LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Online information on AIDS

Sir,

OASIS (online AIDS support and information system) provides information about the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) for the primary health care team, and we have now been running the system live for 12 months. By connecting any of a range of cheap microcomputers to their own telephone line, health care workers can obtain 24-hour access to up-to-date HIV/AIDS information, free of charge, in their own workplace.

OASIS is an important resource for general practitioners, and is simple to use. The interactive nature of the system allows it to be responsive to the information needs of the users, and provision for changing information and target audience are an integral part of the system design. A dentist, for example, logged on and left the message 'Fine. What about some information for dentists?' Having run the system on a local basis we are now exploring the interest expressed by various bodies in establishing it more widely.

We would like to address several points raised in the discussion paper on AIDS (May *Journal*, p.219). In discussing communication, the importance of links is emphasized. An essential prerequisite of linkage is a knowledge of what links are available in the locality — information about support groups; information about the times of local sexually transmitted disease clinics and their specialties; AIDS counsellors and helplines; courses for general practitioners and their staff. But all these sets of information are susceptible to change, and this demands appropriate application of information technology.

In several places in the paper, the need for education, for both staff and patients, is referred to. Such education relies heavily on centrally provided resources at various levels — leaflets, posters, videos, distance-learning packs, and so on. A catalogue of such resources changes weekly, and keeping pace with this is well beyond the average practice and there is a corresponding problem for the providers. As information about AIDS burgeons, this approach becomes increasingly untenable. Once again, appropriate use of interactive technology can help by allowing online access to the latest information.

OASIS is a symbiosis between information technology and clinical medicine. While a cure or vaccine eludes us, information is our main weapon against HIV/AIDS, and we need to exploit the available technology.

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Follow up of bladder cancer — the use of screening tests in predicting asymptomatic recurrence

Sir,

Frank haematuria is a dramatic symptom and is the commonest presenting feature of bladder cancer.[1] A recent prospective study by Gillatt and O'Reilly[2] of 100 consecutive patients presenting with haematuria, found that 52 had serious urological diseases and 37 had a urinary tract malignancy (29 of these had bladder cancer). Though common as a prescribing symptom, haematuria is often absent in low grade recurrences.

We would like to report the results of a study on patients with a known history of bladder cancer, who were admitted for a check cystoscopy. Patients who had had an episode of haematuria since their last cystoscopy were excluded from the study. A total of 30 consecutive asymptomatic patients with known transitional cell carcinoma of the bladder were screened using dipstick urinalysis (Labstix), microscopy on a midstream urine sample and urinary cytology. The results of the screening tests were correlated with the findings at check cystoscopy.

Two patients had positive findings in all three tests and they both had recurrent tumour. Of the four patients who had both positive urinalysis and microscopy two had recurrent tumour. One patient had a positive urinalysis only.

At cystosocpy 13 of the 30 patients (43%) had recurrence of tumour. Only four of these had any positive screening tests while the remaining nine had negative results on all three screening tests. Cystoscopy is the only safe method for the follow up of bladder cancer but is not without its risks to patients who are often elderly and unfit.

We found the screening tests a useful predictor of recurrence of tumour if positive but there was a high false negative rate. The results indicate that patients with a diagnosed bladder cancer should have regular cystoscopy to diagnose and treat tumour recurrence. The increasing use of the flexible cystoscope should make this a safer and simpler procedure.

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2. Gillatt DA, O'Reilly PH. Hematuria analysed — a prospective study. *J R Soc Med* 1987; **80**: 559-560.