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Dear Sir/Madam

We thank Dr Van Bockstal and colleagues for their letter, titled 'The Baader-Meinhof phenomenon in ductal carcinoma *in situ* of the breast' in response to our review 'Ductal carcinoma *in situ*- update on risk assessment and management'<sup>1</sup>. Van Bockstal *et al* raise the issue of the often ignored ductal carcinoma *in situ* (DCIS) microenvironment, in particular myxoid-appearing stroma, and its role in modulating disease outcome in DCIS.

As Van Bockstal *et al* acknowledge, detailed appraisal of the prognostic significance of the DCIS microenvironment was beyond the scope of our review. While we did not specifically draw attention to the changes in the DCIS stroma seen in Figure 1 of our review, we acknowledge the importance of the DCIS microenvironment in determining disease outcome. This has been demonstrated by the work of Van Bockstal *et al*<sup>2</sup>, which we cited in our review, and others investigating the role of myoepithelial cells<sup>3,4</sup>, stromal proteins<sup>5,6</sup>, and the immune response in DCIS<sup>7</sup>. Indeed, we have published extensively on the role of the tumour microenvironment in DCIS, including angiogenic patterns surrounding DCIS<sup>8,9</sup> and the significance of the immune infiltrate to prognosis<sup>7</sup>.

The microenvironment is clearly a major factor in DCIS biology which in the past has been overshadowed by an emphasis on the tumour epithelium. As Van Bockstal *et al* state, it is hoped that increased awareness of and research into the non-epithelial components of a DCIS lesion will lead to the development of improved DCIS biomarkers to optimise patient management.

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Yours faithfully

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