Response to The Application of Brachial-Ankle Pulse Wave Velocity as a Clinical Tool for Cardiovascular Risk Assessment

We thank Tomiyama and Yamashina1 for their interest in our study.2 Ease of use for a promising biomarker, such as the brachial-ankle elasticity index, is an important advantage, but together with the predictive ability of brachial-ankle elasticity index it should be weighed against shortcomings that exist at present and should be tackled in future studies, such as lack of data to non-Asian populations, limited validation of path length estimation, and scarce data on determination of reference values. Of paramount importance is, as Tomiyama and Yamashina also note, the prospective comparison with carotid-femoral pulse wave velocity, the gold standard assessment of arterial stiffness.3–5

Meta-analyzing data of published studies (as was done in our analysis) has definitive advantages, such as unbiased inclusion of all published data and not only those data provided by centers willing or able to share individual data. Furthermore, regarding incremental predictive value over and beyond conventional risk factors, adjustment for such factors has been performed in many studies included in our analysis. Nevertheless, we agree that individual data analysis is the next essential step, because it would provide the opportunity to address robust criteria for implementation of a biomarker, such as reclassification against established cardiovascular risk scores. Moreover, this approach has the potential to assess a possible grading association of parameters, such as age, baseline risk, sex and so forth with the predictive value of brachial-ankle elasticity index.

Disclosures

None.


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_Hypertension_. 2012;60:e41; originally published online September 10, 2012;
doi: 10.1161/HYPERTENSIONAHA.112.202085

_Hypertension_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0194-911X. Online ISSN: 1524-4563

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