Latency period of radiation-induced cancer

Some information in this article is flawed, as the authors have not properly allowed for the latency period for cancer induction by radiation.[1] A period of one year after the incident radiation may be insufficient. The latency period for induction of leukemia is 5–7 years, and for solid tumours is at least 10 years, so cancers occurring earlier than this should be considered to be naturally occurring rather than induced by radiation exposure.[2]

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The authors respond:

With respect to the shorter latency period than was observed in the Life Span Study (LSS),[1] we agree that this is an area that needs to be explored further. Several possibilities could explain this finding. The patient population in our cohort had about a twofold higher incidence of cancer — independent of exposure to low-dose ionizing radiation[2] — than nationally quoted statistics on cancer incidence rates.[3] The patients in our cohort were more at risk for cancer (perhaps because of smoking or obesity), and as such the latency time to cancer might have been shortened. To control for this, we used a time-dependant regression analysis, which incorporated a time-lag covariant to allow for cancer "induction" time following exposure. When sensitivity analyses were performed looking at time lags up to five years, there was no appreciable effect on the results. Nonetheless, we agree that important questions about the observed time lag in our study need to be explained further, and we are attempting to define this more extensively in on-going studies.

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Don't select medical students — convince them

Scott and colleagues presented a study of high quality, addressing an important topic.[1] The authors encourage medical faculties to increase their output of family medicine residents by selecting and targeting students based on sociodemographic and attitudinal variables of predictive value. Such an approach would require the acquisition and storage of personal information. To our mind, this is concerning, given ethical consideration and data privacy. The education level of parents, relationship status and societal attitudes should not influence admission to medical school or course and content of medical education. We see a bigger benefit in understanding the variables that influence the decision-making process in the course of studies. Recent publications show that positive family medicine experiences, longitudinally implemented in the curriculum, positively influence the attractiveness of family medicine as a career.[2–5] Obligatory and longer family medicine clerkships and exposure to role models influence students committed to primary care as well as those who are undecided.[3] Several studies describe the positive effect of rural training experiences.[4,6] So don't select students — convince them.

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Electroconvulsive therapy article unbalanced

CMAJ represents the views of and informs all Canadian physicians. Thus psychiatrists were dismayed by the sensationalistic article about the Food and Drug Administration's review of the classification of electroconvulsive therapy (ECT) devices.[1]

The stigmatizing photo accompanying the article offers a frightening and unrealistic portrayal of the administration of ECT. Stigma affecting patients who have mental health issues is far reaching[2] and *CMAJ* should show a high level of sensitivity to this issue.

The article observes that most recipients of ECT are women but neglects to give context to this comment. This allows the inference of impropriety whereas major depressive disorder, the primary condition treated with ECT, is highly prevalent among women.