Response to Letter 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”

Sharma and Chatterjee compare and contrast our publication with a recent publication on stent thrombosis and are concerned with “divergent” results of the 2 studies. A thorough reading of both the articles shows that the results of the 2 articles are concordant, demonstrating that everolimus-eluting stents reduce the risk of stent thrombosis compared with other drug-eluting stents and even bare-metal stents. The differences are due largely to the design of the 2 studies. First, the focus of the Palmerini et al article was on stent metal stents. The differences are due largely to the design of the 2 studies. Second, Palmerini et al excluded studies that did not report stent thrombosis, whereas our study evaluated efficacy (target vessel revascularization/target lesion revascularization) and safety outcomes (death, myocardial infarction, or stent thrombosis). We therefore included trials that reported either of the 2 sets of outcomes, resulting in a larger number of trials. Third, Palmerini et al limited their search to trials reporting Academic Research Consortium–defined definite or probable stent thrombosis, whereas there was no such restriction in our search. However, we reported both trial-defined stent thrombosis and the Academic Research Consortium–defined stent thrombosis. The authors’ contention about “possibly duplicate data from different publications on the same trial” is incorrect because all of the trials are clearly reported in the tables, and there are no duplicate data. In addition, all events were counted only once on the basis of trial-reported 1-year and longer-term events. The authors are once again incorrect in that our analyses used number of events, not logarithm of events. Finally, the authors state that the analysis by Palmerini et al found that everolimus-eluting stents were associated with lower definite stent thrombosis rate at “all durations of follow-up,” even when compared with sirolimus-eluting stents and the Resolute zotarolimus-eluting stent. This is once more incorrect; the reported 2-year definite stent thrombosis comparison in the Palmerini et al article for everolimus-stents and the Resolute zotarolimus-eluting stents. In conclusion, the 2 articles corroborate each other’s findings.

Disclosures

Dr Bhatt is on the advisory board of Medscape Cardiology; on the board of directors of Boston VA Research Institute and Society of Chest Pain Centers; and chair of the American Heart Association Get With The Guidelines Science Subcommittee. Dr Bhatt has received honoraria from the American College of Cardiology (editor, Clinical Trials, Cardiosource), Duke Clinical Research Institute (clinical trial steering committees), Slack Publications (chief medical editor, Cardiology Today Intervention), and WebMD (CME steering committees), as well as research grants from Amarin, AstraZeneca, Bristol-Myers Squibb, Eisai, Ethicon, Medtronic, Sanofi Aventis, and The Medicines Company. Dr Bhatt has performed unfunded research for FlowCo, PLx Pharma, and Takeda. The other authors report no conflicts.

References

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Sripal Bangalore, Mario Fusaro, Nicholas Amoroso, Michael J. Attubato, Frederick Feit, James Slater, Sunil Kumar and Deepak L. Bhatt

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