cent Nadon, University of Ottawa Health Services, 300–100 Marie Curie Priv., Ottawa ON K1N 6N5; tel. 613 564-3950, fax 613 564-6627.

Vincent Nadon, MD, CCFP
University of Ottawa Health Services
Ottawa, Ont.
Isabelle Labrie, MD
CLSC Grande Rivière
Clinique Jeunesse
Aylmer, Que.

[The manufacturer replies:]

We appreciate and welcome feedback from physicians and are pleased to have this opportunity to respond.

Since its introduction on the market more than 12 years ago, Always has been used with complete satisfaction by millions of women worldwide. During this time we have not seen any evidence of vulvar irritation that is unique to any one feminine-hygiene product. Furthermore, more than 1500 women have participated in 15 premarket clinical studies in North America and Europe in which we specifically evaluated irritation of the labia majora and minora, mons pubis, vestibulum and perineum as well as generalized irritation of the upper thigh. We have not detected any increased risk (either in frequency or severity) of irritation as a result of Always products in comparison with other marketed products. These studies involved blinded designs and medical examinations conducted by independent gynecologists and dermatologists.

These studies and other research conducted over the years have shown that a low baseline level of vulvar irritation can be diagnosed during menstruation and at other times, independent of the feminine-protection product used. This can result in anecdotal reports of symptoms associated with any market brand. Since Always is the market leader in Canada, it is not surprising that, in absolute numbers, more women may associate symptoms with Always than with other brands.

An important observation made by Drs. Eason and Feldman that has emerged from this discussion is that vulvar irritation or irritant dermatitis is sometimes misdiagnosed as vulvovaginitis. We have noted this as well in our review of published work, and we encourage the use of the more precise terms in the literature to help avoid confusion.

We can reassure physicians that, as the manufacturer of Always, we conduct continuing clinical programs to confirm the continued acceptability of the product and to seek further improvements. Feedback from physicians is a welcomed and important part of this process.

P. Hanke-Baier, DrPhilNat
Manager
Clinical Toxicology
Procter & Gamble Europe, Middle East and Africa
W.M. Lafranconi, PhD, DABT
Manager
Clinical Toxicology
Procter & Gamble
Cincinnati, Ohio
D.P. MacKenzie, MD, CCBOM
Medical director
Procter & Gamble
Toronto, Ont.

University fee for student health services

Concerning the article "Does university fee violate CHA?" (*Can Med Assoc J* 1996;155:208), I raised similar concerns with the University of Toronto when I was a graduate student there in 1992. After the passage of legislation banning the charging of "block fees" by physicians, the College of Physicians and Surgeons of Ontario mailed to all physicians a statement on annual fees, which clearly indicated to patients that "you do not have to pay an annual fee. You are allowed to pay for each service which is not covered by OHIP [Ontario Health Insurance Plan] one by one."

I wrote the following to the assistant vice-president of student affairs.

If the University of Toronto continues to make the health services incidental fee compulsory, what is it that allows the university not to call this an annual fee? Frankly, I do not think the university has a right to charge this fee under the present legislation and its interpretations.

It took more than 5 months and a reminder letter to receive a reply, which included the following explanation.

My inquiries have led me to conclude that the fee we are charging is not ruled out by the document you have received from the College of Physicians and Surgeons.

University health service fees are, in fact, fairly common in Ontario universities. They have been discussed with the officials who manage OHIP payments and have not been objected to. We interpret the fee not as a fee for "noninsured services" in the sense of the College's policy but rather as covering much more. It is a fee to cover the costs of putting the health services in place for the health promotion activities and other nonmedical services that are implied by the mandate of a university health service.

Although I found this answer less than satisfactory, I did not pursue the matter because of course-work pressures. Perhaps the Society of Graduate Students at the University of Western Ontario will have more energy.

Monir Taha, MD, CCFP, MHSc, FRCPC
Saint John, NB

Progress in screening for cervical cancer

In Ontario, progress has certainly been made in improving screening for cervical cancer. This confirms that it is never "too late," as Dr. Marsha M. Cohen states in her editorial "Why is there no progress against cervical cancer?" (*Can Med Assoc J* 1996;154:1867-9).

In 1993, concern about the steady incidence and mortality rates from cervical cancer in the last 10 years led to the formation of the Ontario Cervical Screening Collaborative Group (OCSCG) by the Ontario Medical Association, the Ontario Association of Medical Laboratories and the Ontario Cancer Treatment and Research Foundation. Many other organizations, professional societies, community representatives and the Ontario Ministry of Health are now members. The goal of the OCSCG is to reduce the incidence and mortality rates for this preventable form of cancer by 50% by the year 2005.

To date, the member organizations have approved Ontario-specific guidelines for screening women with previous normal results of Papanicolaou smears. Uniform terms for reporting the results of smears have been endorsed. Methods to improve the taking of Papanicolaou tests are being finalized. Recommendations for the follow-up and management of women with abnormal results of smears are being prepared. These guidelines and recommendations will be disseminated to all physicians in the fall of 1996. Efforts are being planned to encourage women who have never had a Papanicolaou test or have rarely been screened to have a test. These initiatives require the support of a cervical screening registry.

Six private medical diagnostic laboratories, which together process 60% of all Papanicolaou tests in Ontario, have formed the not-for-profit organization Inscyte. Inscyte has launched an electronic, centralized cytology database, which uses the provincial standard terms. In pilot projects being conducted in Middlesex County and Thunder Bay, records of all Papanicolaou tests are being linked with records of relevant colposcopic and histopathologic tests.

How has Ontario has overcome the barriers Cohen identifies? The Ontario government has identified screening for cervical cancer as a priority. Women from the community are members of the OCSCG. Turf wars and medical minutiae have been reduced through collaboration in a joint public- and private-sector group whose members report back to their respective organizations. Perhaps this approach to changes in health care can be applied to other areas.

Progress is being made. Much is still to be done, but it is never "too late" to begin.

E. Aileen Clarke, MB, MSc, FRCPC
Chair
Ontario Cervical Screening Collaborative Group
Toronto, Ont.

Dr. Cohen is to be commended for her insightful and provocative editorial. She identifies three prominent issues: priority and advocacy, professional issues and the complexity of the task. Although there is a need for "healthy scepticism," positive actions being taken in each of these areas may mitigate the gloomy picture Cohen describes.

Screening for cervical cancer has lacked strong advocacy and high-priority status on the women's health agenda as a result of the stigma of abnormal results of Papanicolaou smears and of sexually transmitted diseases. However, this situation is changing. Cervical cancer screening was addressed at the Canada–US Women's Health Forum in August. The Canadian Cancer Society and the National Cancer Institute of Canada have developed strategies for increased public awareness. Since 1976, Nova Scotia, Prince Edward Island, Ontario, Manitoba, Alberta and British Columbia have all developed or implemented critical components of a comprehensive program.

Professional issues have hindered implementation of coordinated screening programs in the past. However, the Canadian Society of Cytology will release this year an updated national consensus document on quality assurance guidelines for cytopathologists. The Society of Obstetricians and Gynaecologists of Canada has coordinated strategies for training, including obtaining adequate smears and following up abnormal results. National guidelines for colposcopy are available through the Canadian Society of Colposcopists, and guidelines for management of invasive cancer of the cervix have been published by the Society of Gynecologic Oncologists of Canada. Such national guidelines have gone far toward resolving the professional issues at a provincial level.

The complexity of prevention has been greatly reduced by the Cervical Cancer Prevention Network, a cooperative effort of federal, provincial and territorial representatives, supported by the Disease Prevention Division at Health Canada. This network facilitates the sharing of information and expertise on recruitment strategies, information systems, program management and evaluation. This information sharing has included national specialty societies, consumers, provincial administrators and analysts.

Coordination through a national network will help maintain the scope of preventive programs, minimize duplication of effort and allow implementation in a provincial or territorial context. If the decrease in the mortality and incidence of this type of cancer since 1969 continues, cervical cancer will no longer need to be a high-priority issue for the health of women in Canada.

Gavin C.E. Stuart, MD
Coordinator
Cervical Cancer Prevention Network
Gary V. Krepart, MD
President
Society of Obstetricians and Gynaecologists of Canada
Pierre Drouin, MD
President
Society of Gynecologic Oncologists of Canada
Maria Paraskevas, MD
Chair
Canadian Society of Cytopathology