out serious possible recall bias that could affect the validity of these associative studies.

Therefore, it was perplexing to understand why this potential recall bias was not mentioned in the above article. By identifying this potential bias, I believe your journal is obligated to request that authors address these issues or alter the design of their studies. Without attending to these concerns, one has to question what conclusions can be drawn from Dr Marozzi’s article.

References

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Dear Sir
The letter written by Dr Rychlik raises some concerns regarding the data collection and the possibility of a recall bias in our survey. There are, however, some points which must be underlined.

Firstly, despite the publication of our article in the January 2000 issue (Marozzi et al., 2000), the manuscript was accepted before the publication of the Van Kasteren article (Van Kasteren et al., 1999). Secondly, I am very concerned regarding the recruitment of the probands showed by Van Kasteren, since answering a newspaper advertisement may itself introduce a bias in the patient selection. In fact, this method of recruitment may be based on the acceptance of the clinical condition by the patient and also on her personality. Thirdly, I would like to underline again that our findings were obtained on family studies, and thus the data such as the age of menopause were obtained directly from the relatives and not from the proband. This makes the recall bias not applicable to our study.

I do agree that, in general, the recall bias discussed should be kept in mind whenever a family study is started, and this letter by Dr Rychlik gives me the opportunity to further emphasise the need to interview the relatives rather than just rely on the patient’s memory.

References

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