Getting our journal to developing countries

What a marvellous and generous move to provide free access to BMJ journals and especially Embase.com will follow your golden footprints such as the Cochrane Collaboration and very helpful.

We have tried several means of obtaining journals, the most useful of which was our friends from the UK sending us their journals after they had read them. They do reach us, but usually in the form of a big package of six months’ worth of the BMJ or Lancet, which is not easy to get through with the overwhelming clinical duties of most doctors working in developing countries.

Now with the rapid advances in telecommunications, most provincial hospitals have access to the Internet. In our hospital, all doctors have free access to the Internet through a dedicated computer, which has proved to be very helpful.

It is a genuine and very helpful step from Gut and we hope that other journals (for example, Gastroenterology) or other organisations will follow suit. We are indeed grateful to you all. We thank Dr Chaoui and Dr Blake for their comments. In our paper we clearly pointed out that this was an initial study and our initial experience. CT colonography is observer dependent. We noticed an improvement of our results during the course of this study, mainly in relation to increased experience of observers. In the discussion, we pointed out the different factors that should be improved in further studies, such as data acquisition in supine and prone position, as well as initial evaluation of 2D data sets, followed by interpretation of 3D data sets.

Concerning the issues raised by Chaoui and Blake, we would like to make the following points:

1. Patients in our study were mostly selected subjects according to their history or symptoms. We did not state that we were dealing with a screening study.

2. We discussed the technical improvements and changes and pointed out that patients should be screened in supine and prone position.

3. We intended to demonstrate the evidence of a learning process in comparing two groups of patients. Our results show that CT colonography is an observer and experience dependent technique. For the first time, we thus documented the necessity of thorough training.

4. Interobserver agreement was assessed between 2 teams. Non-radiologists of each team assisted the senior radiologist in the interpretation, and the final judgment was consensual.

5. We agree with the comment regarding the use of volume rendering rather than surface rendering algorithms.

We recently performed a second study, applying the technical modifications mentioned above. Results indicate a major improvement of sensitivity and specificity per patient.

Author’s reply

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