In regard to the use of concomitant dual antiplatelet therapy, we analyzed the effects of clopidogrel in addition to aspirin in our randomized study, prevention of Coronary artery bypass occlusion After off-pump procedures (CRYSSA).³ Our results indicated that (1) the antiplatelet effect of aspirin is independent of additional clopidogrel administration; (2) the antiplatelet effect of aspirin is independent of clopidogrel resistance; (3) the antiplatelet effect of clopidogrel is independent of aspirin resistance; (4) aspirin and clopidogrel have an additive effect that extends the efficacy of treatment to a larger number of patients; and (5) aspirin in combination with clopidogrel in patients responsive to both drugs displays a synergistic inhibitory effect that potentiates the antithrombotic efficacy of clopidogrel. As a consequence, because of the wide individual variability of clopidogrel or aspirin response, we are in agreement with Petricevic and colleagues,⁴ who suggested the use of platelet function assay devices for the preoperative quantification of platelet function in patients taking aspirin or clopidogrel. We also believe that a relatively cheap and easy to use point-of-care platelet function test could facilitate the individual approach to patients for each antiplatelet agent. This policy would reduce the risk of adverse ischemic events while awaiting surgery and of perioperative bleeding.

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PREVENTING PLEURAL MESOTHELIOMA IN PATIENTS WITH RECOGNIZABLE ASBESTOS-RELATED PLEURAL PLAQUES

To the Editor:

I note the careful "analysis of surgical morbidity and mortality" in the treatment of malignant pleural mesothelioma, published in the July 2014 issue of the *Journal*.¹

This again lists the postoperative complications in what is eventually a lethal disease.

A very large group of individuals exists, those treated with pleurodesis as young adults for complications of spontaneous pneumothorax, who have reportedly never developed malignant pleural mesothelioma.

Many of these individuals have undoubtedly been exposed to asbestos either before or after pleurodesis.

Consideration must surely be given to the value of pleurodesis in preventing pleural mesothelioma in those with evidence of simple asbestos-related pleural change.

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Reply to the Editor:

Mechanical and chemical pleurodesis has been used to treat pneumothorax and malignant pleural effusion. Although good long-term survival after talc pleurodesis as the primary treatment of some patients with pleural effusion associated with mesothelioma has been reported, we are unaware of any link between pleurodesis and the prevention of this disease.¹ In the past, talc preparations contained asbestos and were thought to cause mesothelioma; however, for decades, medical talc preparations have been asbestos free, and the protective antitumor properties of talc have been suggested in the basic science data. For example, talc has been shown to induce apoptosis in human mesothelioma cells² and to promote an angiostatic environment in the pleural space.³ Although using pleurodesis to prevent pleural mesothelioma in individuals with simple asbestos-related pleural change is an interesting idea, we believe that more preclinical