symbol of medicine. I wish there had been mention of the fact that the winged 2-serpent wand or caduceus belongs to Hermes, the messenger of the gods. It is frequently used wrongly as a symbol of medicine in pharmaceutical advertisements. The staff of Asklepios was put on a new Canadian quarter a year ago and in the newspapers it was erroneously called the caduceus, which illustrates the confusion on the subject.

H.J. Scott
Cardiovascularthoracic Surgeon (retired)
Montreal, Que.

Reference

1. Brieger GH. Popular mythology. *CMAJ* 2001;164(10):1471-2.

Hereditary nonpolyposis colon cancer

I am concerned that the recommendation statement from the Canadian Task Force on Preventive Health Care on colorectal cancer screening[1] did not mention the need to screen people with hereditary nonpolyposis colon cancer for other types of cancer. In some kindreds with hereditary nonpolyposis colon cancer, extracolonic malignancies including endometrial, bladder, stomach and other cancers have been reported.[2] It is important to mention that other surveillance measures in addition to colonoscopy should be considered for people at risk of developing hereditary nonpolyposis colon cancer;[2] the article leaves the false impression that a colonoscopy is the only screening modality required in such kindreds.

Edmond G. Lemire
Medical Geneticist
Royal University Hospital
Saskatoon, Sask.

References

1. Colorectal cancer screening: recommendation statement from the Canadian Task Force on Preventive Health Care. *CMAJ* 2001;165(2):206-8.
2. Lindor NM, Greene MH. The concise handbook of family cancer syndromes. Mayo Familial Cancer Program. *J Natl Cancer Inst* 1998;90(14):1039-71.

[One of the authors responds:]

We appreciate Edmond Lemire's comments and agree that people with hereditary nonpolyposis colon cancer have an increased risk of extracolonic malignancies. However, the recently published recommendations from the Canadian Task Force on Preventive Health Care[1] were limited to screening for colorectal cancer in people at average and high risk. Thus, screening for other types of cancer, even in people with hereditary nonpolyposis colon cancer, was beyond the scope of this review.

Robin S. McLeod
Professor of Surgery
University of Toronto
Toronto, Ont.

References

1. Colorectal cancer screening: recommendation statement from the Canadian Task Force on Preventive Health Care. *CMAJ* 2001;165(2):206-8.

Don't forget anserine bursitis

The article by Jack Taunton and Michael Wilkinson on anterior knee pain[1] covered most conditions seen at sports medicine clinics but omitted one frequently misdiagnosed condition, anserine bursitis, which is rare in athletes.

It is easily recognized in overweight, middle-aged or elderly women with anterior knee pain and well-localized tenderness, sometimes with puffiness, about 5 cm below the knee joint on the medial portion of the anterior tibia.[2] Osteoarthritis of the knee is often present and distracts from consideration of anserine bursitis. Local injection of corticosteroids gives good relief with confirmation of the diagnosis.[3]

Harold H. Fireman
Rheumatologist
Ottawa, Ont.

References

1. Taunton JE, Wilkinson M. Rheumatology: 14. Diagnosis and management of anterior knee pain. *CMAJ* 2001;164(11):1595-601.
2. Larsson LG, Baum J. The syndrome of anserine bursitis: an overlooked diagnosis. *Arthritis Rheum* 1985;28:1062-5.
3. Klippel JH, Weyand CM, Wortman R, editors. Anserine bursitis. In: *Primer on rheumatic diseases*. 11th ed. Marietta (GA): Longstreet Press; 1998.

[One of the authors responds:]

Harold Fireman makes a good point regarding pes anserine bursitis in his letter concerning our article.[1] We see this condition in hurdlers, steeplechasers and people who run downhill. If it persists you need to consider a traction stress fracture at the site and order a bone scan. If the bone scan is very hot then you will need a CT scan, as I have seen a few of these go to a completed fracture. For the true bursitis, local injection certainly can be effective and I have had good results with topical 10% diclofenac. The patient needs to work on hamstring stretching and quadriceps–hamstring strengthening.

Jack E. Taunton
Professor and Director
Allan McGavin Sports Medicine Centre
University of British Columbia
Vancouver, BC

Reference

1. Taunton JE, Wilkinson M. Rheumatology: 14. Diagnosis and management of anterior knee pain. *CMAJ* 2001;164(11):1595-601.

Longer waits for breast cancer surgery in Quebec could be good news

Nancy Mayo and colleagues suggest that the waiting time between diagnosis and first surgery for breast cancer increased in Quebec between 1992 and 1998.[1] Although this may be due to the recent reform of health services, an alternative or complementary explanation is that more women are being diagnosed following screening by mammography.

With more screening, the proportion of tumours detected early, when they are small and nonpalpable, should increase. The investigation of such cases often requires several procedures, and the referral process is likely to be associated with delays that would not be

experienced by women with symptoms, especially in the absence of a formal screening program. The time between the initial step to case identification and surgery may increase, but this could still be good news.

How could this be? First, between 1992 and 1998 the proportion of women in Quebec aged 50 to 69 years who had had a mammogram during the previous year increased from 49.4% to 64.3%.[2] Second, Mayo and colleagues reported that the number of in situ tumours doubled during this period, whereas the number of advanced tumours decreased.[1] Third, the delay to surgery is shorter for advanced cases. Finally, these data must be interpreted within the context of a sustained decline in breast cancer mortality over this period.[3] Although the delay increased both when the initial test was a mammogram and when it was a biopsy, the proportion of the latter cases was very small and decreased over time.

This opinion should not be interpreted as a denial that quality of care for cancer must be a constant preoccupation[4] and that prompt access to treatment is an unequivocal right of people afflicted with this disease. Criteria for quality control of the Quebec Breast Cancer Screening Program were specifically set up to ensure that prompt investigation follows an abnormal mammogram.

Nicole Hébert-Croteau
Médecin-conseil
Institut national de santé publique du Québec
Greenfield Park, Que.
Diane Villeneuve
Médecin coordonnateur
Région de Montréal-Centre
Programme québécois de dépistage du cancer du sein
Direction de la santé publique de Montréal-Centre
Montreal, Que.

References

1. Mayo NE, Scott SC, Shen N, Hanley J, Goldberg MS, MacDonald N. Waiting time for breast cancer surgery in Quebec. *CMAJ* 2001; 164(8):1133-8.
2. *Enquête sociale et de santé 1998*. Quebec City: Institut de la statistique du Québec; 2000.
3. Brisson J, Major D. *Plan de surveillance de la lutte contre le cancer du sein II : Évolution de la lutte contre le cancer du sein au Québec*. Quebec City: Direction des communications, Ministère de la santé et des services sociaux; 2000.
4. Comité consultatif sur le cancer, Programme québécois de lutte contre le cancer. *Pour lutter efficacement contre le cancer, faisons équipe*. Quebec City: Ministère de la santé et des services sociaux; 1997.

Baseline staging tests in primary breast cancer

I have 2 questions for Robert Myers and colleagues concerning their recent practice guideline on baseline staging tests in primary breast cancer.[1] What do they call "biochemical evidence of metastases?" Which marker(s) and cut-off(s) do they suggest be used? Answers to these questions might make their guideline evidence-based, as far as laboratory medicine is concerned.

Joseph Watine
Laboratoire de biologie polyvalent
Hôpital général
Rodez, France

Reference

1. Myers RE, Johnston M, Pritchard K, Levine M, Oliver T, and the Breast Cancer Disease Site Group of the Cancer Care Ontario Practice Guidelines Initiative. Baseline staging tests in primary breast cancer: a practice guideline. *CMAJ* 2001;164(10):1439-44.

For expert literature searching, call a librarian

The unfortunate death of a healthy woman who was a volunteer participant in a medical investigation at Johns Hopkins University in Baltimore has raised questions about the safety of study participants.[1] One of the issues that was raised by investigations into this tragedy is the importance of effective literature searching.[2]

The mission of the Canadian Health Libraries Association is to improve health and health care by promoting excellence in access to information. Since 1976 the association has represented health librarians and library staff and today it has over 400 members.

Librarians have a master's degree in library and information science and are