

Correspondence

Reply

To the Editor:

We are grateful to Senn¹ for his evaluation of our article.² We are pleased to see that the approach taken by Senn of investigating the nonstratified treatment interaction essentially replicates the results in Table E2 of our article, and also the text where we describe an association of small magnitude between the Arg16 allele and risk for asthma attack for the whole population (odds ratio 1.11 per Arg allele). Senn refers to both the merging of treatment cohorts and meta-analysis as “averaging,” which is potentially misleading to a reader because we did not “average” results but we first calculated a combined across-treatments odds ratio within cohorts and then meta-analyzed these.

The methodological issue raised by Senn does not alter the main finding of our article, which was the relationship between the number of Arg alleles in the subgroup treated with inhaled corticosteroids plus long-acting beta-agonists, where the effect size for asthma attack was moderate (odds ratio 1.52 per Arg allele). Caution is always required when placing any clinical relevance on observational data, but because Senn has replicated our whole population analysis there is no reason to exercise any

more caution than usual when interpreting our findings. Senn concludes that children may not be so different from adults after all, and in many other ways this is true, but in the context of the rs1042713 single-nucleotide polymorphism, evidence in the pediatric literature consistently indicates that this variant may prove to have clinical relevance in the management of asthma.

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