REFERENCES


Response

To the Editor:

We thank Drs Fu and colleagues for their letter regarding the applicability of the American College of Chest Physicians guidelines on antithrombotic and thrombolytic therapy for valvular disease to Chinese patients. To clarify, the guidelines on mechanical valves recommend the following:

1. In patients with a mechanical aortic valve, we recommend VKA (vitamin K antagonist) therapy with a target of 2.5 (range, 2.0-3.0) over higher targets (Grade 1B).

2. In patients with a mechanical mitral valve, we suggest VKA therapy with a target of 3.0 (range, 2.5-3.5) over lower international normalized ratio (INR) targets (Grade 2C).

3. In patients with mechanical heart valves in both the aortic and the mitral positions, we suggest target INR 3.0 (range, 2.5-3.5) over target INR 2.5 (range, 2.0-3.0) (Grade 2C).

However, the gist of the letter from West China Hospital is valid. INR targets in Chinese patients, and indeed in all patients, need higher-quality evidence than what currently exists. Differing INR targets based on thromboembolic risk is unique to heart valve development, and Evaluation) framework, and begs for further studies. One such study, Lowering the Intensity of Oral Anticoagulant Therapy in Patients With Bileaflet Mechanical Aortic Valve Replacement (LOWERING-IT), also supports the approach of lower INR targets in low-risk mechanical aortic valves but needs validation in a larger trial.

The Predictive Value of Interferon-γ Release Assays and Tuberculin Skin Test

What About Those Not Vaccinated With Bacillus Calmette-Guérin?

To the Editor,

In a recent meta-analysis in CHEST (July 2012), Diel et al concluded that interferon-γ release assays (IGRAs), including QuantiFERON-TB Gold (QFT-G) (Cellestis, a company of Qiagen GmbH), QuantiFERON-TB Gold In-Tube (QFT-GIT) (Cellestis, a company of Qiagen Gmbh), and the T-Spot.TB ELISPOT (Oxford Immunotec Ltd), have a higher positive predictive value (PPV) and negative predictive value (NPV) for progression to active TB compared with those of the tuberculin skin test (TST). The PPV and NPV in those not vaccinated with bacille Calmette-Guérin (BCG) was not shown because the majority of the study participants had a history of BCG vaccination. Therefore, the results should apply mostly to the BCG-vaccinated and not be generalized.

A previous study in contacts of patients with TB by the same authors disregarded the analysis in the population at the highest risk of disease, that is, BCG-unvaccinated close contacts exposed to patients who tested positive on smear with pulmonary disease. But further analysis found that the PPVs of QFT-GIT and TST were not statistically different. This indicates that both tests may predict TB disease similarly in this population. This is probably one of the reasons why the use of TST continues in most low-burden settings where the BCG vaccine has been discontinued.

Richard Whitlock, MD, PhD
Matthew Dunter, MD
Hamilton, ON, Canada

Affiliations: From the Division of Cardiac Surgery, McMaster University.

Financial/Nonfinancial Disclosures: The authors have reported to CHEST that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

Correspondence to: Richard Whitlock, MD, PhD, Division of Cardiac Surgery, McMaster University, 1250 Main St W, Hamilton, ON, L8S 4L8, Canada; e-mail: richard.whitlock@phri.ca.

© 2013 American College of Chest Physicians. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.13-0557

© 2013 American College of Chest Physicians. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.12-3077

© 2013 American College of Chest Physicians. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.12-3077

The Predictive Value of Interferon-γ Release Assays and Tuberculin Skin Test

What About Those Not Vaccinated With Bacillus Calmette-Guérin?

To the Editor,

In a recent meta-analysis in CHEST (July 2012), Diel et al concluded that interferon-γ release assays (IGRAs), including QuantiFERON-TB Gold (QFT-G) (Cellestis, a company of Qiagen GmbH), QuantiFERON-TB Gold In-Tube (QFT-GIT) (Cellestis, a company of Qiagen Gmbh), and the T-Spot.TB ELISPOT (Oxford Immunotec Ltd), have a higher positive predictive value (PPV) and negative predictive value (NPV) for progression to active TB compared with those of the tuberculin skin test (TST). The PPV and NPV in those not vaccinated with bacille Calmette-Guérin (BCG) was not shown because the majority of the study participants had a history of BCG vaccination. Therefore, the results should apply mostly to the BCG-vaccinated and not be generalized.

A previous study in contacts of patients with TB by the same authors disregarded the analysis in the population at the highest risk of disease, that is, BCG-unvaccinated close contacts exposed to patients who tested positive on smear with pulmonary disease. But further analysis found that the PPVs of QFT-GIT and TST were not statistically different. This indicates that both tests may predict TB disease similarly in this population. This is probably one of the reasons why the use of TST continues in most low-burden settings where the BCG vaccine has been discontinued.

Richard Whitlock, MD, PhD
Matthew Dunter, MD
Hamilton, ON, Canada

Affiliations: From the Division of Cardiac Surgery, McMaster University.

Financial/Nonfinancial Disclosures: The authors have reported to CHEST that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

Correspondence to: Richard Whitlock, MD, PhD, Division of Cardiac Surgery, McMaster University, 1250 Main St W, Hamilton, ON, L8S 4L8, Canada; e-mail: richard.whitlock@phri.ca.

© 2013 American College of Chest Physicians. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.13-0557

The Predictive Value of Interferon-γ Release Assays and Tuberculin Skin Test

What About Those Not Vaccinated With Bacillus Calmette-Guérin?

To the Editor,

In a recent meta-analysis in CHEST (July 2012), Diel et al concluded that interferon-γ release assays (IGRAs), including QuantiFERON-TB Gold (QFT-G) (Cellestis, a company of Qiagen GmbH), QuantiFERON-TB Gold In-Tube (QFT-GIT) (Cellestis, a company of Qiagen Gmbh), and the T-Spot.TB ELISPOT (Oxford Immunotec Ltd), have a higher positive predictive value (PPV) and negative predictive value (NPV) for progression to active TB compared with those of the tuberculin skin test (TST). The PPV and NPV in those not vaccinated with bacille Calmette-Guérin (BCG) was not shown because the majority of the study participants had a history of BCG vaccination. Therefore, the results should apply mostly to the BCG-vaccinated and not be generalized.

A previous study in contacts of patients with TB by the same authors disregarded the analysis in the population at the highest risk of disease, that is, BCG-unvaccinated close contacts exposed to patients who tested positive on smear with pulmonary disease. But further analysis found that the PPVs of QFT-GIT and TST were not statistically different. This indicates that both tests may predict TB disease similarly in this population. This is probably one of the reasons why the use of TST continues in most low-burden settings where the BCG vaccine has been discontinued.