Concerns for the Heart Failure Reduction in the NAGOYA HEART Study Based on Meta-Regression From the Evidence

To the Editor:

The NAGOYA HEART Study\(^1\) compared the efficacies of an angiotensin II type 1 receptor blocker (ARB) valsartan and a calcium channel blocker amldipine on cardiovascular morbidity and mortality as a primary outcome in Japanese hypertensive patients with glucose intolerance. Time-to-event curves for primary outcomes did not significantly differ between the 2 groups (hazard ratio, 0.97; 95% confidence interval [CI], 0.66–1.40; \(P=0.85\)). Despite no significant differences in the risk of myocardial infarction, stroke, coronary revascularization, or sudden cardiac death between the 2 groups, the incidence of admission because of heart failure was significantly less in the valsartan group than that in the amldipine group (hazard ratio, \(P_0<0.20\); 95% CI, 0.06–0.69; closed circle in Figure), which would indicate that as a given factor decreases, the OR decreases, that is, ARB is more beneficial in reducing the outcome of interest. In the meta-regression graph, we simply added (without altering the result of the meta-regression analysis) the NAGOYA HEART Study (achieved SBP difference, –1; OR, 0.20 [log OR, –1.63]; 95% CI, 0.06–0.68; closed circle in Figure), which is an extraordinarily long way from the area enclosed by the 95% CI curves of the meta-regression. Thus, we confirmed the specificity of the significant relative risk reduction for heart failure with the achieved SBP difference of nearly zero shown in the NAGOYA HEART Study, which is irreceivable with the result of the present meta-regression analysis of the data set included in the most robust evidence\(^2\) for BP-lowering treatment with agents inhibiting the renin–angiotensin system.

In a study by the Blood Pressure Lowering Treatment Trialists' Collaboration (BPLTTC),\(^3\) there were 17 angiotensin-converting enzyme inhibitor trials \((n=101626)\), 9 ARB trials \((n=45212)\), and 3 direct head-to-head trials \((n=18477)\). We selected 11 comparisons from 10 of the 12 ARB trials \((n=45212)\) and 3 direct head-to-head trials \((n=18477)\). We selected 11 comparisons from 10 of the 12 ARB trials \((n=45212)\) and 3 direct head-to-head trials \((n=18477)\). With respect to Japanese valsartan trials, the Jikei Heart Study\(^3\) and KYOTO HEART Study,\(^4\) several concerns have arisen.\(^5\)–\(^7\) Kyoto Prefectural University of Medicine announced on July 11, 2013, that the data used in the KYOTO HEART Study were manipulated, and manipulation of data is suspected because the research team had a tendency to report fewer incidents of disease in the valsartan group and more incidents of disease in the non-ARB group.\(^4\) Late December 2012, ex-professor Matsubara requested that his papers for the KYOTO HEART Study be withdrawn because of data problems after the data in his study were questioned.\(^9\) In the end of July 2013, an interim report by a Jikei investigation committee said that a large part of the BP data on the Jikei Heart Study paper differed from data on medical records.\(^10\) Professor Mochizuki, who led the Jikei Heart Study, is offering to withdraw his paper published in The Lancet, noting grave doubts have emerged about the credibility of the research. What is common in these 2 Japanese valsartan trials\(^3,4\) is the significant relative risk reduction for cardiovascular outcomes (angina pectoris,\(^3,4\) stroke,\(^3,4\) and heart failure\(^1\)) without the achieved SBP difference. Also in the NAGOYA HEART Study,\(^1\) the similar significant relative risk reduction for heart failure without the achieved SBP difference has been reported.

Disclosures

None.

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