[One of the authors replies:]

The current recommendation of the Canadian Cancer Society, Health Canada and the US Preventive Services Task Force is that asymptomatic women aged 50–69 should undergo biennial mammography screening for breast cancer.[1–3] The US National Cancer Institute's current recommendation[4] is for biennial mammography screening beginning at age 40, though this recommendation is being reviewed based on mixed evidence about the efficacy of mammography screening for women aged 40–49.

We certainly agree that it should be the case that recommended guidelines for any form of asymptomatic screening be reviewed periodically to ensure that they reflect best practice and current research. However, the purpose of our paper[5] was not to evaluate these guidelines. Rather, we sought to examine the extent to which rural- and urban-dwelling Canadian women are compliant with the currently accepted recommendations regarding mammography screening and to consider possible reasons for any observed differences.

Our analysis indicates that an important reason why rural women aged 50–69 have lower compliance with recommended guidelines is not access barriers, but rather differences in the attitude of rural women about the importance of regular mammography screening. Because these guidelines have been in place for years, we do see our results as evidence that efforts to communicate information on the importance of regular screening may have been relatively less effective in reaching rural women, and this may well generalize to other forms of screening.

Furthermore, we do not specifically advocate for the increased use of mobile mammography clinics in rural areas, but rather suggest that the increased use of mobile mammography clinics in rural areas should be "accompanied by efforts to increase awareness of the importance of mammography screening among women living in those areas." Without an effective information dissemination campaign, efforts for increasing cancer screening to recommended guidelines, *whatever those guidelines are*, may not prove to be very effective.

We also strongly agree with Dr. McRae's concluding statement that "any information campaign should honestly disclose the risks and benefits of screening and respect the decisions of those who choose not to be screened." Our results suggest, however, that it may be relatively more difficult to communicate effectively any information on mammography screening, including risks and benefits, to women living in rural and remote areas.

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REFERENCES

1. Canada Cancer Society. Breast cancer. Available: www.cancer.ca/Canada-wide/Prevention/Getting%20checked/Breast%20cancer%20NEW.aspx?sc_lang=en (accessed 2010 Sept. 2).
2. Health Canada. Mammography: It's your health. Available: www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/mammog-eng.php (accessed 2010 Sept. 2).
3. U.S. Preventive Services Task Force. Screening for Breast Cancer. Available: www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm (accessed 2010 Sept. 2).
4. National Cancer Institute. Breast cancer screening. Available: www.cancer.gov/cancertopics/pdq/screening/breast/healthprofessional (accessed 2010 Sept. 2).
5. McDonald JT, Sherman A. Determinants of mammography use in rural and urban regions of Canada. *Can J Rural Med* 2010; 15:52-60.

Correction

The authors of "Recruitment trumps retention: results of the 2008/09 CMA rural practice survey"[1] have indicated that a correction is in order. On page 106 at the top of the first column, "Given that the survey results showed that 14% of rural physicians intended to leave rural Canada within the next 2 years ..." should read "Given that the survey results showed that 14% of rural physicians intended to leave their communities within the next 2 years ...".

REFERENCE

1. Chauhan TS, Jong M, Buske L. Recruitment trumps retention: results of the 2008/09 CMA rural practice survey. *Can J Rural Med* 2010;15:101-7.