Reply to Seddon, Schaaf, and Hesseling

To the Editor—We agree with Drs Seddon, Schaaf, and Hesseling that research focused on optimizing the use of second-line drugs for children with drug-resistant tuberculosis is urgently needed [1]. As the authors state, the disease burden and spectrum are different in young children and adults; pediatric pharmacokinetic and efficacy data for second-line drugs are limited; and formulation and toxicity issues exist that are unique to young children. Indeed, this topic is of such importance and complexity that we feel that it merits its own full-length article to be adequately addressed. A review of the existing evidence for use of second line drugs in pediatric populations which also identifies high-priority topics and suggests methods of inquiry and models for research of unique or special importance to children with drug-resistant tuberculosis would be of extreme value for the tuberculosis research community and to clinicians who care for children with tuberculosis. We regret having omitted mention of pediatric patients in our review and would direct readers to a recently-published review of pediatric use of second-line tuberculosis drugs authored by Drs Seddon, Schaaf, and Hesseling and their colleagues [2].
**Potential conflicts of interest.** All authors: No reported conflicts.

All 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.

Kelly E. Dooley,1 Carole Mitnick,2 Mary Ann DeGroote,2 Ekwaro Obuku,4 Carol D. Hamilton,5 Mamodikoe Makhene,6 Sarita Shah,7 James C. M. Brust,7 Nadza Durakovic,8 and Eric Nuermberger1; on behalf of the Efficacy Subgroup, RESIST-TB

1Johns Hopkins University School of Medicine, Baltimore, Maryland, 2Harvard Medical School, Boston, Massachusetts, 3Mycobacterial Research Laboratories, Colorado State University, Fort Collins, Colorado; 4AIDS Relief Programme and Joint Clinical Research Centre, Kampala, Uganda; 5Health and Development Sciences, Family Health International, Durham, North Carolina; 6National Institutes of Health, Bethesda, Maryland, 7Albert Einstein College of Medicine, Bronx, New York, and 8Partners In Health, Boston, Massachusetts

**References**


Correspondence: Kelly E. Dooley, MD, PhD, Division of Clinical Pharmacology, 600 N Wolfe St, Osler 527, Baltimore, Maryland 21287, USA (kdooley1@jhmi.edu).

Clinical Infectious Diseases 2013;56(1):168–9

© The Author 2012. Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.

DOI: 10.1093/cid/cis820