Letter by Dinh et al Regarding the Article,
“Simultaneous Assessment of Unprocessed ProBNP₁₋₁₀₈ in Addition to Processed BNP₃₂ Improves Identification of High-Risk Ambulatory Patients With Heart Failure”

To the Editor:

We read with interest the recent article by Dries et al¹ that reported the combined assessment of BNP₃₂ and proBNP₁₋₁₀₈ in patients with low BNP₃₂ values, it provides additional information in determining the risk of adverse clinical outcomes in ambulatory patients with chronic heart failure.

We wonder whether the risk assessment according to the BNP/proBNP₁₋₁₀₈ combinations shown in Figure 4 (which use dichotomized BNP and proBNP₁₋₁₀₈ values according to the median) are likely to be inferior to tertiles or quartiles of BNP (or proBNP₁₋₁₀₈). We assume, given that BNP and proBNP₁₋₁₀₈ correlate quite well (r=0.87, P<0.001 as stated by the authors), that subjects with discordant BNP and proBNP₁₋₁₀₈ categories (ie, “BNP above median/proBNP₁₋₁₀₈ below median” or “BNP below median/proBNP₁₋₁₀₈ above median”) will have values closer to the median compared with subjects with concordant BNP/proBNP₁₋₁₀₈ categories. Given that the discordant categories also represent <12% of the study population, we wonder whether using tertiles or quartiles of BNP alone (or proBNP₁₋₁₀₈ alone) would actually provide a similar or better risk stratification.

Disclosures

None.

Reference

Letter by Dinh et al Regarding the Article, "Simultaneous Assessment of Unprocessed ProBNP 1–108 in Addition to Processed BNP32 Improves Identification of High-Risk Ambulatory Patients With Heart Failure"

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