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Potent P2Y₁₂ Inhibitor Therapy for All?



But What About Ethnicity?

We read with great interest the results of the recently published meta-analysis by Lau et al. (1), along with its insightful accompanying editorial. First, we would like to thank the authors for highlighting the importance of the under-representation of women in clinical trials, an issue that, as a community, we all should be trying to address. In addition, we welcome the collaborative effort of the original trial investigators to perform this analysis.

However, we were surprised to see that neither the PHILO trial (2) nor the PRASFIT ACS (Prasugrel compared with Clopidogrel For Japanese patients with ACS undergoing PCI) trial (3) were identified for inclusion in their analysis. The PHILO and PRASFIT-ACS trials were multicenter double-blind, randomized control trials of potent P2Y₁₂ inhibitors performed in East Asian patients undergoing percutaneous coronary intervention in the setting of acute coronary syndrome. Both PHILO and PRASFIT-ACS had a primary composite endpoint of cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke and compared ticagrelor and prasugrel to clopidogrel, respectively. Although the results of PRASFIT-ACS were similar to those of this current analysis, PHILO did not demonstrate a significant benefit of ticagrelor compared to clopidogrel and, in fact, favored clopidogrel in men (reported hazard ratio of 1.88; 95% confidence interval: 1.02 to 3.46).

As the authors are aware, the benefit of ticagrelor in East Asian patients, particularly in Japan, has been drawn into question due to the results of PHILO and the low recruitment number of East Asian patients in the PLATO (Platelet Inhibition and Clinical Outcomes) trial (4). Therefore, inclusion of the PHILO trial in this analysis would not only have added

significant value to the paper but ensured more caution was taken in the interpretation of its results.

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REPLY: Potent P2Y₁₂ Inhibitor Therapy for All?



But What About Ethnicity?

We would like to thank Dr. Brown and colleagues for their valuable feedback regarding our recently published meta-analysis that examined the efficacy and safety of the more potent P2Y₁₂ inhibitors in men versus women (1). Although in some instances drug response may differ by patient sex, we agree with the authors that there may be other important factors that could potentially alter the pharmacokinetics or pharmacodynamics of a drug, including a patient's race or ethnic origin. We agree that exploring regional variations can provide important insights to guide individualized patient care, although interpretation of these differences must be interpreted with caution, particularly when the sample size is small (2,3).

To that end, Brown and colleagues highlighted the PHILO (4) and PRASFIT ACS (Prasugrel compared with Clopidogrel For Japanese patients with ACS