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1. Radecki RP, Spiegel RJ. Adventures with andexanet alfa in efficacy, effectiveness, and one-armed studies: May 2019 *Annals of Emergency Medicine Journal Club*. *Ann Emerg Med*. 2019;73:545-547.
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*In reply:*



We appreciate the responses to our Journal Club<sup>1</sup> article by Drs. Milling and Connolly, and by Dr. Pallin. Publications in this section of *Annals* are intended to be succinct and broadly educational; it is not always possible to delve into the nuances and details of a topic. In response to Drs. Milling and Connolly's concerns, we regret any personal offense members of the study team may have felt by our mention of the ethical considerations of single-arm studies. Our point was that in this rapidly shifting field, equipoise should be assessed not only at trial inception but also continuously as new and alternative treatments emerge.<sup>2</sup>

Dr. Pallin's thoughtful comments highlight the challenges of drug development, Food and Drug Administration oversight, and the implications for the comparative clinical trial design. We, too, agree that postpublication peer review is necessary to help protect patients.

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1. Radecki RP, Spiegel RJ. Adventures with andexanet alfa in efficacy, effectiveness, and one-armed studies: May 2019 *Annals of Emergency Medicine Journal Club*. *Ann Emerg Med*. 2019;73:545-547.
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## Inhalational Methanol Intoxication: Emerging Issues in the Netherlands Resulting From Illegal Drug Production



*To the Editor:*

Inhalational methanol intoxications are rare. However, since 2018, the Dutch Poisons Information Center has been increasingly contacted for information requests and treatment advice concerning patients who developed severe symptoms caused by methanol inhalation while working in an illegal drug-manufacturing laboratory. In this communication, we report 3 cases.

A 28-year-old man arrived home with general complaints after "a night out." The next morning, he was found unresponsive and transported to a hospital. On arrival, he presented with coma (Glasgow Coma Scale [GCS] score 3), apnea, hypertension (blood pressure 166/78 mm Hg), tachycardia (pulse rate 129 beats/min), and fixed dilated pupils. Laboratory examination showed metabolic acidosis (pH 6.31; lactate level 21.7 mmol/L) with high anion gap (46.9 mmol/L) and osmolal gap (108 mmol/L). Approximately 8 hours later, 2 relatives (men aged 26 and 20 years) arrived at the hospital. They both felt ill, but were fully conscious (GCS scores 14 and 15). Laboratory results showed metabolic acidosis (pH 7.1 and 7.2) with an increased anion gap (39.6 and 22 mmol/L) and osmolal gap (54 and 41 mmol/L). One of the patients admitted working in an ecstasy (methylecndioxymethamphetamine) laboratory for greater than 40 consecutive hours more than 24 hours before admission. Considering the differential diagnosis of a metabolic acidosis with high anion and osmolal gap,