the authors note that many of the patients had dense mammograms. This is a variable that is not considered in the analysis, despite the fact that many others are considered.

Indeed, the ability to obtain samples of breast cells and to detect the presence of hyperplasia (2) may be closely associated with dense mammograms, and this variable, also associated with breast cancer risk (3), should be added to the analysis in future studies of aspirated samples for risk analysis.

DAVID PAGE

REFERENCES


NOTE

Correspondence to: David Page, M.D., Department of Pathology, Vanderbilt University School of Medicine, Medical Center North, C-3321, 21st Ave., South, Nashville, TN 37232-2561.

RESPONSE

We agree with Dr. Page that mammographic breast density is an important variable that may be associated with risk of development of breast cancer. However, we were not able to incorporate quantitative breast density data into the analysis because not all mammograms before fine-needle aspiration were performed at the University of Kansas Medical Center, Kansas City, and, therefore, were not readily available for digitization. Approximately 6 years ago, we did institute a policy that all preaspiration mammograms must be performed in our facility. For the past 3 years, we have also required that a calibration step wedge be included. This will hopefully provide us the opportunity to assess breast density (quantitatively as well as qualitatively) as a putative risk factor in the future. Breast density is also being studied along with random periareolar fine-needle aspiration cytology as a potential surrogate end point biomarker in our phase II chemoprevention trials.

CAROL J. FABIAN
BRUCE F. KIMLER
MATTHEW S. MAYO

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Affiliation of authors: University of Kansas Medical Center, Kansas City.

Correspondence to: Carol J. Fabian, M.D., University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160–7820 (e-mail: cfabian@kumc.edu).