Med* 1992;117:916-21.

*CMAJ* 2011. DOI:10.1503/cmaj.110-2068

Some letters have been abbreviated for print. See [www.cmaj.ca](http://www.cmaj.ca) for full versions.

## CORRECTION

### Folate status of the population in the Canadian Health Measures Survey

In the February 8, 2011 issue of *CMAJ*, two errors occurred in the article by Colapinto and colleagues.<sup>1</sup> The revised statements are below, with the correction in italics:

"Samples were thawed, diluted (1-in-26) with 0.5% ascorbic acid solution, allowed to incubate at room temperature *for 18 minutes* and then analyzed for folate using ..."  
(Methods section).

"Given the absence of folate deficiency in the general population and the apparent shift toward Canadians having high *red blood cell* folate concentrations ..."  
(Interpretation section).

*CMAJ* regrets the errors.

### Reference

1. Colapinto CK, O'Connor DL, Tremblay MS. Folate status of the population in the Canadian Health Measures Survey. *CMAJ* 2011;183:E100-6.

*CMAJ* 2011. DOI:10.1503/cmaj.110-2069