Response to “Influence of Diabetes on Antiplatelet Drug Efficacy”

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To The Editor: Gong et al. in their Letter to the Editor make valuable comments in relation to our study, which, as they correctly point out, included a substantial number of individuals with diabetes. First, they draw attention to the well-documented increased platelet reactivity in patients with diabetes, and a recent study showed increased platelet P2Y\(_{12}\) expression may be contributory. They also highlight a recent fairly small study indicating that in stroke patients the CYP2C\(_{19}\) loss-of-function allele had a reduced impact on clopidogrel response in individuals with higher glycated albumin levels independent of diabetes status. Such observations imply reduced efficacy of clopidogrel in this patient population. Indeed, a further study indicates impaired P2Y\(_{12}\) inhibition by clopidogrel following hospitalization for an arterial thrombo-occlusive event. As a consequence, we are not able to directly compare the overall efficacy of clopidogrel therapy with a comparator arm to investigate the impact of diabetes and related features. However, it is possible to exploit CYP2C\(_{19}\) genotype as a genetic instrument to probe the extent to which these features modify antiplatelet response. Our overall study comprised 72% individuals with diabetes and 77% of the outcome events occurred in this group. While we found that diabetes, obesity, smoking, and recent elevated glycated hemoglobin were, as expected, significantly associated with increased risk, we did not find any evidence of an interaction with the CYP2C\(_{19}\) genotype. While we probably do not have adequate power in our current study to formally avoid a type II error, a meta-analysis of clinical trials also found no substantial effect of either diabetes or obesity on clopidogrel efficacy.\(^4\)

Our bioresource is currently expanding with the Scottish-wide GoSHARE study (www.goshare.org.uk). In essence, we conducted a Mendelian-randomized prospective observational study of the clinical impact of CYP2C\(_{19}\) loss-of-function genotype in a population of individuals who had all redeemed prescriptions for clopidogrel following hospitalization for an arterial thrombo-occlusive event. As a consequence, we are not able to directly compare the overall efficacy of clopidogrel therapy with a comparator arm to investigate the impact of diabetes and related features. However, it is possible to exploit CYP2C\(_{19}\) genotype as a genetic instrument to probe the extent to which these features modify antiplatelet response. Our overall study comprised 72% individuals with diabetes and 77% of the outcome events occurred in this group. While we found that diabetes, obesity, smoking, and recent elevated glycated hemoglobin were, as expected, significantly associated with increased risk, we did not find any evidence of an interaction with the CYP2C\(_{19}\) genotype. While we probably do not have adequate power in our current study to formally avoid a type II error, a meta-analysis of clinical trials also found no substantial effect of either diabetes or obesity on clopidogrel efficacy.\(^4\)

Our bioresource is currently expanding with the Scottish-wide GoSHARE study (www.goshare.org.uk). As a consequence, we anticipate the ability to explore these interesting and highly clinical relevant aspects in the future.

CONFLICT OF INTEREST
The authors declared no conflict of interest.

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