Reply to Oude Lashof and Vogelaers

To the Editor—We thank Drs Oude Lashof and Vogelaers for their constructive comments regarding our analyses [1, 2]. The datasets were obtained from the authors or sponsors of the primary studies and the merged dataset was constructed based on the a priori specified primary outcome. To avoid double counting, the sequential treatment arm was considered in the amphotericin therapy group. Although we agree with the author that maximizing the data in each dataset would have been ideal, we were constrained by variation in the data provided to us with regard to choice of variables, collection, and reporting. Given that our results are consistent with the individual study results from the included studies, it is unlikely that a slightly larger sample size would materially change the findings.

Our recommendations regarding initial use of an echinocandin stem from our results. However, we do not suggest that echinocandins need to be continued for the entire duration of therapy. Oude Lashof and Vogelaers further state that echinocandin therapy will induce a significant financial burden on the healthcare system. While our study did not include a pharmacoeconomic analysis, we agree that use of an alternative to echinocandins will result in more death, which is often less expensive to the healthcare system. However, we think it is likely that a broader analysis that includes the impact of longer life and productivity to society would favor use of this drug class for invasive candidiasis.

Note

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.

Nasia Safdar,1 John Baddley,2 and David Andes1

1 Department of Medicine, University of Wisconsin, Madison; and 2 Department of Medicine, University of Alabama at Birmingham

References


2. Oude Lashof AML, Vogelaers D. Does a patient-level quantitative review of randomized...
trials on the outcomes in candidemia and invasive candidiasis need to include all patients? Clin Infect Dis 2013; 56:1514–5.

Correspondence: David R. Andes, MD, Department of Medicine, Section of Infectious Diseases, University of Wisconsin Hospital, 600 N Highland Ave, Rm H4/572, Madison, WI 53792 (dra@medicine.wisc.edu).

Clinical Infectious Diseases 2013;56(10):1515–6
© The Author 2013. 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/cit062