

Letter to the Editor

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Response by Parikh and Kamel to Letter Regarding Article, “Stroke Risk and Mortality in Patients With Ventricular Assist Devices”

In Response:

We thank Dr Jennings for his interest¹ in our recent publication,² in which we reported that the incidence of stroke after implantation of a ventricular assist device was 8.7% per year in a large, population-based cohort. We also reported that the rate of ischemic stroke was nearly double that of hemorrhagic stroke.

In this study, we used patient data from US administrative claims and, therefore, were unable to examine granular clinical data, including details on specific hardware and antithrombotic regimens. We explicitly acknowledged these limitations in our article and fully agree that they limit our ability to perform subgroup analyses by device type and antithrombotic therapy in regards to stroke risk in patients with ventricular assist devices. The study cited by Dr Jennings on variability in antithrombotic therapy for patients with ventricular assist devices found that ≈80% of North American centers reported the standard use of warfarin with an International Normalized Ratio target of 2.0 to 3.0, 2.0 to 2.5, or 2.5 to 3 along with an antiplatelet agent, typically aspirin though of variable dose.³ As such, we do not feel that practice variability substantially confounds our findings.

Administrative claims data typically do not permit detailed analyses that would be required to answer the questions posed by Dr Jennings. In contrast to single-center studies and clinical trial data, administrative claims data permit large-scale epidemiological observations of prevalence, trends, and associations⁴ despite the relative rarity of ventricular assist devices and variable

practice patterns.³ Further studies to address the timely issues raised by Dr Jennings are warranted.

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Disclosures

None.

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Response by Parikh and Kamel to Letter Regarding Article, "Stroke Risk and Mortality in Patients With Ventricular Assist Devices"

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