port results in a manner which facilitates comparison across studies, since consistency is a stronger basis for inference than $p$ values, however small, from a single study.

The asymmetry between our example and his is further illustrated by considering the results obtained by fitting the logistic regression model. For our example the standardized regression coefficient for the possible confounder was 0.00, whereas in his example it is 4.80. No data analyst would retain the variable in the first case, but it would be common practice to retain it in the second.

To address Thompson's final point, we should clarify that the comments in the introduction of our paper apply throughout. When we refer to a causal relationship between a variable and disease, we do not require that the variable be directly related biologically to disease. If a variable acts as a surrogate (or proxy) for the true cause, it will be correlated with disease status and may still be considered a true confounder.

**References**


Nicholas E. Day
Unit of Biostatistics
International Agency for Research on Cancer
Lyon, France

David P. Byar
Sylvan B. Green
Clinical and Diagnostic Trials Section
National Cancer Institute
Bethesda, MD 20205

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**RE: "ELIMINATION OF 'LEAD TIME' BIAS IN ASSESSING THE EFFECT OF EARLY BREAST CANCER DIAGNOSIS**

In their article, Jacques et al. (1) compared the proportion of deaths due to breast cancer vs. other causes in women with localized vs. advanced disease at diagnosis, asserting that "cause of death . . . is unaffected by 'lead time' bias." Since their follow-up period was long, i.e., 23 years, all or virtually all of the deaths from breast cancer among the women they were studying would have occurred and the effects of lead time bias would be minimal or absent. Others might be tempted to apply this method with shorter follow-up durations. If such durations were much shorter, e.g., only three or five years, lead time could still have a biasing effect, in that more of the patients diagnosed at an early stage would not yet have died from the disease under study because of a relative advance in their diagnosis date. Thus, there could be a misleading relative deficiency of deaths due to the disease of concern in those diagnosed at an early stage. Potential users should be cautioned against using short follow-up durations when applying this method, which studies only the decedents, to the assessment of prognosis of different stages of a disease at time of diagnosis.

**References**


Gary D. Friedman
Dept. of Medical Methods Research
Kaiser-Permanente Medical Care Program
3451 Piedmont Avenue
Oakland, CA 94611