article as per ICMJE conflict of interest guidelines (see www.icmje.org). The author has stated that no such relationships exist.

1. Mirkin J, Radecki R, Spiegel R. Deriving peace of mind: in search of a fifth generation troponin testing threshold to safely rule out acute myocardial infarction: March 2019 *Annals of Emergency Medicine*. *Journal Club*. 2019;73:317-319.
2. Nowak RM, Gandolfo CM, Jacobsen G, et al. Ultrarapid rule-out for acute myocardial infarction using the generation 5 cardiac troponin T assay: results from the REACTION-US study. *Ann Emerg Med*. 2018;72:654-664.
3. Peacock WR, Bauman BH, Bruton D, et al. Efficacy of high-sensitivity troponin T in identifying very-low-risk patients with possible acute coronary syndrome. *JAMA Cardiol*. 2018;3:104-111.
4. Mayer D. *Essential Evidence Based Medicine*. 2nd ed. Cambridge, UK: Cambridge University Press; 2010:276-281.

In reply:

In the reinvented *Annals* Journal Club, we aimed to narrowly focus our attention on 1 to 2 salient educational topics from a selected article. The points raised by Dr. Mayer are certainly valid, but beyond the scope of this exercise.

As discussed by Dr. Mayer, the cutoff of 6 ng/L was originally examined in a previous cohort. This cutoff was selected not because it represented an ideal threshold but rather because it represented the level of quantification, or the level at which the signal-to-noise ratio of the test itself becomes unacceptable. However, the work by Nowak et al[1] concerns derivation of an optimal test threshold. The threshold of 8 ng/L at presentation and a change of 3 ng/L at 30 minutes met predefined sensitivity and negative predictive requirements for ruling out acute myocardial infarction. A prospective trial is necessary to validate these cutoffs.

Dr. Mayer raises a point in regard to the reporting of receiver operating characteristic (ROC) curves. The area under an ROC curve describes the test characteristics of a diagnostic test by summation at all points along its continuum. At times this can be an effective way to determine how any test sacrifices sensitivity for specificity. The authors' intent, however, was simply to identify the maximum value providing 100% sensitivity. Because of the specific question asked by these authors, the generation 5 troponin assay's performance along its entire diagnostic continuum, and thus its area under the ROC, does not necessarily add additional useful information.

Finally, we thank Dr. Mayer for his insightful comments and look forward to continued correspondence.

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https://doi.org/10.1016/j.annemergmed.2019.04.028

Funding and support: By *Annals* policy, all authors are required to disclose any and all commercial, financial, and other relationships in any way related to the subject of this article as per ICMJE conflict of interest guidelines (see www.icmje.org). The authors have stated that no such relationships exist.

1. Nowak RM, Gandolfo CM, Jacobsen G, et al. Ultrarapid rule-out for acute myocardial infarction using the generation 5 cardiac troponin T assay: results from the REACTION-US study. *Ann Emerg Med*. 2018;72:654-664.

CORRECTION

Correction to 'The Ultimate Emergency Medicine Guide: The Only EM Book You Need to Succeed' [*Annals of Emergency Medicine* 73 (2019) 699–699]

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In the book review of *The Ultimate Emergency Medicine Guide: The Only EM Book You Need to Succeed* published in the June issue of *Annals of Emergency Medicine*, a mistake was made to the author's name. The author's name should be listed as "Khan S."

The authors would like to apologize for any inconvenience caused.