developed during the study, only 44 had macrolide resistance (41%) (P<0.001).

In my opinion, this is the correct method to evaluate resistance to macrolides because it compares the subjects of the two groups in whom colonization developed during the study period and not the whole group, as suggested by Hahn. Adequate data on resistance from the whole group were not available for comparison.

I strongly believe that macrolide resistance is an issue and should be taken into account, especially when treating a subsequent acute exacerbation of COPD.

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Since publication of his article, the author reports no further potential conflict of interest.

Ranibizumab and Bevacizumab for AMD

TO THE EDITOR: Bevacizumab is the predominant agent used for the treatment of neovascular age-related macular degeneration (AMD) worldwide, and the study by the Comparison of AMD Treatments Trials (CATT) research group (May 19 issue)[1] should have far-reaching influence on global practice patterns.[2] However, considerable uncertainty is likely to remain in Asia, whose population was not addressed by CATT. The unfortunate truth remains that 80% of all new drugs are discovered in the United States and Europe, are tested in subjects of European descent, and are then administered to Asians on the presumption of similar therapeutic response.[3] Increasing evidence suggests that Asian patients with neovascular AMD have a different presentation and response. A variant of AMD, polypoidal choroidal vasculopathy, has a prevalence of 22 to 55% in Asian patients with neovascular AMD, a rate that is higher by a factor of 5 to 7 than in patients of European descent (prevalence, 5 to 8%).[4] Bevacizumab monotherapy (as evaluated in CATT) is less efficacious in patients with polypoidal choroidal vasculopathy than in those with classic neovascular AMD.[4] In China alone, there may be 1.68 million patients with neovascular AMD,[5] and of these patients, nearly 900,000 will have polypoidal choroidal vasculopathy. Treatment of these patients will continue to rely on data from uncontrolled studies or from extrapolation trials testing interventions in subjects of European descent until such time as clinical trials are conducted that specifically target neovascular AMD in Asian populations.

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Dr. Wong reports serving on advisory boards for Allergan, Bayer, Novartis, Pfizer, and Solvay and receiving travel, honorarium, and research support from these companies. No other potential conflict of interest relevant to this letter was reported.

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THE AUTHORS REPLY: Cheung and Wong write that our results may not apply to Asian populations because of the higher prevalence of polypoidal choroidal vasculopathy. We agree with this assertion.

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