We read with interest the insightful comments from Dr Ahn et al regarding the PRASFIT-ACS study and wish to thank them for their positive comments.

We agree with their comments that the unique characteristics of the East Asian population, including attenuated thrombogenicity and lower body weight compared with other populations, may have contributed to the results of PRASFIT-ACS. As we mentioned in the original paper, we carefully considered the optimal dose for Japanese ACS patients to provide appropriate platelet inhibition without increasing the risk of bleeding, based on the incidence of bleeding events in a Japanese phase II trial (unpublished data).

We think that an adjusted dosing regimen of prasugrel (20mg/3.75mg) demonstrated a favorable clinical benefit in Japanese ACS patients. We are now performing several sub-analyses of the PRASFIT-ACS data to better understand the results and describe the outcomes in various subgroups of patients.

Disclosures
The authors declare the following interests: Shigeru Saito is a medical advisor for Terumo and has received honoraria from Abbot Vascular Japan, Boston Scientific Japan, and Medtronic; Masato Nakamura has received honoraria from AstraZeneca K.K., Daiichi Sankyo Co., Ltd., and Sanofi K.K.

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Shigeru Saito, MD
Division of Cardiology, Shonan Kamakura General Hospital, Kamakura, Japan

Masato Nakamura, MD
Division of Cardiovascular Medicine, Ohashi Medical Center, Toho University, Tokyo, Japan

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