



Reply to the comment on “Vibegron 50 mg is the optimal algorithm in the pharmacologic management of overactive bladder: outcomes from a systematic review and meat-analysis”

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Editor,

We thank Wang and Li for their interest in our recent study [1]. We agree that the limited number of the included studies and heterogeneity among the studies might reduce the comparability of the data and influence the outcome. This point was described in the limitation part, in our original article [1].

Another review conducted by Rechberger et al. also tried to evaluate vibegron for the treatment of overactive bladder (OAB). In the expert opinion section, they concluded that, daily administered 50 or 100 mg vibegron significantly affects primary and secondary endpoints in clinical studies [2]. These conclusions were similar to ours and supported the efficacy of 50 mg dosage on OAB.

In spite of this, we still agree with Zhang that “It is challenging to optimize the dose of a drug with flat dose–response based on few trials with heterogeneous designs”. In our original study, we first examined studies that used vibegron 50 mg and 100 mg dose because only one randomized controlled trial (RCT) reporting vibegron 75 mg (compared with tolterodine and placebo) was included and it was not appropriate to set it as a separate group in meta-analyses [3]. We are aware of these potential limitations and

agree that more studies are needed to provide further insight into whether vibegron 75 mg is better than other dosages.

Declarations

Conflict of interest The authors of this article as well as all the included studies declare that they have no conflict of interest.

References

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