



## Letter to the Editor

## Letter to the Editor concerning: “A systematic review of network meta-analyses among patients with nonvalvular atrial fibrillation: A comparison of efficacy and safety following treatment with direct oral anticoagulants”



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We have read with interest the systematic review (SR) by Cohen et al. of network meta analyses (NMAs) examining direct oral anticoagulants (DOACs) in patients with nonvalvular atrial fibrillation [1].

We fear that 8 of 22 NMAs included in their SR contain studies that do not fit the inclusion criteria as set out in the Methods section and Table 1.

Sterne et al. (Ref 24) and Tawfik et al. (Ref 31) both contain data from the AVERROES trial in which the comparator is aspirin. Assiri et al. (Ref 27) contains SPAF-I which compared warfarin and aspirin to placebo and SPAF-II [2] which compared warfarin to aspirin. Guo et al. (Ref 29) also contained older trials such as the CAFA study [3] which similarly did not have DOAC as an intervention and instead compared warfarin with placebo.

Morimoto et al. (Ref 25) includes the SPORTIF III and SPORTIF V [4] trials. Unfortunately, the DOAC Ximelagatran is not listed in Table 1 and has been withdrawn due to hepatotoxicity concerns.

Baker and Phung (Ref 13), Biondi-Zoccai et al. (Ref 14) and Lin et al. (Ref 21) include the PETRO trial [5] – of 9 intervention arms, only one had a dose of dabigatran (150 mg) that fits the inclusion criteria in Table 1.

With an ever-increasing number of meta-research papers, judicious selection of studies that fit the inclusion criteria chosen by the authors of such papers is crucial. Results may differ drastically through selective and inappropriate study selection, thereby adding more noise than signal to our research community.

### Conflict of interest

The authors report no relationships that could be construed as a conflict of interest.

### References

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