Estimates of familial risks from family data are biased when ascertainment of families is not independent of family history: Author's response

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Second, it was presumed in our study that more colonicoscopy were performed in FDRs in response to a diagnosis of CRC in probands. This would lead to higher frequencies of colonicoscopies in FDRs than in the general population, possibly leading to more diagnoses. To avoid this bias we did not use follow-up data from FDRs after the time of diagnosis of CRC in a proband (censoring). It is still possible that more colonicoscopies have been performed in FDRs as a result of HPS diagnosis in the absence of CRC in the proband, although a diagnosis of HPS in the time frame of our study was not considered an indication for colonicoscopic screening of relatives.

As an alternative for familial CRC analysis, Win et al suggest comparing family histories of patients with HPS and non-HPS patients who, as a whole, had the same a priori risk of being diagnosed with HPS. In our opinion, an ideal study would be to perform colonicoscopic screening in all FDRs of patients with HPS as well as an age- and gender-matched control group from the general population. Such data may become available from large-scale colonooscopic screening studies.

In all, we were well aware of the potential biases that could have inflated our estimates of RR and accordingly applied various measures to avoid these. We therefore believe that our study provides a fair representation of patients with HPS, their FDRs and the associated familial risk of CRC in a clinical setting.

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REFERENCES


