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”

To the Editor:

We read with interest the recent article by Dries et al1 that reported the combined assessment of BNP32 and proBNP_{1–108}, particularly 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/proBNP_{1–108} combinations shown in Figure 4 (which use dichotomized BNP and proBNP_{1–108} values according to the median) are likely to be inferior to tertiles or quartiles of BNP (or proBNP_{1–108}). We assume, given that BNP and proBNP_{1–108} correlate quite well ($r=0.87, P<0.001$ as stated by the authors), that subjects with discordant BNP and proBNP_{1–108} categories (ie, “BNP above median/proBNP_{1–108} below median” or “BNP below median/proBNP_{1–108} above median”) will have values closer to the median compared with subjects with concordant BNP/proBNP_{1–108} categories. Given that the discordant categories also represent <12% of the study population, we wonder whether using tertiles or quartiles of BNP alone (or proBNP_{1–108} alone) would actually provide a similar or better risk stratification.

Disclosures

None.

Reference

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