
Response:

The hypothesis that sulfonylurea agents may limit neurological injury through blockade of the SUR1 receptor, expressed under ischemic conditions, is both novel and promising. It is clearly disappointing that the largest clinical study to date to examine this hypothesis, in the robustly validated Virtual International Stroke Trial Archive (VISTA) registry of patients with acute stroke, identified no association between clinical outcome and sulfonylurea treatment.1

Foremost among the concerns raised by Simard and colleagues is the potential for misclassification regarding treatment. We analyzed a subset of VISTA in which complete information existed on concomitant medications, including start and end dates of administration, derived from trials with comprehensive data including annotated case report forms available for confirmation. These trials were subjected to rigorous monitoring and source data verification to meet worldwide regulatory standards. None of these sources and asking our patients to participate that the available data fully optimize the chances of success. Issues of dose (in relation to hypoglycemia), timing and duration of therapy, and potentially [un]suitable stroke subgroups remain to be defined in human subjects.

Our findings from VISTA do not preclude a clinical trial in the future. However, they should be considered alongside existing clinical and preclinical data, particularly in guiding further investigation before launching such a trial. Furthermore, because patients without diabetes are not treated with sulfonylureas in practice, we cannot make presumptions about their safety or efficacy in that population.

Disclosures

None.

Response to Letter by Simard et al Regarding Article, "Sulfonylurea Use Before Stroke Does Not Influence Outcome"

Peter Higgins, Christopher G. Favilla, Michael T. Mullen, Myzoon Ali and Scott E. Kasner

Stroke. 2011;42:e410; originally published online May 19, 2011;
doi: 10.1161/STROKEAHA.111.620849

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/42/7/e410