We read the letter from Cortes-Penfield and Trautner (1) and thank them for their interest in our recent paper (2). In our paper, we demonstrated increasing resistance of *Escherichia coli* to ciprofloxacin and trimethoprim-sulfamethoxazole (TMP-SMX) in urinary isolates obtained from adult female outpatients, with the isolates retaining high levels of susceptibility to nitrofurantoin. Using our reported data, Cortes-Penfield and Trautner calculated the cumulative probability of susceptibility of *E. coli* for each of the antibiotics included in our study. Similarly to the findings reported in our article, they found that the isolates showed high cumulative probabilities of susceptibility to nitrofurantoin across all ages which were consistently higher than those to TMP-SMX.

The analysis by Cortes-Penfield and Trautner poses an important question regarding the continued use of TMP-SMX as a first-line agent for the empirical treatment of uncomplicated cystitis. The 2010 Infectious Diseases Society of America (IDSA) guidelines for the treatment of uncomplicated cystitis recommend four agents, including TMP-SMX, where resistance rates are less than 20% (3). Future revisions of the IDSA recommendations for acute uncomplicated cystitis should take into account the persistent and ubiquitous increases in *E. coli* resistance to TMP-SMX.

Our paper and the letter by Cortes-Penfield and Trautner highlight the need for continued surveillance of resistance patterns both nationally and locally. Increased focus on antimicrobial stewardship programs remains crucial to improve prescription habits and prevent increasing resistance. Clinicians should familiarize themselves with local resistance patterns and use institutional antibiograms to aid in empirical treatment of infections when clinically indicated. However, as Cortes-Penfield and Trautner concluded, it is evident that nitrofurantoin remains a viable choice for empirical treatment of uncomplicated cystitis.

**REFERENCES**

