

## Response to Letter Regarding Article, “Colchicine Reduces Postoperative Atrial Fibrillation: Results of the Colchicine for the Prevention of the Postpericardiotomy Syndrome (COPPS) Atrial Fibrillation Substudy”

We appreciate your interest in the COPPS postoperative atrial fibrillation (POAF) substudy.<sup>1</sup> Your letter has 2 main queries: The time of colchicine administration, and the possible beneficial effects of concomitant use of  $\beta$ -blockers as a potential confounding factor in the trial results.

The COPPS-POAF substudy is the first trial to test the hypothesis that colchicine may be useful and safe for POAF prevention based on preliminary findings regarding prevention of postpericardiotomy syndrome by Finkelstein et al<sup>2</sup> and evidence that anti-inflammatory therapy, such as corticosteroids, may be beneficial for the prevention of POAF.<sup>3</sup> In the main trial (the Colchicine for the Prevention of the Postpericardiotomy Syndrome [COPPS] trial), a recently published prospective, randomized, double-blind, placebo-controlled multicenter trial,<sup>4</sup> colchicine was safe and efficacious for prevention of the postpericardiotomy syndrome, halving its incidence at 12 months. The trial was planned mainly to test the hypothesis of postpericardiotomy syndrome prevention by colchicine, and the drug was given starting on postoperative day 3 according to the preliminary experience of Finkelstein et al.<sup>2</sup> On this basis, we were only able to test the efficacy and safety of colchicine for POAF prevention from postoperative day 3 in the COPPS-POAF substudy.<sup>1</sup> A subsequent trial (the COPPS-2 trial; ClinicalTrials.gov unique identifier: NCT01552187) has now started in Italy to test the efficacy and safety of colchicine for prevention of the postpericardiotomy syndrome and POAF when given 48 to 72 hours before surgery, and results will be available at the end of 2012.

In the COPPS-POAF substudy, the concomitant use of  $\beta$ -blockers was evaluated and was found to be equally distributed in the placebo/colchicine groups, as was the use of angiotensin-converting enzyme inhibitors/angiotensin receptor blockers. On this basis, we are confident that colchicine efficacy was not related to the perioperative use of  $\beta$ -blockers in the trial.

### Disclosures

None.

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