



Most over-the-counter drugs have CRCs. There is often no choice in packaging.

CRCs are not just a problem for seniors. We have a large population of semiliterate as well as non-English-speaking people. For many of them, CRCs remain a mystery.

I wonder whether the association is claiming credit where credit is not due. Simply because there has been a reduced incidence of accidental poisoning in children coincident with the introduction of CRCs does not necessarily mean there is a causal connection. Is it possible that the reduction is the result of a better educated population?

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Calcium supplementation for the nation

The timing of the symposium on the prevention and management of osteoporosis (*Can Med Assoc J* 1996;155:921-65) was appropriate because of the immense magnitude of this problem in Canada.

One of the articles, "Calcium nutrition and osteoporosis" (*Can Med Assoc J* 1996;155:935-9), by Dr. Timothy M. Murray, drew attention to the need for calcium supplementation.

It seems ironic that the simple supplementation of ordinary orange juice with tricalcium citrate is not available to the Canadian public. For at least the past 10 years this calcium-supplemented orange juice has been available throughout the US. In that country, a glass of orange juice supplies as much calcium as a glass of milk. Calcium-supplemented orange juice is available at the same price as regular juice. The containers are specially marked with blue print and the screwtop on the container is also blue.

This calcium-fortified juice is available from every major producer of orange juice in the US. The same brands are available in Canada, but without the option of calcium supplementation. I wonder why Canadians nation wide are denied access to this product.

Walter P. Bobechko
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[The author responds:]

Dr. Bobechko raises an important point. Supplementation of food products such as orange juice is an important source of calcium, particularly for those who cannot or will not consume dairy products. Such products can be supplemented at a level higher than the calcium level in vegetable sources. We have been aware of the availability of calcium-supplemented orange juice in the US for some time, and we would like to see such products available in Canada. Indeed, the Osteoporosis Society of Canada has endeavoured to help make such products available in Canada, in keeping with its view that informed and educated consumers should be able to obtain dietary calcium from a variety of food choices. The society has advocated the introduction of such products to the Canadian market by consulting with corporate partners in the food and beverage industry and with the Health Protection Branch of Health Canada. However, the issue is a complicated one that still awaits regulatory approval. Topics that need to be addressed include upper safety limits for calcium intake in the general population, whether health claims can be made for such products with regard to osteoporosis, the scope of the population at risk for osteoporosis, which products should be supplemented and the benefits of harmonization with US policies. We would like to see more consumer choice

and greater calcium availability through a wider variety of food sources.

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Checking random assignment with claims data

Dr. Norman F. Boyd ("The review of randomization in the Canadian National Breast Screening Study: Is the debate over?," *Can Med Assoc J* 1997;156:207-9) refers to our analysis of health insurance data on the Manitoba women enrolled in the National Breast Screening Study (NBSS).¹ One of the objectives of our study, which was funded by the National Cancer Institute of Canada, was to determine whether there was independent evidence supporting criticism of the random assignment procedures used in the NBSS. In Manitoba, we could construct a medical history for each woman before her entry into the trial with the use of a database generated as part of that province's health insurance system. The database includes claims data from the billing cards sent to Manitoba Health by fee-for-service physicians. Each card must include the reason for the visit (diagnosis) for the claim to be accepted and the physician paid.

The NBSS provided identifying information for each of the 9477 women who attended the screening centre in Manitoba, which we then linked with each woman's claims data. We retrieved all procedures and diagnoses related to the breast in the 24 months before each woman's entry into the NBSS. As Boyd notes, we identified 9 women who had a claim for breast cancer