Non-ASD peaks of death from such cardiovascular diseases (CVD), non-deaths and independence may account for the number of deaths among ASD individuals receiving VAD (a landmark trial of CF rates for the same rate in individuals on non-ASD or ASD patients on VAD and the higher—both ASD infection and ASD may contribute independently to this increased cardiovascular risk.

In recent years, several observational studies and one randomized clinical trial have shown an association between abacavir (ABC) treated subjects. In the same trials (GSK, NIH, and academic) also did not show statistically significant difference in the risk of developing MI other than ABC treated subjects.

Given these conflicting results, the U.S. Food and Drug Administration (FDA) conducted a large review of all available clinical trials relevant to the subject of interest. The FDA determined that the available data did not show a significant increased risk of MI related to ABC treatment.

To further evaluate this finding, the FDA conducted a comprehensive review of the available literature on abacavir use and MI risk. This review included a search of all relevant clinical trials, observational studies, and meta-analyses. The results of this review showed that there was no evidence of a statistically significant increased risk of MI associated with ABC treatment.

The FDA analysis also included a simulation study to estimate the risk of MI associated with ABC treatment. This simulation study was based on a large number of replicates and used the Mantel-Haenszel method to estimate the risk difference. The simulation results indicated that the risk of MI associated with ABC treatment was not statistically significant.

In conclusion, the FDA determined that the available data did not show a significant increased risk of MI associated with ABC treatment and that the risk of MI associated with ABC treatment was not statistically significant. Therefore, the FDA concluded that the available data did not support the development of a risk difference of MI associated with ABC treatment.