Reply

From the Authors:

We thank Dr. Burger for his interest in our article on the recently approved oral pharmacotherapies for pulmonary hypertension (1). He is correct that riociguat should be considered the first-line pharmacotherapy for chronic thromboembolic pulmonary hypertension. Surgical thromboendarterectomy, however, remains the preferred therapy for surgical candidates with the disease. We thank him for pointing out the need for this clarification.

Dr. Burger's second concern was that our opinion expressed in the recent *AnnalsATS* Seminar Report seems to be at odds with the 2013 American College of Chest Physicians (*Chest*) guideline and expert panel report on pharmacotherapies for pulmonary hypertension (2), in that we opined that riociguat should not be considered a first-line therapy for the treatment of group 1 pulmonary arterial hypertension. Here, it is important to bear in mind that our report was not meant to propose an alteration of any existing guideline but, rather, to express the opinion of a group of experts, knowledgeable and experienced in the treatment of pulmonary arterial hypertension. The *Chest* report applied guideline methodology examining safety and efficacy of riociguat from a systematic analysis and recommended that it be considered as a first-line therapy to treat either New York Heart Association Class II or III group 1 pulmonary arterial hypertension.

Although we agree that from the perspective of safety and efficacy, riociguat appears to be equivalent to other oral agents such as phosphodiesterase inhibitors and endothelin receptor antagonists used to treat pulmonary arterial hypertension, our opinion was based on the additional considerations of complexity of initiation and greater risk for systemic hypotension and cost. We recognize that there is room for debate on these points and acknowledge that use of riociguat as a first-line agent is an option and is consistent with the current *Chest* guideline.

Author disclosures are available with the text of this letter at www.atsjournals.org.

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References

1 Hill NS, Badesch D, Benza RL, D'Eletto TA, Farber HW, Gomberg-Maitland M, Hassoun PM, Preston I. Perspectives on oral pulmonary hypertension therapies recently approved by the U.S. Food and Drug Administration. *Ann Am Thorac Soc* 2015;12:269–273.
2 Taichman DB, Ornelas J, Chung L, Klinger JR, Lewis S, Mandel J, Palevsky HI, Rich S, Sood N, Rosenzweig EB, *et al*. Pharmacologic therapy for pulmonary arterial hypertension in adults: CHEST guideline and expert panel report. *Chest* 2014;146:449–475.

Erratum: Differential Responses to Rhinovirus- and Influenza-associated Pulmonary Exacerbations in Patients with Cystic Fibrosis

The authors would like to make a correction to their article published in the May 2014 issue of the *Journal* (1). The middle initial was incorrect for Dr. Caverly; her name should have appeared as Lindsay J. Caverly.

Reference

1 Ramirez IA, Caverly LJ, Kalikin LM, Goldsmith AM, Lewis TC, Burke DT, LiPuma JJ, Sajjan US, Hershenson MB. Differential responses to rhinovirus- and influenza-associated pulmonary exacerbations in patients with cystic fibrosis. *Ann Am Thorac Soc* 2014;11:554–561.