LETTER TO THE EDITOR

Letter to the editor for prognosis in the era of comparative effectiveness research

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To the Editor,

We read with great enthusiasm the letter of Drs. Petretta and Cuocolo regarding the calculation of net reclassification improvement (NRI). The comments by these authors have been the point of considerable discussion within the prognostic modeling community as to whether an absolute ratio or percentage should reflect the NRI calculation. In fact, there is quite a split among investigators who view that the NRI should be a percentage in order for the calculation to provide clinicians with a readily understandable calculation. As readers of this letter know, the C index was previously a standard marker of event classification, and its values (ranging from 0-1.0) were often considered obtuse. Conversely, and as supported by this letter, the summed value may in fact reach 2.0. However, most NRI calculations are in the range of 0.05%-0.30% or 5%-30%.

Our collaborative team of investigators has likewise had discussion about whether to use a percent or ratio. We may sum these discussions by focusing on what we believe is critically important for prognostic modeling. That is, the data must be readily understood by all readers of the article so that the “take home” messages from any risk stratification report are effectively assimilated in to every day clinical practice.

An additional point that we feel as important is that we need to have a greater understanding about how imaging markers improve risk reclassification. It would be vital to formulate a league table of NRI calculations on how ventricular function and other ancillary markers add to clinical data in addition to myocardial perfusion information. Moreover, we also need data on how the NRI varies in priority populations that are referred to nuclear cardiology such as women, the elderly, or obese. This data can serve as a guide to understand appropriate imaging candidates for nuclear cardiology procedures.

We thank those authors for their letter and look forward to additional dialogue on the subject. By the way, most people calculate the Duke treadmill score for pharmacologic stress (provided that there is no exercise component) as using a score of 0 for the duration.

Sincerely,
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