back of liquid-based cytology notwithstanding, this technique does represent an improvement over conventional smear techniques. The few studies that satisfy today’s stringent criteria for quality of evidence have found liquid-based cytology to be significantly more sensitive than the conventional Pap test.2,3

The evidence for the effectiveness of the Pap test as a cancer control measure was obtained in an era before the randomized controlled trial paradigm became widespread. Newer techniques are being judged by criteria that are far more stringent than the ones used to place the Pap test on its current pedestal. Well-designed studies with suitable end points are expensive and take many years. Privileged observers of the cervical screening scene, such as Ellison, should take this into account before prematurely repudiating new methods.

We agree that it is unfortunate that reliance on new technologies may limit the practice of cervical cancer screening to a few commercial interests. However, as these technologies gain ground, competition is likely to ensue and the present monopolies will disappear.

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References

Support groups for people carrying a BRCA mutation

The study by Lisa Di Prospero and colleagues on the psychosocial impact of genetic testing for BRCA1 and BRCA2 mutations is important and one of the first to explore the perceptions of tested women in Canada.4 We believe, however, that it may be premature to state that the “organization of support groups for people found to have the gene mutation should be a priority” for clinical programs providing testing.

We are currently conducting a prospective study describing a range of outcomes of BRCA1 and BRCA2 testing among Quebecers during pretest genetic counselling and 1 month, 1 year and 3 years after result disclosure. Nearly half the projected consecutive series of 900 participants have been recruited to date. Participation exceeds 85%. Our data indicate relatively low interest in support groups in this population. Of the 91 subjects questioned to date at 1 year after they learned their test result, 27% of the people with a BRCA mutation (10/37), 20% of people of inconclusive results (2/10) and 14% of people without a BRCA mutation (6/44) expressed moderate or great interest in having access to support groups. Recent research among breast cancer patients suggests that peer discussion groups may be harmful to women who already have high levels of support.5 We acknowledge that the majority of people carrying a BRCA mutation who already have high levels of support should be encouraged to join support groups. Genetic testing populations are heterogeneous and one would not expect a single intervention to address the psychosocial needs of all people carrying a BRCA mutation.

We believe that psychosocial interventions for people undergoing genetic testing for breast cancer susceptibility are justified, given the current consensus that all people should have access to psychosocial care. However, given that our present state of knowledge is based on data from small numbers of tested people, more research may be needed before a clear-cut recommendation can be made concerning support groups.

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References

[The authors respond]

We thank Michel Dorval and colleagues for their interest in our study1 and agree with their statement that the majority of people carrying a BRCA1 or BRCA2 mutation do not need support groups. By no means were we trying to suggest that all people carrying one of these mutations should be encouraged to join support groups. Genetic testing populations are heterogeneous and one would not expect a single intervention to address the psychosocial needs of all people carrying a BRCA mutation.

What we did say was that “a significant minority of [people carrying a BRCA1 mutation] desire such a service.” This “significant minority” was 9 of the 24 patients who participated in our study (38%); this is not statistically sig-
significantly different from the 27% of people carrying a BRCA mutation in the survey by Dorval and colleagues who expressed moderate or great interest in support groups (p = 0.19, t-test for 2 proportions from independent groups). In another recently published needs assessment of Canadians carrying a BRCA mutation, 68% of women surveyed stated an interest in support groups and 34% said they would participate in a group if given the opportunity.2

Because the group support study by Helgeson and colleagues consisted of women receiving chemotherapy and “harm” was only noted for the physical and not the mental health parameters measured, it is not clear that their findings are relevant to healthy people carrying a BRCA mutation.3 Nevertheless, we acknowledge that there is potential for peer support groups to do harm.

We are currently developing a group therapy model for people carrying a BRCA mutation that involves careful attention to the content as well as the process of delivery, and in-depth training of the group leaders. Each group includes women who have and have not had cancer. Feedback from the participants has been almost universally positive.

Funding of global health research

As I catch up on my reading of CMAJ while in La Paz, Bolivia, where I am a volunteer for the Canadian Society for International Health, it seems important to endorse comments made by Victor Neufeld and colleagues regarding funding by the Canadian Institutes of Health Research.1 They reminded us of the 1990 recommendation of the Commission on Health Research for Development that “at least 5% of international aid for the health sector should be earmarked for research and strengthening of research capacity” in countries receiving aid from industrialized countries. Earmarking aid in this way is not only consistent with Canadian values, it is also in our self-interest to do so.

References