

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

## Calciphylaxis

The authors have presented an excellent picture of a patient with calciphylaxis, who despite treatment subsequently died.<sup>1</sup> The authors also comment on possible modalities of treatment, however fail to mention parathyroidectomy, which is an important treatment for patients with calciphylaxis. This disease is caused by overactivity of enlarged parathyroid glands, secondary to the failure of the kidneys to convert inactive vitamin D to active, and the resultant decreased absorption of calcium from the gut. A complete parathyroidectomy, would give a patient at least some chance to control and, possibly reverse, the affects of calciphylaxis.

Although parathyroidectomy might not have saved this patient's life,<sup>1</sup> it does make a difference in many patients with calciphylaxis and should be considered as the first treatment.<sup>2</sup> This severe, and usually late-developing complication may be prevented in patients with secondary hyperparathyroidism from chronic renal disease who undergo early parathyroidectomy.

### J.E.M. Young Bsc MD

Clinical Professor of Surgery, McMaster University, Hamilton, Ont.

## References

1. Scola N, Kreuter A. Calciphylaxis: a severe complication of renal disease. *CMAJ* 2011;183:1882.
2. Budisavljevic MN, Cheek D, Plath DW. Calciphylaxis in chronic renal failure. *J Am Soc Nephrol* 1996; 7: 978-82.

*CMAJ* 2012. DOI:10.1503/cmaj.112-2016

## Breast cancer guidelines

There is often no rhyme or reason as to who gets breast cancer. Mammograms have detected many malignancies in women in their 40s who have many

years of life ahead of them: wives, mothers, daughters, coworkers and friends.

Given that mammography is a cornerstone in our ability to save women's lives from breast cancer, which is a leading cause of death among women between the ages of 40 and 49, the Canadian Task Force on Preventive Health Care's guidelines that appear in the Nov. 22, 2011, issue of *CMAJ*<sup>1</sup> are absolutely unconscionable.

The guidelines<sup>1</sup> could result in fewer women getting screened and a return to the days when we caught cancers only when they were big enough to feel. Without mammography, many women would not be candidates for treatment. You cannot treat a tumour until you find it.

Have you any idea how breast cancers can metastasize in two or three years? Have you ever visited a loved one in a hospice? This is not the time to turn back the clock. Finding a tumour late often leads to a poor prognosis.

Mammography has a proven track record, and we as doctors "must do no harm." By jettisoning this life-saving tool, we are indeed harming the patient.

### Ian Grant-Whyte MA MD

Retired physician  
Pointe Claire, Que.

## Reference

1. Tonelli M, Gorber SC, Joffres M; The Canadian Task Force on Preventive Health Care. Recommendations on screening for breast cancer in average-risk women aged 40–74 years. *CMAJ* 2011;183: 1991-2001.

*CMAJ* 2012. DOI:10.1503/cmaj.112-2017

## Injuries in minor hockey

I was so pleased to see that *CMAJ* has taken a stand against the terrible problem of violence in hockey.<sup>1</sup> Just as health care professionals have long taken a stand against the so-called sport of boxing because of the risk of senseless brain damage, *CMAJ* is to be commended for calling for an end to fighting in hockey.<sup>1</sup> More than 30 years ago, I attended a

hockey game with my 10-year-old daughter, and was forced to leave when fighting and blood on the ice took over. Fighting and physical violence have no part in sport. Hockey is exciting and thrilling enough. The time has come for the National Hockey League to take a stand. We have seen enough young men suffer horrible damage and it is time the "game" returned to its real nature and got away from mindless violence. Let saner minds prevail.

### Lynn M. Bowering BA MA

Health care consultant  
Stratford, Ont.

## Reference

1. Kale R. Stop the violence and play hockey *CMAJ* 2011;184:275

*CMAJ* 2012. DOI:10.1503/cmaj.112-2018

As a family doctor who despises violence in all levels of hockey, I would love to see *CMAJ* set up an online petition for physicians to sign in an effort to minimize head and other serious injuries. Physicians have been involved with implementing rules regarding proper use of car seat belts and bike helmets. I would welcome leadership in the prevention of hockey-related head injuries and other injuries.

I must say that I love hockey. My husband and I have travelled to Buffalo from Toronto to see our beloved Canadiens play, but I have a hard time allowing my five-year-old daughter to watch National Hockey League games on television because of the violent content. Instead, we take her to watch local minor league games, which she loves. When will enough be enough? Thanks for your editorial<sup>1</sup> and your efforts thus far.

### Christina M. Fisher BSc MDCM

Family physician, Forest Hill Family Health Centre, Toronto, Ont.

## Reference

1. Kale R. Stop the violence and play hockey *CMAJ* 2011;184:275.

*CMAJ* 2012. DOI:10.1503/cmaj.112-2019