Letters to the Editor

The Editor welcomes submissions for possible publication in the Letters to the Editor section that consist of commentary on an article published in the Journal or other relevant issues. Authors should:

- Include no more than 500 words of text, three authors, and five references
- Type with double-spacing
- See <http://jtcs.ctsnetjournals.org/misc/ifora.shtml> for detailed submission instructions.
- Submit the letter electronically via jtcvs.editorialmanager.com.

Letters commenting on an article published in the JTCVS will be considered if they are received within 6 weeks of the time the article was published. Authors of the article being commented on will be given an opportunity to offer a timely response (2 weeks) to the letter. Authors of letters will be notified that the letter has been received. Unpublished letters cannot be returned.

Global statistics/outcomes

To the Editor:

The recent article by Ribeiro and associates¹ and the related editorial by David² merit further comment and discussion. Clearly, globalization and the Internet, especially The Cardiothoracic Surgery Network, have brought the cardiothoracic surgery community closer together. It was only a matter of time before the results of cardiac surgery in developing countries or emerging economies would be voluntarily reported. The authors are correct in that the reports are scanty regarding worldwide results in cardiac surgery. Yes, we want to know the global statistics, but there is no international or national body presently willing and able to extract and gather this information, certainly on a voluntary basis. Small and large programs in these countries are hesitant to report their results, for fears both imagined and unimagined. Rather than go through the evolutionary torture chamber of the developed countries' database and reporting systems, we should establish a voluntary system that would offer interested international programs a system that fixes the problem, and not the blame. The Northern New England Cardiovascular Disease Study Group database program is one example to study and modify for developing/emerging programs.³ The international database plan of the European Association for Cardiothoracic Surgery was started but, to my knowledge, has not been developed or reported in recent years.⁴ Only with an international database containing the global number of programs, surgeons, caseloads, and outcomes can we even begin to develop logical strategies and offer valid suggestions and recommendations to those programs and countries that are courageous, honest, and willing to share their results. At the present time, global statistics regarding number of programs, cardiothoracic surgeons, annual caseloads, and results are extracted from occasional reports like this one, the Unger report,⁵ personal communications, and corporate privacy information. Hospital volume is only one variable that should be

looked at. Other variables including age, complexity, comorbidity, mortality, morbidity, and long-term results are also important, but surgical training and institutional support facilities, especially with regard to access to care and waiting lists, need to be analyzed and addressed as well. Any recommendations offered must balance the results in developed and emerging programs to meet international guidelines or recommendations, and not standards or requirements. That will evolve over time. Let's get everyone into the boat, going in the same direction, and then decide who sits where and who does what! The authors should be praised for their efforts, and other groups and centers in emerging economies or developing countries should be encouraged to present similar reports and studies.

A. Thomas Pezzella MD
Director, Special Projects
World Heart Foundation
Attending Cardiothoracic Surgeon
Shanghai Chest Hospital
Shanghai, China

References

1. Ribeiro ALP, Gagliardi SPL, Nogueira JLS, Silveira LM, Colosimo EA, Lopes do Nascimento CA. Mortality related to cardiac surgery in Brazil, 2000-2003. *J Thorac Cardiovasc Surg.* 2006;131:907-9.
2. David TE. Should cardiac surgery be performed in low-volume hospitals? *J Thorac Cardiovasc Surg.* 2006;131:773-4.
3. Northern New England Cardiovascular Disease Study Group (NNECDSG). Available from: <http://www.nnecds.org>.
4. Wyse RKH, Taylor KM. The development of an international surgical registry: the ECSUR project. *The European Cardiac Surgical Registry. Eur J Cardiothorac Surg.* 1999;16:2-8.
5. Unger F. Worldwide survey on cardiac interventions 1995. *Cor Europaeum.* 1999;7:128-46.

doi:10.1016/j.jtcvs.2006.05.009

The effect of aortic valve replacement on coronary flow reserve

To the Editor:

We read with great interest and congratulate Bakhtyari and colleagues¹ on the study