The paper by Biondi-Zoccai et al. [1] examined the results reported with different anti-platelet treatments in patients with acute coronary syndrome (ACS) and applied an indirect network meta-analysis to compare prasugrel vs ticagrelor. The therapeutic questions in terms of efficacy and safety addressed by Biondi-Zoccai et al. [1] are essentially the same as those examined narratively by Schömig [2]; the former analysis has the merit that a more systematic literature search has been carried out, but the latter has the advantage that the inclusion of placebo-controlled studies allowed a more thorough assessment of safety.

When the results of a network meta-analysis are presented using the traditional Forest plot (as in the case of the paper by Biondi-Zoccai et al. [1]), one limitation is that the meta-analytic result is fragmented across numerous graphs (a total of 12 graphs in Biondi-Zoccai’s study) so that grasping the main message of the analysis from so many graphs (a total of 12 graphs in Biondi-Zoccai’s study) is uneasy. So that grasping the main message of the analysis from so many graphs (a total of 12 graphs in Biondi-Zoccai’s study) is uneasy.

In conclusion, the findings presented herein confirm that the simplified network meta-analysis graph can be a useful tool to synthesise the results of comparative effectiveness particularly when more than two comparators are involved. The authors of this manuscript have certified that they comply with the Principles of Ethical Publishing in the International Journal of Cardiology [8].

References


Fig. 1. Network meta-analysis of anti-platelet treatments in acute coronary syndromes. The figure shows results from the analysis of three different endpoints: death from any cause (Panel A), the composite endpoint including death from cardiovascular causes, myocardial infarction or stroke (Panel B), and major bleeding (Panel C). In all the graphs each direct comparison is represented by a solid line and each indirect comparison by a dotted line; statistical results are given as relative risk (RR) with 95% confidence interval (95%CI). The indirect comparisons between ticagrelor and prasugrel show no difference in each of the three analyses (Panels A, B, and C). The RRs for all direct comparisons were extracted from the paper of Schömig[2], while the RRs for all indirect comparisons were calculated using the ITC software [7]. Symbols: “+” indicates which treatment is favoured at levels of statistical significance, and vice versa for “-”; “=” denotes comparisons showing no significant difference; “t” indicates which treatment is favoured by a trend in cases of no significant difference.
Fig. 1 (continued).

