

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

- Marozzi, A., Vegetti, W., Manfredini, E. *et al.* (2000) Association between idiopathic premature ovarian failure and fragile X premutation. *Hum. Reprod.*, **15**, 197–202.
- Van Kasteren, Y.M., Hundscheid, R.D.L., Smits, A.P.T. *et al.* (1999) Familial idiopathic premature ovarian failure: an overrated and underestimated genetic disease? *Hum. Reprod.*, **14**, 2455–2459.

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Regarding recall bias in the association between idiopathic premature ovarian failure and fragile X premutation

Dear Sirs

In a recent article, Dr Marozzi and others (2000) describe the link between fragile X and premature ovarian failure (Marozzi *et al.*, 2000). This topic remains a debated issue among endocrinologists because of the casual relation found in many pedigrees. However, recently Von Kasteren *et al.* (1999) brought to light a potential recall bias when interviewing probands with premature ovarian failure. In Dr Von Kasteren's paper, women with premature ovarian failure were asked to construct pedigrees about the ages of menopause in family members. The incidence of premature ovarian failure was found to be 22.2% (Van Kasteren *et al.*, 1999). When these family members were interviewed individually, the incidence of familial premature ovarian failure dropped by 57% to only 12.7%. This article, published in Human Reproduction, pointed

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

- Marozzi, A., Vegetti, W., Manfredini, E. *et al.* (2000) Association between idiopathic premature ovarian failure and fragile X premutation. *Hum. Reprod.*, **15**, 197–202.

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