EUCAST and CLSI Point-Counterpoint on Susceptibility Breakpoints: Do Two “I Agree”s Miss the Point?

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To paraphrase (in my own words) a Sufi teaching parable that is apropos for the Point-Counterpoint on differences between CLSI and EUCAST with respect to reporting a bacterial isolate as “intermediate” (I) or as “susceptible dose dependent” (SDD) (1), I offer the following. A wise man agreed to adjudicate a dispute between two parties. The first party presented their argument to the wise man. He listened carefully and said, “I agree with you.” The second party then presented their argument. The wise man listened carefully and said, “I agree with you.” The first party jumped up and said, “you cannot agree with both parties.” The wise man responded, “I agree with you.”

Both sides make logical, strong, and compelling arguments for the use of “I” or “SDD.” Like the wise man, I agree with both sides. However, the collective microbial world needs one set of breakpoints, one set of rules. A patient in Stockholm, Sweden, who has a multidrug-resistant organism (MDRO) and needs to be treated with antibiotic X is no different than his twin brother in New Jersey who has the same isolate at the same site. CLSI and EUCAST must merge into one organization (I suggest Universal Clinical Laboratory Antimicrobial Susceptibility Testing Guidelines or UCLAST Guidelines) with one agreed-upon set of rules/interpretations. Anything other than that is pointless!

REFERENCE

1. Kahlmeter G, Giske CG, Kirn TJ, Sharp SE. 2019. Point-Counterpoint: Differences between the European Committee on Antimicrobial Susceptibility Testing and Clinical and Laboratory Standards Institute recommendations for reporting antimicrobial results. *J Clin Microbiol* 57:e01129-19. <https://doi.org/10.1128/JCM.01129-19>.

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For a reply from Kahlmeter and Giske, see <https://doi.org/10.1128/JCM.01519-19>, and for a reply from Kirn and Sharp, see <https://doi.org/10.1128/JCM.01521-19>.

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