Outcomes could have been adjusted, using person-years of exposure as a denominator.

In conclusion, the study by White et al does not provide enough evidence to support the cardiovascular safety of roflumilast. More studies are needed to further investigate the cardiovascular safety of the drug.

Yuji Oba, MD
Nazir A. Lone, MD
Columbia, MO

Affiliations: From the University of Missouri-Columbia.

REFERENCES

Response

The intention of our study, reported in this issue of CHEST, was to evaluate the cardiovascular (CV) safety of roflumilast in >12,000 patients with COPD using adjudicated major adverse CV events (MACEs) of CV death, nonfatal myocardial infarction, and nonfatal stroke. The results of our study showed that the hazard ratios for roflumilast relative to placebo were similar and in the same direction (≤1) for all three components of this MACE composite. Oba and Lone stated incorrectly that stroke was the only MACE component that was significantly different for roflumilast relative to placebo. In fact, none of the components met statistical significance for a reduction in CV events. We concluded that our large analysis demonstrated the lack of a CV safety concern for roflumilast in patients with moderate to severe COPD, and the results generated the hypothesis of potential benefit, particularly in those patients lacking CV comorbidities at baseline. The absolute and relative CV effects of roflumilast are currently being evaluated in purposefully designed, prospective randomized trials.

William B. White, MD
Farmington, CT
on behalf of the coauthors

Affiliations: From the Division of Hypertension and Clinical Pharmacology, Calhoun Cardiology Center, University of Connecticut School of Medicine.