scopic ultrasound-guided fine-needle aspiration of cystic or solid lesions along the upper gastrointestinal tract or mediastinum show a low prevalence of procedure-related bacteremia.[1-4] Aspiration of suspected mediastinal cysts should be undertaken with caution. The American Society for Gastrointestinal Endoscopy recommends the use of antibiotic prophylaxis periprocedurally and postprocedurally (for 3 to 5 days) in all patients undergoing endoscopic ultrasound-guided fine-needle aspiration of mediastinal cysts (grade of recommendation, 1C; intermediate-strength recommendation).[5] In a large North American series (which included 22 patients with mediastinal cysts who underwent endoscopic ultrasound-guided fine-needle aspiration) that involved antibiotic prophylaxis, there were no cases of infectious complications related to fine-needle aspiration.[2]

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Since publication of their article, the authors report no further potential conflict of interest.

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# Chronic Lymphocytic Leukemia with *SF3B1* Mutation

**TO THE EDITOR:** Somatic mutations in *SF3B1* have been studied as potential predictors of time to initial treatment in chronic lymphocytic leukemia.[1,2] Wang et al.[1] assessed a cohort of both untreated and treated patients.

We have data that show the influence of *SF3B1* mutations on the natural history of chronic lymphocytic leukemia. Our study involved a cohort of 279 untreated patients with chronic lymphocytic leukemia; this allowed us to obtain robust clinical correlates.[3] Patients with mutations in *SF3B1* had more aggressive disease than patients without these mutations (Table 1). Cox analyses showed that the mutational status of *SF3B1* had a prognostic value that was independent of clinical stage or expression of ZAP70 or CD38.[3] Finally, the fact that all patients with chronic lymphocytic leukemia in our series had not received chemotherapy suggests that rather than being acquired after initiation of treatment, *SF3B1* mutations probably occur during disease development.[1]

**Table 1. Outcomes in Untreated Patients with Chronic Lymphocytic Leukemia, According to *SF3B1* Mutational Status.***

| Variable | Cumulative Incidence | | P Value |
|---|---|---|---|
| | Unmutated *SF3B1* | Mutated *SF3B1* | |
| | % (95% CI) | | |
| 5-yr progression in patients with Binet stage A disease† | 34 (27–42) | 73 (51–96) | 0.002 |
| 10-yr overall survival among all patients | 77 (70–84) | 30 (6–54) | 0.002 |

* Data are from Quesada et al.[3] CI denotes confidence interval.
† The Binet staging system ranges from A to C, with stage A indicating a good prognosis, stage B an intermediate prognosis, and stage C a poor prognosis.

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Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

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