on the hazards of cardiac imaging without this crucial information?

I humbly request that CMAJ include absolute risk reduction and/or increase in every research article published.

Robert Y. Shaw MD
Internal medicine, Vancouver, BC

References
1. Wells G, Parkash R, Healey JS, et al. Cardiac resynchronization therapy: a meta-analysis of randomized controlled trials. CMAJ 2011;183:421-9.
2. Eisenberg MJ, Afilalo J, Lawler PR, et al. Cancer risk related to low-dose ionizing radiation from cardiac imaging in patients after acute myocardial infarction. CMAJ 2011;183:430-6.

Editor’s response
CMAJ is grateful for the reminder that what matters to a patient is the absolute risk.1 We should have made this easier for readers to find, especially in the second article to which Shaw refers.

The total mortality on optimal medical therapy was easy to see in Wells and colleagues’ article;2 in Figure 2 it was 250/1013, or 24.5%. The absolute risk of cancer was less easy to find in Eisenberg and associates’ article.3 One estimate might be 12 020 cancers diagnosed in 82 861 patients, as reported in the abstract; these occurred over an average follow-up time of five years according to the results, which suggests about 2.9 cases per 100 person years.

What these summary absolute risks hide, however, is that they may not be appropriate for an individual patient. Risk may vary with characteristics such as age, sex, severity of illness, comorbidity and family history. There is a long tradition of debate about whether to present research findings in terms of relative measures, which tend to be more stable between patient populations, or absolute measures, which have more immediate interpretability for clinicians and patients.4,5 We prefer to have both where possible, and we will make renewed efforts to remind authors to provide them.

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References
1. Shaw RY. Absolute risk reduction a must. CMAJ 2011;183:1517.
2. Wells G, Parkash R, Healey JS, et al. Cardiac resynchronization therapy: a meta-analysis of randomized controlled trials. CMAJ 2011;183:421-9.
3. Eisenberg MJ, Afilalo J, Lawler PR, et al. Cancer risk related to low-dose ionizing radiation from cardiac imaging in patients after acute myocardial infarction. CMAJ 2011;183:430-6.
4. Schwartz LM, Woloshin S, Dvorin EL, et al. Ratio measures in leading medical journals: structured review of accessibility of underlying absolute risks. BMJ 2006;333:1248.
5. Naylor CD, Chen E, Strauss B. Measured enthusiasm: Does the method of reporting trial results alter perceptions of therapeutic effectiveness? Ann Intern Med 1992;117:916-21.

CMAJ 2011. DOI:10.1503/cmaj.110-2068

Correction
CMAJ regrets the errors.

Reference
1. Colapinto CK, O’Connor DL, Tremblay MS. Folate status of the population in the Canadian Health Measures Survey. CMAJ 2011;183:E100-6.

CMAJ 2011. DOI:10.1503/cmaj.110-2069

Some letters have been abbreviated for print. See www.cmaj.ca for full versions.