

To begin the process of improving communication across the continuum of care, a multidisciplinary group must be formed to identify prerequisites and assist in developing an electronic interface that can be adapted to many technological platforms, ultimately laying the groundwork for high-quality CRC screening services and programs in Canada.

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References

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CMAJ 2011. DOI:10.1503/cmaj.111-2044

Radiology overlooked in pancreatitis review

Wu's review article *Prognosis in Acute Pancreatitis* was interesting but it completely overlooked the value of radiology — especially computed tomography (CT) in evaluation of severity, complications and prognosis in acute pancreatitis.¹ Contrast enhanced CT obtained

after three days of onset of pancreatic pain can help in providing information about extent of pancreatic necrosis, thereby differentiating necrotising (severe) from interstitial (mild) pancreatitis. A CT severity index is commonly utilized and takes into account changes in pancreas, presence of collections and the extent of necrosis. Presence of pancreatic necrosis has implications in predicting prognosis as it is associated with increased morbidity and mortality.²

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References

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2. Banks PA, Freeman ML; Practice Parameters Committee of the American College of Gastroenterology. Practice guidelines in acute pancreatitis. *Am J Gastroenterol* 2006;101:2379-400.

CMAJ 2011. DOI:10.1503/cmaj.111-2045

Letters to the editor

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CORRECTION

Combining angiotensin-receptor blockers with ACE inhibitors

In the April 5 issue of *CMAJ*, the proportion of patients receiving combination therapy who did not have clear indications such as proteinuria or heart failure was given as 5.4%.¹ That percentage should have been 86.4%. *CMAJ* apologizes for the error.

Reference

1. Phillips CO. Combining angiotensin-receptor blockers with angiotensin-converting-enzyme inhibitors. *CMAJ* 2011;183:E309-11.

CMAJ 2011. DOI:10.1503/cmaj.111-2046