**ASM’s Role in Writing Practice Guidelines**

As the chair of the editorial board of the Cumitech series, I have read with great interest the recent minireview, “Impact of Clinical Practice Guidelines on the Clinical Microbiology Laboratory,” by Dr. Peter H. Gilligan (1). I would like to call Dr. Gilligan’s attention to the Cumitech mission statement adopted in 2000, which states in part that “the purpose of the Cumitech series is to provide consensus recommendations regarding the judicious use of clinical microbiology and immunology laboratories and their role in patient care. Each Cumitech is written by a team of clinicians, laboratorians, and other interested stakeholders to provide a broad overview of various aspects of infectious disease testing. These aspects include a discussion of relevant clinical considerations; collection, transport, processing and interpretive guidelines; the clinical utility of culture-based and non-culture-based methods and emerging technologies; and issues surrounding coding, medical necessity, frequency limits, and reimbursement.” This mission statement clearly distinguishes the ASM Cumitech series from related clinical practice guidelines developed by subspecialty medical and public health groups. While the latter guidelines focus on clinical conditions necessitating testing and the diagnostic, prognostic, or therapeutic implications of laboratory testing results, the Cumitech series defines laboratory approaches most appropriate to provide such data in a high-quality, clinically relevant, and cost-effective manner. It is of note that in the last 5 years, 11 Cumitechs (not 5, as stated in Dr. Gilligan’s article) have been published. Some are of the “core document” variety (e.g., Cumitechs 7B [on lower respiratory tract infections] and 33 [on approaches to bioterrorism agents]), which should be updated on a regular basis. Some are more specialized (e.g., Cumitechs 38 [on cytomegalovirus diagnostic procedures] and 35 [on postmortem microbiology]). And, uniquely, several are designed to assist microbiologists with an ever-increasing and complex array of regulatory compliance requirements (e.g., Cumitechs 39 [on competency evaluation] and 40 [on packaging and shipping of specimens and infectious substances]). Seven additional manuscripts are under active development, with publication anticipated for all in the next 2 years. In fact, one of these documents is a specialty guideline on evaluation of samples from cystic fibrosis patients, which is being coauthored by Dr. Gilligan.

Many members of the Cumitech editorial board also serve on other ASM committees. Most notably, all of the members of the Professional Affairs Committee under the Public and Scientific Affairs Board (PSAB) serve on the Cumitech editorial board. Members of other PSAB committees (e.g., Laboratory Practices and Public Health) have an open invitation to contribute as either editors or authors to board-approved Cumitechs. Such dual involvement by members allows the integration of the scientific aspects of laboratory testing with the policy aspects in the final publication. While recognition and publication of the series as accepted practice guidelines by agencies such as the National Guideline Clearinghouse and the Agency for Healthcare Research and Policy remain goals, it should be noted that the Cumitech series has already been acknowledged as a key resource for Centers for Medicare and Medicaid Services determinations of medical necessity for reimbursement under national or local coverage decisions. The editorial board of the Cumitech series joins me in commending Dr. Gilligan for publication of an excellent review on the topic of practice guidelines for clinical microbiology, but we respectfully request that the board be recognized for its extensive efforts to promote development of such consensus guidelines under the auspices of the existing ASM structure.

**REFERENCE**


**Author’s Reply**

First, let me congratulate Dr. Weissfeld for her leadership of the Cumitech program. In the past year, seven either revised or new Cumitechs have been published, making this the most prolific publication period since the initiation of this program over 20 years ago. However, only one of these seven, Cumitech 7B, addresses what Dr. Weissfeld describes as a core area of clinical microbiology and immunology practice. If the role of the Cumitech program is to “provide consensus recommendations regarding the judicious use of clinical microbiology and immunology laboratories and their role in patient care,” it is incumbent that there be timely revision of outdated core documents addressing blood, urine, and enteric-pathogen cultures. In addition, the Cumitech series needs to address the revolutionary change brought to our field by molecular diagnostics. Preparation of these documents may, in fact, be ongoing. However, it must be emphasized that it is not Dr. Weissfeld’s and the Cumitech Board’s responsibility that these documents be revised or created. Rather it is we in the profession, with Dr. Weissfeld’s wise guidance, that must produce these much-needed revisions and new documents. As Dr. Weissfeld stated, “each Cumitech is written by a team.” It is important that we participate as team members in this endeavor, which is so central to maintaining and improving the quality of patient care.

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