

backs of liquid-based cytology notwithstanding, this technique does represent an improvement over conventional smear techniques. The few studies that satisfy today's stringent criteria for quality of evidence have found liquid-based cytology to be significantly more sensitive than the conventional Pap test.^{2,5}

The evidence for the effectiveness of the Pap test as a cancer control measure was obtained in an era before the randomized controlled trial paradigm became widespread. Newer techniques are being judged by criteria that are far more stringent than the ones used to place the Pap test on its current pedestal. Well-designed studies with suitable end points are expensive and take many years. Privileged observers of the cervical cancer screening scene, such as Ellison, should take this into account before prematurely repudiating new methods.

We agree that it is unfortunate that reliance on new technologies may limit the practice of cervical cancer screening to a few commercial interests. However, as these technologies gain ground, competition is likely to ensue and the present monopolies will disappear.

Eduardo L. Franco

Departments of Oncology and
Epidemiology
McGill University
Montreal, Que.

Eliane Duarte-Franco

Department of Oncology
McGill University
Montreal, Que.

Alex Ferenczy

Department of Pathology
McGill University
Montreal, Que.

References

1. Franco EL, Duarte-Franco E, Ferenczy A. Cervical cancer: epidemiology, prevention and the role of human papillomavirus infection. *CMAJ* 2001;164(7):1017-25.
2. McCrory DC, Matchar DB, Bastian L, Datta S, Hasselblad V, Hickey J, et al. *Evaluation of cervical cytology*. Evidence report/technology assessment no 5; AHCPR publ no 99-E010. Rockville (MD): Agency for Health Care Policy and Research; 1999.
3. Franco EL. Statistical issues in human papillomavirus testing and screening. *Clin Lab Med* 2000;20:345-67.
4. Nanda K, McCrory DC, Myers ER, Bastian LA, Hasselblad V, Hickey JD, et al. Accuracy of the Papanicolaou test in screening for and follow-up of cervical cytologic abnormalities: a systematic

review. *Ann Intern Med* 2000;132:810-9.

5. Hutchinson ML, Zahniser DJ, Sherman ME, Herrero R, Alfaro M, Bratti MC, et al. Utility of liquid-based cytology for cervical carcinoma screening: results of a population-based study conducted in a region of Costa Rica with a high incidence of cervical carcinoma. *Cancer* 1999; 87:48-55.

Support groups for people carrying a *BRCA* mutation

The study by Lisa Di Prospero and colleagues on the psychosocial impact of genetic testing for *BRCA1* and *BRCA2* mutations is important and one of the first to explore the perceptions of tested women in Canada.¹ We believe, however, that it may be premature to state that the "organization of support groups for people found to have the gene mutation should be a priority" for clinical programs providing testing.

We are currently conducting a prospective study describing a range of outcomes of *BRCA1* and *BRCA2* testing among Quebecers during pretest genetic counselling and 1 month, 1 year and 3 years after result disclosure. Nearly half the projected consecutive series of 900 participants have been recruited to date. Participation exceeds 85%. Our data indicate relatively low interest in support groups in this population. Of the 91 subjects questioned to date at 1 year after they learned their test result, 27% of the people with a *BRCA* mutation (10/37), 20% of people with inconclusive results (2/10) and 14% of people without a *BRCA* mutation (6/44) expressed moderate or great interest in having access to support groups. Recent research among breast cancer patients suggests that peer discussion groups may be harmful to women who already have high levels of support.² This is an important point, as 75% of the participants in the study by Di Prospero and colleagues felt that support from family and friends was meeting their needs.

We believe that psychosocial interventions for people undergoing genetic testing for breast cancer susceptibility are justified, given the current consensus that all people should have access to psychosocial care. However, given that our present state of knowledge is based on data from small numbers of tested

people, more research may be needed before a clear-cut recommendation can be made concerning support groups.

Michel Dorval

Assistant Professor
Faculty of Pharmacy
Laval University
Quebec City, Que.

Elizabeth Maunsell

Professor
Department of Social and Preventive
Medicine
Laval University
Quebec City, Que.

Michel J. Dugas

Assistant Professor
Department of Psychology
Concordia University
Montreal, Que.

Jacques Simard

Professor
Department of Anatomy and Physiology
Laval University
Quebec City, Que.

References

1. Di Prospero LS, Seminsky M, Honeyford J, Doan B, Franssen E, Meschino W, et al. Psychosocial issues following a positive result of genetic testing for *BRCA1* and *BRCA2* mutations: Findings from a focus group and a needs assessment survey. *CMAJ* 2001;164:1005-9.
2. Helgeson VS, Cohen S, Schulz R, Yasko J. Group support interventions for women with breast cancer: Who benefits from what? *Health Psychol* 2000;19:107-14.

[The authors respond:]

We thank Michel Dorval and colleagues for their interest in our study¹ and agree with their statement that the majority of people carrying a *BRCA1* or *BRCA2* mutation do not need support groups. By no means were we trying to suggest that all people carrying one of these mutations should be encouraged to join support groups. Genetic testing populations are heterogeneous and one would not expect a single intervention to address the psychosocial needs of all people carrying a *BRCA* mutation.

What we did say was that "a significant minority of [people carrying a *BRCA* mutation] desire such a service." This "significant minority" was 9 of the 24 patients who participated in our study (38%); this is not statistically sig-