criteria for authorship of linked editorials, and we strive very hard to ensure that editorialists do not have a conflict of interest that could influence their interpretation. Although we believe that the inclusion of data from our journal is unlikely to influence the overall conclusions of the report by Bariani et al, it is a shame that the data they present for *The Lancet Oncology* are potentially misleading.

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST
Employment or Leadership Position: Rob Brierley, Elsevier (C); David Collingridge, Elsevier (C) **Consultant or Advisory Role:** None **Stock Ownership:** Rob Brierley, Reed Elsevier; David Collingridge, Reed Elsevier **Honoraria:** None **Research Funding:** None **Expert Testimony:** None **Patents:** None **Other Remuneration:** None

REFERENCE

1. Bariani GM, de Celis Ferrari ACR, Hoff PM, et al: Self-reported conflicts of interest of authors, trial sponsorship, and the interpretation of editorials and related phase III trials in oncology. J Clin Oncol 31:2289-2295, 2013

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Reply to R. Brierley et al

We appreciate the interest of Brierley and Collingridge[1] in our study[2] and acknowledge their clarification about the section headings of *The Lancet Oncology*. We understand that the definition of a Comment article in *The Lancet Oncology* is similar to that of general editorials; that is, it can be an opinion of an invited expert about a study published in the journal. However, Comments in *The Lancet Oncology* can be solicited by the editors or not (Table1). Therefore, commentaries from *The Lancet Oncology* may potentially be unsolicited and may even be published in a different issue than the one with the related phase III trial. Because of such peculiarities, we decided to restrict our eligibility criteria to classical editorials, which were solicited by the journals and were published together with their respective phase III trial in the same issue of the journal.

One additional point to be considered is that the information on whether a Comment was solicited or not is not made readily available by *The Lancet Oncology*, making it hard to select which Comments were appropriate to include in our study.

Our objective was to analyze the influence of conflicts of interest of editorialists on trial interpretation in the specific situation in which journal editors invite an expert to give his/her opinion. By including the Comments from *The Lancet Oncology*, we believed that our study could be potentially biased and methodologically unjustifiable. Additionally, we do not believe that the inclusion of such articles would have substantially changed our results.

It is important to highlight that our study was not subject to one or another journal but should indeed be interpreted as a pool of breakthrough oncology trials and related editorials published in recent years. Therefore, our study design should not be viewed in any way as a negative evaluation of the quality of the superb trials and commentaries published by *The Lancet Oncology*.

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Although all authors completed the disclosure declaration, the following author(s) and/or an author's immediate family member(s) indicated a financial or other interest that is relevant to the subject matter under consideration in this article. Certain relationships marked with a "U" are those for which no compensation was received; those relationships marked with a "C" were compensated. For a detailed description of the disclosure categories, or for more information about ASCO's conflict of interest policy, please refer to the Author Disclosure Declaration and the Disclosures of Potential Conflicts of Interest section in Information for Contributors.
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Is Fidaxomicin the Drug of Choice for Treating *Clostridium difficile*–Associated Diarrhea in Patients With Cancer?

To the Editor: We read with great interest the study by Cornely et al, which found superior cure rates, higher sustained response rates, and fewer recurrences in adult patients with cancer who received fidaxomicin versus vancomycin for treatment of *Clostridium difficile*–associated diarrhea (CDAD).[1] This conclusion was drawn after post hoc analysis of combined data from two noninferiority trials comparing fidaxomicin to vancomycin.[2,3] The burden of CDAD in patients with cancer is significant; 9% to 13% of hematopoietic stem-cell

