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REPLY: Chronic Kidney Disease and Antiplatelet Therapy

A Worrying Gap Between Evidence Based Medicine and Clinical Practice

We thank Lozano and colleagues for their interest in this subject, and agree that the limited use of potent antiplatelet therapies in high-risk patients with chronic kidney disease (CKD) is a concern. In the PROMETHEUS study, prasugrel was not superior to clopidogrel, very likely on account of the selection bias for prescription of potent therapies (1). This bias in observational studies also obscures the ability to detect therapeutic toxicity with respect to bleeding, which contrasts with findings from randomized trials (2,3). In the PLATO (Platelet Inhibition and Patient Outcomes) trial, patients with CrCl <30 ml/min had significantly greater bleeding with ticagrelor than clopidogrel (23.6% vs. 14.1%) (4).

We also concur with the commentary from Gurm, especially his views regarding ticagrelor (5). However, cautious interpretation is necessary because although consistent treatment effects were observed with ticagrelor versus clopidogrel in CKD and non-CKD patients when using creatinine clearance, a treatment interaction was noted when using the more robust Modification of Diet in Renal Disease equation definition, both for the primary endpoint as well as for all-cause mortality (6). Whether or not these differences reflect a biological mechanism versus selection of higher-risk patients with renal impairment remains unclear.

Although the morbidity of bleeding cannot be underestimated, improved selection for potent therapies is warranted. This may be done with the usage of thrombotic and bleeding risk scores (7), and plausibly with a case-by-case decision for assessment of platelet reactivity for identification of CKD patients at lower risk of bleeding (8), who may then be selected for potent therapies. Future studies are necessary to examine the uptake and impact of risk scores on long-term outcomes in CKD patients.

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RESEARCH CORRESPONDENCE

MitraClip in High- Versus Low-Volume Centers

An Analysis From the German TRAMI Registry

Previous studies have suggested lower rates of operative mortality for elderly patients >65 years of age undergoing mitral valve surgery in hospitals with higher annual volumes and increasing repair rates (1). Transcatheter mitral valve repair using the MitraClip