Update on the cardiovascular and thoracic service-line concept

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As readers of the *Journal*, you might recall that in my editorials of January and July, I discussed expanding the service-line concept among the articles and subjects printed in the *Journal*. A new feature of the *Journal* recently introduced is the summary of important meeting proceedings. In the July issue of the *Journal*, the highlights of the Annual American College of Cardiology meeting were summarized, highlighting important new trials that many in our field might not be familiar with but might become increasingly important to their day-to-day practice. The October issue highlighted the International Society for Minimally Invasive Cardiothoracic Surgery meeting in Boston, providing insight into new techniques and technology in minimally invasive cardiothoracic surgery. In subsequent issues we plan to highlight other important meetings, including the Transcatheter Cardiovascular Therapeutics meeting, the American Heart Association meeting, and important oncology meetings for general thoracic surgeons. We hope our readership finds these summaries to be a natural extension of our service-line concept, keeping all of us abreast of the important issues of our combined specialties and integrating research, clinical, and academic efforts with our nonsurgical colleagues in these areas.

In this regard a current trial that I believe is important to understand is the SYNTAX trial, which was reported at the European College of Cardiology in Munich, Germany, this past summer. This trial was a randomized, controlled, multicenter American/European trial comparing percutaneous

coronary intervention (PCI) with drug-eluting stents with coronary artery bypass grafting (CABG) in patients with left main and 3-vessel disease. All patients in this trial were determined to be eligible for either therapy by a team of cardiologists and cardiac surgeons. The stent group received an average of 4.6 stents per patient, and the CABG group received an average of 3.2 grafts per patient. The early combined death, stroke, and myocardial infarction rate was 7.6% for the PCI group and 7.7% for the CABG group and was not statistically significant. However, the stroke rate in the CABG group was 2.2% versus 0.6% for the PCI group. Most importantly, the overall 12-month major adverse cardiovascular and cerebral vascular event rate was significantly higher in the PCI group (17.8% vs 12% in the CABG group, $P = .0015$). This is an interesting and significant study and one I believe we will be hearing about for many months to come. The results of this trial are important and should be brought to the attention of practicing adult cardiac surgeons, allowing us to keep up, stay ahead, and, most importantly, stay informed.

You will continue to see increased collaboration in our specialty from all specialists, and we will continue to report important cardiac and thoracic trials in the pages of the *Journal*. We would like feedback from our readership if they believe this kind of activity is important and should be expanded to include other meetings and trials.

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