Letter by Vranckx and Valgimigli Regarding Article, “Validation of the Bleeding Academic Research Consortium Definition of Bleeding in Patients With Coronary Artery Disease Undergoing Percutaneous Coronary Intervention”

To the Editor:

We recognize the high value of the Bleeding Academic Research Consortium (BARC) validation study reported by Ndrepepa et al1 in this journal. However, although important, their results should be interpreted within the context of the specific study limitations. As stressed in the accompanying editorial, the newly proposed BARC bleeding definitions rely heavily on adjudication.2 The quality of event adjudication is dependent on the completeness of and details in the individual patient accounts, including protocol-driven laboratory examinations. A potential underreporting of BARC 2 and BARC 1 bleeding events should therefore be anticipated. This analysis focused on in-hospital bleeding only. How many were access site related? The significance of in-hospital BARC 1 bleeding should be questioned. Moreover, most patients included in this analysis had an elective percutaneous coronary intervention for stable lesions. In this low-risk patient population, the lack of any discriminatory power of BARC 2 or greater on 1-year mortality over existing bleeding scales should not come as a surprise. We strongly believe that the true variation of the prognostic implication of BARC and its discriminatory power to predict a worse cardiovascular outcome comparable to other bleeding scales will be revealed in a prospective analysis.

Disclosures
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References
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