prior walks, then one would expect less of a difference between the fast and far walks when the far test was performed first. To further test this hypothesis, we revisited the order sequence of the far and the fast walks and identified those who performed the fast test first (n = 8) or the far test first (n = 6) and then evaluated the difference between the fast and the far walks for the individual subjects (Table 2).

Although the numbers are small, outperformance with the fast instruction appears to be consistent regardless of the order of the tests. Therefore, based on this subgroup analysis, we feel that 15 min of rest is sufficient.

We thank Dr Vanjare and colleagues for their interest in our article and for fostering this discussion, which has enabled us to provide further insight into the performance of this conceptually simple, yet remarkably controversial, test.

Steven D. Nathan, MD, FCCP
A. Whitney Brown, MD
Nargues A. Weir, MD, FCCP
Falls Church, VA

Affiliations: From the Advanced Lung Disease and Transplant Program, Department of Medicine, Inova Fairfax Hospital.© 2014 American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.14-0720

REFERENCES


Table 2—Difference in Distance by Sequence of Walk Type

<table>
<thead>
<tr>
<th>Order of Tests</th>
<th>Fast Walk</th>
<th>Far Walk</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast test first (n = 8)</td>
<td>576 (103)</td>
<td>521 (73)</td>
<td>40 (53)</td>
</tr>
<tr>
<td>Far test first (n = 6)</td>
<td>524 (57)</td>
<td>426 (87)</td>
<td>83 (35)</td>
</tr>
</tbody>
</table>

Data are presented as median (interquartile range).

Anticytokerin (CAM5.2) Reagent Identifies Cytokeratins 7 and 8, Not Cytokeratin 18

To the Editors:

We read with great interest the contribution by Mani and Zander published in an issue of CHEST (November 2012).  The authors presented a comprehensive and good quality review. However, one aspect of this article needs clarification, as it contains an incorrect message that we believe may misguide readers. The authors seem to have inadvertently stated that anticytokerin (CAM5.2) identifies cytokeratins (CKs) 8 and 18.1

The source of CAM5.2 is Becton, Dickinson and Co. This antibody is derived from mouse IgG2a, clone CAM5.2. On the basis of the company’s datasheet, this clone reacts with CK7 and CK8.2,3 On the other hand, many manufacturers supplied the CK8/18 monoclonal antibody, which could be derived from the clone 5D3 (eg, Leica Microsystems GmbH, Thermo Fisher Scientific Inc, Imgenex Corp, Abcam plc, Novus Biologicals, GeneTex Inc); clones B22.1 and B23.1 (Novus Biologicals, Cell Marque Corp, GenWay Biotech Inc, Santa Cruz Biotechnology Inc, MyBioSource.com); clone SP141 (eg, Santa Cruz Biotechnology Inc, Abcam plc, and GeneTex Inc); and clone Zym5.2 (UCD/PR-10.11; Invitrogen Corp). They reacted against CK8 and CK18.4

Sometimes CAM5.2 has been mistakenly regarded in both the clinical and anatomic pathologic communities as useful for identifying CKs 8 and 18, since previous results by Makin et al5 were attributed to breakdown products of CK8, revealing smaller molecular-weight fractions on immunoblot analysis. Becton, Dickinson and Co has revised the datasheet for CAM5.2 to indicate it has a primary reactivity with CK8 and a weaker but distinct reactivity with CK7. However, there is no reactivity with CK18 or other CKs.6,7 As a result, we clarify that CAM5.2 is not identical to antibodies CK8/18.

Kuang-Leei Chang, MD
Wan-Ru Chao, MD
Chih-Ping Han, MD, PhD
Taichung, Taiwan

Affiliations: From the Department of Emergency Medicine (Dr Chang), Department of Pathology (Drs Chao and Han), Clinical Trial Center (Dr Han), and Department of Obstetrics and Gynecology (Dr Han), Chung-Shan Medical University Hospital; and Institute of Medicine (Dr Chao) and School of Medicine (Drs Chao and Han), Chung-Shan Medical University.© 2014 American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.14-0168

REFERENCES


Response

To the Editor:

We thank Dr Chang and colleagues for their interest and comments on our review of immunohistochemistry in lung and pleural neoplasms.\(^1\) We agree with their remarks. Cytokeratin (CKs) are numbered based on their electrophoretic mobility. As Dr Chang and colleagues correctly point out, CAM5.2 is often mistakenly considered to identify CKs 8 and 18. CAM5.2 clones that are currently used are antibodies to CK8 and do not identify CK18. Antibodies that identify both CKs 8 and 18 are a CK8/18 cocktail and MAK-6 (identifies CKs 8/14/15/16/18/19).\(^2\) Both CAM5.2 and CK8/18 are commonly used to identify epithelial lineage in malignant neoplasms.

Haresh Mani, MD
Dani S. Zander, MD
Hershey, PA

Affiliations: From the Department of Pathology, Penn State Milton S. Hershey Medical Center/Penn State College of Medicine.

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: Haresh Mani, MD, Department of Pathology, Penn State Milton S. Hershey Medical Center/Penn State College of Medicine, PO Box 850, 500 University Dr, Hershey, PA 17033-0850; e-mail: hmani@lycos.com

© 2014 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.14-0808

REFERENCES
