tions from multiple physicians filled at multiple pharmacies. These authors found that a computer intervention that provided prescription information along with some basic decision support significantly decreased inappropriate prescribing.

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Use of Eprex in Canada

We are writing to correct and clarify several points in Barbara Sibbald’s article on recombinant human erythropoietin (epoetin alfa [Eprex]). Sibbald erroneously states that Health Canada has advised practitioners “against intravenous injection” of the drug “for patients with chronic renal failure.” In fact, Health Canada’s advisory of Jan. 13, 2004, recommended that “where intravenous access is available, Eprex HSA-[human serum albu-

Box 1: Guidelines for use of Eprex in Canada

Eprex HSA-containing formulation, multiuse vials
- Where intravenous access is available (e.g., patients on hemodialysis), HSA-containing formulation of Eprex should be administered intravenously.
- Where intravenous access is not available (e.g., patients with renal insufficiency not yet undergoing dialysis or peritoneal dialysis patients), the HSA-containing formulation may be administered subcutaneously, provided a risk–benefit assessment of this route of administration is conducted before initiation of therapy.

Eprex polysorbate-80-containing formulation (HSA-free), prefilled syringes
- Polysorbate-80-containing (HSA-free) formulation should be administered by the intravenous route only.

Note: HSA = human serum albumin.
ket, on a background of exposure to another similar product, must be weighed against any safety considerations. Systematic efforts are being made by academic researchers, Health Canada and the pharmaceutical industry to better define and address the problems of PRCA.

The importance of reporting adverse reactions to Health Canada or the manufacturer cannot be overstated. Health care practitioners are encouraged to familiarize themselves with the guidelines and mechanisms for adverse reaction reporting (see the Web site of the Canadian Adverse Reaction Monitoring Program, www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/index_adverse_e.html).

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Does testosterone affect effect?

When Luke Fazio and Gerald Brock1 write that “Testosterone . . . does not effect [sic] reflexogenic or psychogenic erections,” do they mean that testosterone does not directly cause (i.e., effect) such erections? Or did they mean to use “affect,” to indicate that testosterone does not influence or modify such erections? If, as I suspect, the latter is the case, then the corrected statement, that testosterone does not affect psychogenic erections, is somewhat at odds with a statement earlier in the same paragraph that “androgens play a predominantly modulating role by their effect on libido and sexual behaviour.”

Perhaps reference to the cited reference would affect (or even effect) clarity here.

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[One of the authors responds:]

We agree that our description of the impact of testosterone on penile erections2 was unclear. The literature supports a modulating role of testosterone on erectile function.2 This hormone clearly increases responsiveness to phosphodiesterase type 5 inhibitors, and testosterone levels correlate with measured frequency of sleep erections. However, testosterone levels do not directly correlate with erectile function, and supplementing low levels of testosterone in hypogonadal men or administering exogenous testosterone to eugonadal men generally does not enhance erectile performance.

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1. Fazio L, Brock G. Erectile dysfunction: management update. CMAJ 2004;170(9):1429-37.
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A n article about Germany’s new user fees1 should have stated that the price was 10 Euros (about Cdn$16.50).

Reference
1. Orellana C. Germany’s new user fee cuts doctor visits. CMAJ 2004;171(3):226.

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The report on the subcutaneous use of Eprex contained 3 errors. The most serious appeared in the first sentence of paragraph 2: in fact, Health Canada advised against subcutaneous injection of the drug, not intravenous as printed. The second error was use of the term “HSA-3” to describe the drug formulation containing polysorbate-80; the correct term is “HSA-free.” Finally, pure red cell aplasia is not always irreversible, as was stated in the article.

Reference
1. Sibbald B. Eprex warning issued, but no ban. CMAJ 2004;170(5):778.

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Corrections