cancer, but such a tool might help to estimate the risk–benefit ratio for her individual case.

Michelle Greiver
Family Physician
North York, Ont.

References

1. Wooltorton E. Tamoxifen for breast cancer prevention: safety warning. *CMAJ* 2002;167(4):378-9.
2. Farquhar D. Postmenopausal hormone replacement therapy for chronic disease prevention: results from the Women's Health Initiative trial. *CMAJ* 2002;167(4):377-8.
3. Fisher B, Costantino JP, Wickerham DL, Redmond CK, Kavanah M, Cronin WM, et al. Tamoxifen for prevention of breast cancer: report of the National Surgical Adjuvant Breast and Bowel Project P-1 Study. *J Natl Cancer Inst* 1998;90:1371-88.
4. Gail MH, Costantino JP, Bryant J, Croyle R, Freedman L, Helzlsouer K, et al. Weighing the risks and benefits of tamoxifen treatment for preventing breast cancer. *J Natl Cancer Inst* 1999;91:1829-46.

[Mitchell Gail responds:]

My colleagues and I have shown how to compare the risks and benefits of tamoxifen by combining 3 ingredients:[1] the absolute risks of breast cancer and other endpoints, such as stroke, in the absence of tamoxifen; the effects of tamoxifen on these background risks (from data in Fisher and associates[2]); and weights for comparing the various outcomes. We used weights of 1.0 for life-threatening outcomes (invasive breast cancer, stroke, pulmonary embolism, hip fracture and endometrial cancer), 0.5 for severe outcomes (in situ breast cancer, deep vein thrombosis) and 0 for other events. We pointed out, however, that a woman's own preferred weights could be used. Tables 10 to 12 in Gail and colleagues[1] indicate that the risks of tamoxifen outweigh the benefits in many women, especially older women in whom the risks from stroke and endometrial cancer are appreciable. Indeed, Rockhill and collaborators[3] estimated that only 2.3% of women in the Nurses' Health Study would experience a net benefit, according to Tables 10 and 11 in our study.[1] These observations reinforce the warnings outlined by Eric Wooltorton.[4]

Greiver suggests that the findings of Gail and colleagues[1] be incorporated into a computer-based tool. Until such a program, properly validated, is available, Tables 10 to 12 in that article provide useful indications of net risk or benefit.[1]

Mitchell Gail
Division of Cancer Epidemiology and Genetics
National Cancer Institute
Bethesda, Md.

References

1. Gail MH, Costantino JP, Bryant J, Croyle R, Freedman L, Helzlsouer K, et al. Weighing the risks and benefits of tamoxifen treatment for preventing breast cancer. *J Natl Cancer Inst* 1999;91:1829-46.
2. Fisher B, Costantino JP, Wickerham DL, Redmond CK, Kavanah M, Cronin WM, et al. Tamoxifen for prevention of breast cancer: report of the National Surgical Adjuvant Breast and Bowel Project P-1 Study. *J Natl Cancer Inst* 1998;90:1371-88.
3. Rockhill B, Spiegelman D, Byrne C, Hunter DJ, Colditz GA. Validation of the Gail et al. model of breast cancer risk prediction and implications for chemoprevention. *J Natl Cancer Inst* 2001;93:358-66.
4. Wooltorton E. Tamoxifen for breast cancer prevention: safety warning. *CMAJ* 2002;167(4):378-9.

Getting the word out

In recent correspondence, Greg Allen[1] and Eric Wooltorton[2] criticized the method that Health Canada used to communicate risks associated with droperidol, in particular the choice of addressees for the drug safety information letter.[3] Health Canada sent its letter[3] to chiefs of medical staff of all Canadian hospitals, otolaryngologists, retail pharmacies and other health associations. The letter included a request (printed in bold) that it be distributed to health care professionals in each institution, which was an attempt to ensure that the letter would reach all health care professionals who might be prescribing or dispensing injectable droperidol.

Health care professionals have a shared responsibility to acquire, communicate and incorporate new information to enable informed decision-making by patients, and these aspects of professional practice form part of provincial and territorial standards of professional practice. Nonetheless, concerns about the failure of health care professionals to read "Dear Healthcare Professional" letters and to incorporate new drug safety information into practice have been raised previously.[4]

Health Canada's Marketed Health Products Directorate agrees that physicians and other health care professionals must learn of any new drug safety information quickly. Recommendations arising from a workshop on this topic are posted at Health Canada's Web site.[5] In addition, several strategies such as toll-free telephone and fax lines for reporting of adverse reactions and an electronic mailing list have been implemented to facilitate communication of product-related risks between Health Canada and health care providers. (Readers may subscribe to various advisory mailing lists at www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/adr.html).

Health Canada hopes that strengthening communication with health care professionals will stimulate spontaneous reporting of adverse reactions. Partnerships with stakeholders such as consumers, health care professionals, academia, industry and government are also important, as the responsibility for communicating drug safety information and incorporating new information into practice crosses jurisdictional lines.

Christopher Turner
Acting Director General
Marketed Health Products Directorate
Duc Vu
Manager
Marketed Pharmaceuticals and Medical Devices Division
Health Canada
Ottawa, Ont.

References

1. Allen G. Low-dose droperidol [letter]. *CMAJ* 2002;167(5):452.
2. Wooltorton E. Low-dose droperidol [letter]. *CMAJ* 2002;167(5):452.
3. Peterson RG. Cardiovascular toxicity with injectable droperidol. Ottawa: Health Canada, Therapeutic Products Directorate; 2002 Feb 12. Available: www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/advisory/tpd/droperidol_e.html (accessed 2002 Nov 8).
4. Jones JK, Fife D, Curkendall S, Goehring E Jr, Guo JJ, Shannon M. Coprescribing and codispensing of cisapride and contraindicated drugs. *JAMA* 2001;286;1607-9.
5. Summary report. Communicating Drug Safety