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Cervical screening

Several recent publications have challenged parts of the new Canadian Task Force on Preventive Health Care (CTFPHC) guideline on Cervical Screening[1]: a commentary by Dollin,[2] a joint statement by the Society of Obstetricians and Gynaecologists, the Society of Gynaecological Oncologists, and the Society of Canadian Colposcopists,[3] and a *CMAJ* eletter by Murphy and Elit.[4] These writers agree with the CTFPHC's recommendations to screen women aged 30 to 70 and not to screen women under age 20. The writers raise 3 main issues: age of commencement, whether to vary initiation according to women's individual preferences and risk assessment, and use of human papillomavirus (HPV) testing. We have written a detailed rebuttal of these critiques, available on the *CMAJ* and Task Force websites.[5]

Each writer has misquoted the CTFPHC, misunderstood the strength of the evidence, what evidence was used, or why we did not recommend HPV screening. The CTFPHC chose to await outcomes of ongoing trials of HPV testing. The evidence for all recommendations had at least moderate strength, but for young women, the balance of benefits against harms was equivocal and assessment of its importance is individual, and therefore lead to the weak recommendations.

The CTFPHC recommends that women aged 20 to 29 should make their own choices and start getting pap tests in their mid-20s, after discussion with their health care providers. We urge provincial guideline groups and individual doctors to focus on communicating risk information to women who can then make personal choices — this includes those women who are currently having regular tests and those who are not. To assist in this process, we have produced education tools, which are available on the CTFPHC website at http://canadiantaskforce.ca/resources/

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Organ donation programs needed in rural areas

I read the *CMAJ* article by Redelmeier and colleagues[1] with interest. I work in rural and remote regions of Canada and Australia — in centres deemed too small to have donation programs. There are locations in which I cannot even perform enucleation because the eyes cannot be transported to Toronto in less than 24 hours. According to statistics Canada, 5.9% of Canada's population lives in rural communities.[2] Aboriginal subpopulations of rural communities are desperate for kidney donations and have very high rates of trauma. We need to consider rural and remote regions of Canada as potential sites to include in donation programs.

Air transport is regualrly used to take the bodies of those who die in small communities to larger centres for autopsy, or to take take patients from small communities to places where they can receive medical care. Often patients are near death by the time they reach tertiary care centres, and the family or next of kin remaining in the community are not consulted to see if they are aware of the patient's wishes regarding organ donation. I see no reason why we cannot begin to consider transporting potential donors out of rural communities for the sole purpose of donation (when further medical treatment is futile).

We need to ensure adequate communication between families in home communities and care givers in larger centres before these sorts of decisions can be made. By refusing to allow patients in small and remote communities the ability to donate organs, we decrease the number of organs available and deny families the ability to have something positive come from the death of a loved one.

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Letters to the editor

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