aimed squarely at determining whether the timing of their surgery matters,” said Love. “In the meantime, as we really don’t know one way or the other, I see no harm from scheduling these patients [for surgery] during the early luteal phase.”

That view, however, drew a dissent from Memorial Sloan-Kettering’s Senie, an epidemiologist. She thinks “it would be a disaster” to launch a prospective trial of surgery based on menstrual timing now.

“For one thing,” she said, “I don’t think my surgical colleagues would be about to do this and I say this as someone who works in a department of surgery. In fact, the form patients here fill out used to ask ‘when was your last menstrual period?’ but it no longer does because so many patients wanted to know why the question was included that our surgeons, who are busy, found that the explanations were taking up too much of their time.”

**Piecemeal Interventions**

“Besides that,” Senie continued, “I doubt that randomizing patients by menstrual phase — as a rigorous prospective trial would require — is a realistic possibility. It might have been when it was standard for patients to return from the operating room with or without a mastectomy depending on what the pathologist had reported to the surgeon. But with needle aspiration biopsies and excision biopsies, not to mention diagnostic mammography, things are done piecemeal, and the days when no time elapsed between diagnosis and surgery are gone.”

So would Senie abandon menstrual timing research? Not at all. Instead, she hopes to piggy-back hormonal measurements onto a registry that is getting under way at Memorial Sloan-Kettering.

The registry will track the psychological impact of diagnostic and treatment procedures on premenopausal patients and monitor their fertility.

Meanwhile, it is still customary in Italy to do the definitive biopsy and surgery simultaneously. Accordingly, Umberto Veronesi, M.D., of the European Institute of Oncology in Milan, has started a prospective six-center trial that will compare disease-free and long-term survival in patients operated on in the follicular versus luteal phase of their cycle.

(As mastectomy and lumpectomy plus radiation have been shown to be equivalent, patients who undergo either are eligible for the trial provided that their tumors are no more than 5 centimeters in diameter. Regardless of which procedure, all patients will have axillary dissections for lymph node and hormonal receptor evaluation as well.)

Veronesi’s inspiration for the trial was his earlier review of the cases of 1,175 women — all treated at his institution — for whom the date of the last

---

**Stat Bite**

**Pap Test Abnormalities by Diagnosis**

An estimated 50 million Pap tests are performed in the United States each year, with abnormalities detected in 5% to 10% of the specimens. Most abnormalities are mild and consist of atypical squamous cells of undetermined significance (ASCUS) or low-grade squamous intraepithelial lesions (LSIL). Management of these abnormalities is problematic: Most of the women have lesions that will spontaneously regress, but a small proportion are at risk of a high-grade lesion, either concurrently or in the future. The National Cancer Institute-sponsored ASCUS/LSIL Triage Study (ALTS) is under way to determine the optimal management of mild Pap abnormalities, which could potentially reduce unnecessary treatment, morbidity, and costs.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Cases/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>15,000</td>
</tr>
<tr>
<td>HSIL</td>
<td>300,000</td>
</tr>
<tr>
<td>LSIL</td>
<td>1,250,000</td>
</tr>
<tr>
<td>Atypical Squamous Cells</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

*All numbers are rough estimates.

---

*By Diane Solomon, M.D., NCI*