ful. In such instances, treatment with rFVIIa may be an option. Activated recombinant factor VII is a new hemostatic agent that forms tissue factor:factor VIIa complexes at the site of vessel injury, where the endothelium is damaged and tissue factor expression is increased. This leads to thrombin generation and stable local clot formation (3). Activated recombinant factor VII may be effective in bleeding associated with use of inhibitors in patients with hemophilia (4), thrombocytopenia (5), severe abdominal bleeding (6), and hemoptysis due to invasive aspergillosis (7). We believe that this new treatment has a potential role in severe pulmonary bleeding that does not respond to conventional therapy.

Pieter W. Kamphuisen, MD
Judith M. van den Akker, MD
Karin A. H. Kaasjager, MD
Department of Internal Medicine
Rijnstate Hospital
Arnhem, The Netherlands

Tom I. F. M. Bloemen, MD
Department of Surgery
Rijnstate Hospital
Arnhem, The Netherlands

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INHALED FLUTICASONE AND ZAFIRLUKAST IN PERSISTENT ASTHMA

To the Editor:

The article by Nathan et al. (1) is very important in that it demonstrates that even very low doses of inhaled steroids (176 μg of fluticasone administered daily) provide an average benefit in excess to that found with zafirlukast in patients with mild, persistent asthma. However, our experience and that of the existing literature suggest that leukotriene modifiers are most active in various subgroups of patients with asthma, such as those with the aspirin sensitivity-nasal polyps-asthma triad (2). Its role may not be universal in all patients with asthma, but may be applicable in selected patients. With this in mind, it is surprising that the authors presented only their mean data, omitting all data, for instance, which would demonstrate which portion of the zafirlukast group exceeded the mean fluticasone response. Hopefully, they can provide this information.

Yossef Aelony, MD
Harbor–University of California
Los Angeles and
Pulmonary Function Laboratory
Southern California Permanente
Medical Group
Harbor City, California

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The Reply:

Mean data were presented since means are an easily calculable and conventional method for summarizing data in a large clinical study. We sought to show that in a population of "all comers," the mean response to fluticasone exceeded the mean response to zafirlukast. The mean data clearly indicate that, similar to studies of longer duration, a low dose of fluticasone was more effective in treating "all comers" compared with a leukotriene receptor antagonist (1,2). Regarding Dr. Aelony's point about patient subgroups, we computed the percentage of patients receiving fluticasone whose response exceeded the mean zafirlukast response by 5% or greater at endpoint. We found that for forced expiratory volume in 1 second (FEV_1), 63% of patients who received fluticasone exceeded the mean response for zafirlukast; for morning peak expiratory flow (PEF), 68% of patients; for percentage of symptom-free days, 76%; and for use of rescue albuterol, 84% of patients. However, our study was not designed to test the effects of leukotriene-modifying drugs in patient subgroups such as those previously reported (3–5); therefore, it is difficult to draw any clear conclusions for these post hoc analyses.

Robert A. Nathan, MD
Asthma and Allergy Associates, P.C.
Colorado Springs, Colorado

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