Reply to Ward *et al.*

From the Authors:

We appreciate the congratulations offered by Ward and colleagues regarding our recent publication on the possible link between nontuberculous mycobacterial (NTM) pulmonary disease (PD) and gastroesophageal reflux disease (GERD) (1). As a basic-science laboratory dedicated to learning more about the biology, microbiology, and immunology of environmentally acquired NTM infections, the intersection of our work with gastroenterology is intriguing and timely. In the past, this group has certainly provided important data regarding the presence of *Pseudomonas aeruginosa* and *Mycobacterium abscessus* in gastric fluids and sputum of patients with cystic fibrosis (2, 3). Though both our groups commonly highlight a role for rapid-growing *M. abscessus* in the context of GERD, we believe that the slow-growing *M. avium* complex species will also emerge as an important group of NTM to investigate in future studies. Already, our colleagues have demonstrated the high prevalence of GERD in patients with *M. avium* complex PD (4, 5). We are in full concurrence with Ward and colleagues regarding the growing importance of the "aerodigestive" interaction for both the respiratory and gastrointestinal fields and believe this is a necessary and certainly opportune research area. We are delighted and thankful for our common interests and encourage other enthusiasts of NTM PD and cystic fibrosis to join us in studying the pathogenesis of NTM PD-GERD. ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

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