Letter by Sharma and Chatterjee Regarding Article, “Short- and Long-Term Outcomes With Drug-Eluting and Bare-Metal Coronary Stents: A Mixed-Treatment Comparison Analysis of 117,762 Patient-years of Follow-up From Randomized Trials”

To the Editor:

We read with interest the article by Bangalore et al1 and thank the authors for a detailed review and network meta-analysis on the topic. Another recent study on the same topic had divergent results.2 A few concerns may merit deliberation.

First, despite using similar methodology for the literature search, using largely similar sources and databases (but different search strings), and having less strict inclusion criteria, the former study2 yielded 49 trials for quantitative comparison, whereas the present study had 77,1 raising the concern of the possible inclusion of duplicate data from different publications on the same trial for the present analysis.1

Second, the authors evaluated short-term (up to a year) and long-term (>1 year) rates of stent thrombosis. Many of the included trials have reported stent thrombosis rates at different periods of follow-up for the same trial, mostly 30-day and 1-year follow-up. It would be interesting to know if the authors had a way of avoiding repetitive counting of the same event at different time periods, thereby avoiding consideration of the same event more than once for analysis.

Third, the authors have used logarithms of event rates rather than the number of events to adjust for duration of follow-up. However, adjusted results have been found on occasion to be more biased than unadjusted estimates. It would be interesting to know if the authors performed an analysis with unadjusted event rates3 and to see whether the results remained unaltered.

Fourth, cobalt-chromium-everolimus–eluting stents were previously found to be safest in terms of rates of stent thrombosis2 and to have a significantly lower risk of stent thrombosis compared with all other types of stents but, most interesting, especially the Resolute zotarolimus-eluting stent and the sirolimus-eluting stents, for all durations of follow-up. However, in the present study,1 they were determined to be of comparable safety on the basis of their stent thrombosis rates using largely the same set of trials. An elaboration of the possible reasons of this discrepancy may be of benefit for the readers.

We thank the authors again for an elaborate and illuminating paper.

Disclosures

None.

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References


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