

Multiple testing in the ‘Canakinumab in atherosclerosis’ trial: correction required?

Sirs,

We like to bring up an issue with the recent ‘canakinumab in atherosclerosis’ trial (1). The authors analyse a good number of trial outcomes with no corrections for multiple testing. They say that a correction for multiple testing was unnecessary since this was an exploratory study (1). They may well be justified in their reasoning, had it not been that many of the outcomes they consider are most likely interrelated, weakening their justification for no corrections for multiple testing (2). Unless hard data exist, it is difficult to take for granted that arterial wall area and distensibility of aorta – and for that

matter, its various segments – and carotid arteries are independent parameters. We suggest that the issue we bring up should also be considered when the time comes to analyse the CANTOS trial (3).

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References

1. CHOUDHURY RP, BIRKS JS, MANI V *et al.*: Arterial effects of canakinumab in patients with atherosclerosis and type 2 diabetes or glucose intolerance. *J Am Coll Cardiol* 2016; 68: 1769-80.
2. STREINER DL, NORMAN GR: Correction for multiple testing: is there a resolution? *Chest* 2011; 140: 16-8.
3. RIDKER PM, THUREN T, ZALEWSKI A *et al.*: Interleukin-1beta inhibition and the prevention of recurrent cardiovascular events: rationale and design of the Canakinumab Anti-inflammatory Thrombosis Outcomes Study (CANTOS). *Am Heart J* 2011; 162: 597-605.