In Reply—Epidemiology of Sarcoidosis

We thank Dr Reich for his insightful and helpful comments. The cases that constituted our study cohort were those that came to clinical attention, in some cases after radiographic imaging for what might have been a different clinical indication. Systematic screening of the population by chest radiography is not done in this population. It is certainly possible that the indications for chest radiography may vary over time, but because our study population was a retrospective, historical cohort without predefined indications for imaging, it is not possible for us to reliably ascertain the indications for chest radiography for a substantial number of the patients.

We agree with Swigris et al1 that patients with severe, systemic disease have worse morbidity and mortality; our results evaluate the aggregate experience of our population. The study by Swigris et al1 was conducted using death certificates, which likely included patients with more severe disease because those with mild disease or spontaneous resolution were less likely or unlikely to have the diagnosis of sarcoidosis on the death certificate. We appreciate that the disease course of sarcoidosis differs in various racial/ethnic groups, and socioeconomic factors likely also play a role in disease outcome. As mentioned in our article, our population was predominantly white, and the number of persons of other racial/ethnic background was too small to develop valid analyses.

The apparent higher incidence of sarcoidosis after the World Trade Center disaster could be spurious because of surveillance bias.2 Nevertheless, a case-control study using World Trade Center Health Registry data found that working on the World Trade Center debris pile was associated with a significantly higher odds of sarcoidosis.3 Because both cases and controls in that study underwent similar observation, surveillance bias should be limited.

We agree with the point about accepting the clinical diagnosis of stage 1 disease as valid if this type of study is to encompass the full spectrum of the disease.

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CORRECTION

In the Original Article entitled, “Adherence to Asthma Guidelines in Children, Tweens, and Adults in Primary Care Settings: A Practice-Based Network Assessment” published in the April 2016 issue of Mayo Clinic Proceedings (Mayo Clin Proc. 2016;91(4):411-421), the term electronic medical record should appear in Figure 1 instead of emergency medical record.

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