Reply to the Editor:

We appreciate the comment and update from Takagi and colleagues. They previously reported the results of a meta-analysis of controlled studies, showing that preoperative statin use was associated with reduced all-cause mortality after cardiac surgery.¹ At this time, they added recently published studies, including ours,² in the meta-analysis and showed that preoperative statin therapy was associated with a 33% reduction in postoperative mortality (pooled odds ratio, 0.67; 95% confidence interval, 0.54–0.83; $P = .0002$), which supports a beneficial effect of preoperative statin use in patients undergoing cardiac surgery. Their pooled analysis included 24,039 patients from 13 controlled studies. However, the generalizability of their finding is still not high.

Most patients included in their pooled analysis underwent coronary artery bypass surgery. Statins have been shown to be effective in the prevention of major cardiac events in coronary artery disease.^{3,4} Perhaps most patients undergoing coronary artery bypass surgery are expected to be taking a statin before surgery, although routine statin therapy regardless of low-density lipoprotein cholesterol level is still controversial. All patients included in our study had no coronary artery disease.² Our study has indicated a potential benefit of preoperative statin in patients undergoing cardiac surgery without coronary artery disease. However, the study has limitations of observational studies. A randomized controlled study is necessary to confirm the finding.

To generalize the beneficial effect of preoperative statin use in patients undergoing cardiac surgery, further investigations are necessary in patients without coronary artery disease or those without hypercholesterolemia.

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GRAFT PATENCY IN CORONARY ARTERY BYPASS VERSUS OFF-PUMP CORONARY ARTERY BYPASS

To the Editor:

We read with great interest the article by Angelini and associates¹ regarding effects of coronary artery

bypass grafting with cardiopulmonary bypass (CABG-CPB) versus off-pump coronary artery bypass (OPCAB) grafting on graft patency from long-term (7-year) follow-up of 2 randomized controlled trials (Beating Heart Against Cardioplegic Arrest Study [BHACAS] 1 and 2). The likelihood of graft occlusion was not different between OPCAB (10.6%) and CABG-CPB (11.0%) groups (odds ratio, 1.00; 95% confidence interval [CI], 0.55–1.81; $P > .99$).¹ Meanwhile, our previous meta-analysis² of randomized controlled trials (not including the study by Angelini and collaborators¹) demonstrated a statistically significant increase in venous graft occlusion (risk ratio [RR], 1.28; 95% CI, 1.06–1.54; $P = .0094$) and overall graft occlusion (RR, 1.27; 95% CI, 1.03–1.56; $P = .0234$) with OPCAB relative to CABG-CPB in the random-effects model. We herein updated the meta-analysis,² including the study by Angelini and colleagues.¹

Our comprehensive search identified 7 studies reporting ≥ 3 -month graft patency. Pooled analysis of all

FIGURE 1. Forest plot of venous graft occlusion risk among patients randomized to off-pump coronary artery bypass (OPCAB) grafting versus coronary artery bypass grafting with cardiopulmonary bypass (CABG-CPB) in all studies (A) and studies reporting ≥ 1 -year patency (B). IV, Inverse variance; CI, confidence interval.