We agree with Matsuoka et al. that the TRIBE study did not compare two preplanned first-line and second-line strategies. Despite this fact, in the control group, 64% of candidates for second-line therapy received oxaliplatin, and an additional 14% received oxaliplatin in third-line treatment. Furthermore, 100% of the patients in the FOLFOXIRI group received all three cytotoxic agents, whereas 22% of the patients who were treated with a first-line doublet never received the third agent.

Chiara Cremolini, M.D.
Fotios Loupakis, M.D., Ph.D.
Azienda Ospedaliero–Università Pisana
Pisa, Italy
Alfredo Falcone, M.D.
Università di Pisa
Pisa, Italy
alfredo.falcone@med.unipi.it

Since publication of their article, the authors report no further potential conflict of interest.


DOI: 10.1056/NEJMct1413996

--

Community-Acquired Pneumonia

TO THE EDITOR: In their review article, Musher and Thorner (Oct. 23 issue)1 favor performing pneumococcal urinary antigen testing in hospitalized patients with community-acquired pneumonia (CAP). This assessment with the use of an immunochromatographic card test (ICT) gives results in 15 minutes. International guidelines recommend its use in patients with CAP, and it has been proposed to narrow the spectrum of empirical antibiotic therapy in such patients (i.e., changing from cephalosporin or fluoroquinolone to amoxicillin).2 However, in a trial comparing empirical treatment with targeted treatment on the basis of urinary antigen results in hospitalized patients with CAP, the authors did not find any outcome-related or economic benefit of targeted therapy, although they found more relapses among patients treated with targeted therapy.3 Furthermore, ICT provides positive results in the case of mixed infection including Streptococcus pneumoniae but also in the case of monomicrobial infection related to Escherichia coli, Klebsiella pneumoniae, or E. cloacae.3-5 Tailoring antibiotic therapy to the results of ICT in these situations could be extremely deleterious. Physicians should be aware that the results of this easy-to-perform test provide information that should be interpreted with caution, especially in patients with severe CAP.

Eric Maury, M.D., Ph.D.
Jonathan London, M.D.
Georges Offenstadt, M.D.
Hôpital Saint Antoine
Paris, France
eric.maury@sat.aphp.fr

No potential conflict of interest relevant to this letter was reported.


DOI: 10.1056/NEJMct1414306