Reply to Chow and Hurley

Chow and Hurley raise the issue of important factors that may influence patient outcomes in patients with candidemia [1]. The literature shows that persistent neutropenia and catheter removal may indeed affect survival negatively in patients with candidemia [2, 3]. However, the literature is less conclusive regarding the effect on mortality of the different Candida species [2, 4]. Chow and Hurley postulate that these factors need to be accounted for and controlled in our study. We believe the strength of our study resides in its large number of patients and the homogeneity of the management. Performing subanalysis on smaller or underrepresented subpopulations would significantly decrease the statistical power. We wholeheartedly agree that systematically studying the influence of such risk factors on mortality and on (1, 3)-β-D-glucan (BG) levels would be of interest for future studies.

The time interval between initial and last available BG in our study is variable, as is the number of samples per patient. When looking at the overall response assessment model, we attempted to correct and harmonize for that variability by looking not at individual levels or changes from baseline, but at the overall direction of the slope. The "glucan burst" upon initiation of therapy is a theoretical consideration that requires a different study design. We also felt it was important to investigate the prognostic value of a single measurement by constructing the receiver operating characteristic curves using the baseline level data, and attempted to do so taking into account the limitations that Chow and Hurley articulate.
Chow and Hurley bring forward important considerations to be taken into account when designing a potential future prospective study specifically geared to confirm and expand our findings.

Notes

Financial support. L. O. has received institutional grant support from Pfizer and Associates of Cape Cod.

Potential conflicts of interest. Both authors: No reported conflicts.

Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

Siraya Jaijakul and Luis Ostrosky-Zeichner
Division of Infectious Diseases, University of Texas Health Science Center at Houston

References


