

Practice Commentaries

I have worked in the cancer registry field, and this led me to want to have an impact on public attitudes toward the early detection and prevention of cancer. Being a CACP volunteer gave me a unique opportunity to be a facilitator for cancer prevention and early detection services in medical practices.

The CACP training program prepared the volunteers in all aspects of the programs. We learned about and helped implement methods to evaluate current prevention and detection practices and could provide practices with whatever help they needed. In today's cultural environment, we found it necessary to arrange for some bilingual material. I found the available materials—prevention/detection pamphlets, flow sheets, chart identifiers, quit-smoking labels, postcard reminders, and prevention reminder notes—impressive.

Overall, the experience was quite gratifying and I would recommend it to others.

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The ACS's CACP project has given The Manchester Community Health Center, in New Hampshire, some very good ideas that have been incorporated into their newly updated health maintenance flow sheets. This program does have a lot to offer all practices, and has been a wonderful learning tool from which to gather information.

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Clinical Pearls

In Israel, children (mean age, 9 years) with recurrent abdominal pain underwent endoscopy. About half had antral biopsy results positive for *Helicobacter pylori*, which was then treated. About one fifth required retreatment. Within 8 months, all of these patients were asymptomatic. (*Am J Gastroenterol.* 1995;90:906-909.)

In the transport of patients with uncomplicated seizures to the emergency department, the low rate of spinal injuries (none in 1656 cases) suggests that spinal precautions are not necessary. This would lower the cost of transport. (*Am J Emerg Med.* 1995;13:512-513.)

Calcium channel blockers are associated with gingival hypertrophy. The incidence rate was 38% in those patients receiving nifedipine, 21% in those receiving diltiazem, and 19% in those receiving verapamil. (*Ann Intern Med.* 1994;120:663-664.)

Who finds cervical laser treatment most painful? Answer: Anxious women with no children. At risk of more pain with cervical laser treatment were nulliparous women, those with a history of dysmenorrhea, and those who had acute preoperative anxiety. (*Gynecol Oncol.* 1994;52:44-49.)