To the Editor:

We read with interest the article by Pocock et al. on the 1-year prognostic impact of ischemic and hemorrhagic complications in the Acute Catheterization and Urgent Intervention Triage Strategy (ACUITY) trial. Myocardial infarction affected 1-month but not 1-year mortality, whereas major bleeding affected both short-term and 1-year mortality. Because bivalirudin versus heparin plus glycoprotein IIb/IIIa inhibitor use resulted in a nonsignificant 8% increase in myocardial infarction and in a highly significant 50% reduction in major bleeding, one would expect a bivalirudin-associated reduction in mortality from the first month to 1 year. According to prior reports on the Acute Catheterization and Urgent Intervention Triage Strategy (ACUITY) trial, this expected effect was lacking. Do the authors have an explanation for these apparently contradictory findings? Are there patient subsets at high risk for bleeding for whom bivalirudin was able to reduce mortality?

Disclosures

None.

References


Letter by De Servi and Navarese Regarding Article, "Prognostic Modeling of Individual Patient Risk and Mortality Impact of Ischemic and Hemorrhagic Complications: Assessment From the Acute Catheterization and Urgent Intervention Triage Strategy Trial"

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