although the mean March 28, 2006 2004;291(14):1713-9. 2005;365(9456):305-11. 2005;173(8):877-81. Protein- and a less effi-

cient use of resources compared to radiologic exams. In the most


dominate strategy to a dominated strategy. We are not the only investigators

to suggest that CT colonography is an inferior screening test and CRC screening would require sig-

ificant capital expenditure to purchase new CT scanners along with the neces-
sary software. Just as more gastroen-
terologists would be required to ac-

commodate population-based CRC screening, more radiologists and tech-
nicians would need to be trained to per-
form primary screening using CT colonography. We agree that the ap-

propriate re-screening interval for CT colonography has not been estab-

lished. However, it is unlikely to be as long as suggested for colonoscopy un-
til further experience is gained. Shorter re-screening intervals are likely to oc-

cur in its early stages. All of these fac-
tors would undoubtedly increase the cost of a CT colonography-based CRC screening strategy.

Ultimately, it will be up to health policy decision-makers to decide whether or not to provide funding for CT colonography for CRC screening. We believe that resources for CRC screening would be better invested in CRC education and on improving access to our already established screening modalities.

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Conjugate vaccines and polysaccharide response

Purified polysaccharide vaccines work by activation of B cells in a T-independent manner, producing predominantly IgM and little memory B cells. Protein-polysaccharide conjugate vaccines (such as Prevnar/PCV7 which uses 7 prevalent polysaccharides to bind to non-toxic variant of diphtheria toxin, CRM197) allow the protein to present antigen on B cells and CD40/CD40L interaction, while T cells allow antibody class switching from IgM to IgG producing memory cells and longer re-

sponse. Conjugated vaccines usually use polyribosylribitol phosphate (PRP) conjugated with protein carriers and conjugate vaccines for Haemophilus influenzae and Neisseria meningitidis (using outer membrane proteins, OMP) have already been developed. However, conjugate vaccines may not work in high-risk categories like HIV-positive children and asplenics, and the PPV23 vaccine failure comorbid elderly needs to be identified and fol-

owed up. IgG subclass measurement for evaluation of vaccine response is vit-
a! anti-IgG1 pneumococcal antibodies in children (both with normal and ab-

normal immunity) and anti-IgG2 anti-

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Conjugate vaccines and polysaccharide response

Purified polysaccharide vaccines work by activation of B cells in a T-independent manner, producing predominantly IgM and little memory B cells. Protein-polysaccharide conjugate vaccines (such as Prevnar/PCV7 which uses 7 prevalent polysaccharides to bind to non-toxic variant of diphtheria toxin, CRM197) allow the protein to present antigen on B cells and CD40/CD40L interaction, while T cells allow antibody class switching from IgM to IgG producing memory cells and longer re-

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bodies in adults are the best discriminatory laboratory measure. The future seems certain for conjugate vaccines, and PPV23 may end up being a test to see polysaccharide response in an individual.

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Unnecessary distraction for specialist physicians

I read with interest the analysis and discussion of Audas and colleagues. I am at a loss to understand the role of the basic medical examinations for specialist and family physicians when they are allowed to practise in their specialist area of medicine. In my case, I am a consultant child and youth psychiatrist whose training, although from outside the US and Canada, was considered adequate by the Royal College of Physicians and Surgeons of Canada for specialty work. The time and energy that I will spend on preparing for the LMCC examinations could be better spent in CME pursuits that would impact on clinical care.

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