

## Response to Letter Regarding Article, “Optimal Duration of Dual Antiplatelet Therapy After Drug-Eluting Stent Implantation: A Randomized, Controlled Trial”

We thank Dr Sardar and colleagues for their interest in our recent article<sup>1</sup> and appreciate the opportunity to reply. We agree that medication adherence is associated with clinical outcomes and remains an important issue in clinical drug trials. Unfortunately, there are no definite methods for assessing adherence to medications. In our study, pill count was used to determine medication adherence, and pharmacy data were electronically checked by medical insurance system. Medical adherence in this type of study is considered generally poor. Even in the Platelet Inhibition and Patient Outcome (PLATO) trial, medical adherence was ≈80%.<sup>2</sup> In this context, we believe that medical adherence in our study seems to be acceptable.

Time from index procedure to randomization was rather variable, but most patients were enrolled between 12 and 18 months after the index procedure. Furthermore, clinical outcomes were not different after adjusting for the duration before the randomization process. As described in the study limitations, however, our findings may not be extrapolated to high-risk populations, such as those with recurrent events within 12 months after the index procedure. Bleeding risk is known to be increased in patients with chronic kidney disease. In our study, however, only a small number of patients (0.8%) had significant renal dysfunction (serum creatinine ≥ 2 mg/dL), making it difficult to analyze the association between kidney dysfunction and bleeding complication.

Finally, we agree that clopidogrel is a prodrug requiring activation in the liver, and its antiplatelet effect can be enhanced in current smokers. In our study, however, there were no significant differences of clinical outcomes in dual antiplatelet therapy group according to smoking status. Further studies may be needed to demonstrate whether there is a clopidogrel–smoking interaction in patients receiving long-term clopidogrel therapy.

### Disclosures

Dr Park has received research grants and lecture fees from Abbott Vascular, Boston Scientific, and Medtronic. The other authors report no conflicts.

**Seung-Jung Park, MD**  
**Cheol Whan Lee, MD**  
**Jung-Min Ahn, MD**  
**Duk-Woo Park, MD**  
**Soo-Jin Kang, MD**  
**Seung-Whan Lee, MD**  
**Young-Hak Kim, MD**  
**Seong-Wook Park, MD**

*The Heart Institute, Center for Medical Research and Information  
 University of Ulsan College of Medicine, Asan Medical Center  
 Seoul, South Korea*

**Seungbong Han, PhD**  
*Division of Biostatistics, Center for Medical Research and  
 Information  
 University of Ulsan College of Medicine, Asan Medical Center  
 Seoul, South Korea*

**Sang-Gon Lee, MD**  
*Ulsan University Hospital  
 Ulsan, South Korea*

**In-Whan Seong, MD**  
*Chungnam National University Hospital  
 Daejeon, South Korea*

**Seung-Woon Rha, MD**  
*Korea University Guro Hospital  
 Seoul, South Korea*

**Myung-Ho Jeong, MD**  
*Chonnam National University Hospital  
 Gwangju, South Korea*

**Do-Sun Lim, MD**  
*Korea University Anam Hospital  
 Seoul, South Korea*

**Jung-Han Yoon, MD**  
*Yonsei University Wonju College of Medicine  
 Wonju Christian Hospital  
 Wonju, South Korea*

**Seung-Ho Hur, MD**  
*Keimyung University Dongsan Medical Center  
 Daegu, South Korea*

**Yun-Seok Choi, MD**  
*The Catholic University of Korea  
 Yeouido St. Mary's Hospital  
 Seoul, South Korea*

**Joo-Young Yang, MD**  
*National Health Insurance Corporation, Ilsan Hospital  
 Ilsan, South Korea*

**Nae-Hee Lee, MD**  
*Soon Chun Hyang University Hospital Bucheon  
 Bucheon, South Korea*

**Hyun-Sook Kim, MD**  
*Hallym University Sacred Heart Hospital  
 Anyang, South Korea*

**Bong-Ki Lee, MD**  
*Kangwon National University Hospital  
 Chuncheon, South Korea*

**Kee-Sik Kim, MD**  
*Daegu Catholic University Medical Center  
 Daegu, South Korea*

**Seung-Uk Lee, MD**  
*Kwangju Christian Hospital  
 Kwangju, South Korea*

**Jei-Keon Chae, MD**  
*Chonbuk National University Hospital  
 Jeonju, South Korea*

**Sang-Sig Cheong, MD**

*GangNeung Asan Medical Center Gangneung, South Korea*

**Il-woo Suh, MD**

*Sam Anyang Hospital  
Anyang, South Korea*

**Hun-Sik Park, MD**

*Kyungpook National University Hospital  
Daegu, South Korea*

**Deuk-Young Nah, MD**

*Dongguk University Gyeongju Hospital Gyeongju, South Korea*

**Doo-Soo Jeon, MD**

*The Catholic University of Korea  
Incheon St. Mary's Hospital  
Incheon, South Korea*

**Ki-Bae Seung, MD**

*The Catholic University of Korea  
Seoul St. Mary's Hospital  
Seoul, South Korea*

**Keun Lee, MD**

*Veterans Hospital Service Medical Center  
Seoul, South Korea*

**Jae-Sik Jang, MD**

*Inje University College of Medicine  
Busan Paik Hospital  
Busan, South Korea*

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Seung-Jung Park, Cheol Whan Lee, Jung-Min Ahn, Duk-Woo Park, Soo-Jin Kang, Seung-Whan Lee, Young-Hak Kim, Seong-Wook Park, Seungbong Han, Sang-Gon Lee, In-Whan Seong, Seung-Woon Rha, Myung-Ho Jeong, Do-Sun Lim, Jung-Han Yoon, Seung-Ho Hur, Yun-Seok Choi, Joo-Young Yang, Nae-Hee Lee, Hyun-Sook Kim, Bong-Ki Lee, Kee-Sik Kim, Seung-Uk Lee, Jei-Keon Chae, Sang-Sig Cheong, Il-woo Suh, Hun-Sik Park, Deuk-Young Nah, Doo-Soo Jeon, Ki-Bae Seung, Keun Lee and Jae-Sik Jang

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