SAM. According to our data, however, there were no differences in the rate of semirigid ring usage or the average size of the artificial ring between cases with SAM and those without.⁴ The present study lacks several detailed data such as annular diameter or degree of annular reduction. Therefore, this issue lies beyond the scope of the present study and may require further investigation.

Their second comment refers to the relationship between the thickness of the interventricular septum (IVS) and the development of SAM. A bulging septum has been reported as a risk factor for SAM. Its mechanism has not been well defined, but a bulging septum may reduce the distance between mitral valve coaptation and the left ventricular outflow tract, and may increase the blood flow velocity in the left ventricular outflow tract. Said and colleagues⁵ reported 6 cases in which a bulging septum was considered the cause of SAM. According to the multivariate analysis in the present study, the thickness of the IVS is the independent risk factor for SAM. However, we could not demonstrate any cause and effect correlation between the thickness of the IVS and the risk of SAM, as seen in the ejection fraction or end-systolic diameter. We speculate that other factors such as the morphology of the interventricular septum or the diameter of the left ventricular outflow tract may influence the development of SAM. Therefore, this issue also requires further investigation.

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<http://dx.doi.org/10.1016/j.jtcvs.2014.01.026>

RAY CHU-JENG CHIU, MD, PhD, FRCSC, FACS, FACC (1934-2014) To the Editor:

Ray Chu-Jeng Chiu, MD, Professor and past Director of the Division of Cardiothoracic Surgery at McGill University, passed away on January 4, 2014. Born in Tokyo, Japan, Dr Chiu received an MD degree from the National Taiwan University in Taipei, Taiwan, followed by internship at Baltimore City Hospital. He then undertook residency training in Cardiovascular and Thoracic Surgery under Clarence Dennis at Downstate Medical Center in New York. After obtaining a PhD in Experimental Surgery at McGill University, Dr Chiu joined the faculty at that University in 1972, rising to the rank of full tenured Professor in 1981. He was Division Chief from 1992 to 2000 and spent his entire academic career at McGill University. As a caring doctor, Dr Chiu touched the lives of many patients who benefited from many of his innovative techniques and procedures, such as the spiral vena cava graft, dynamic cardiomyoplasty, retrograde coronary sinus cardioplegia, and stem cell therapy for heart failure. His contributions in the stem cell field included studies on adult stem cells derived from bone marrow, placenta, and fat. His first report on stem cell was in 1992 on cellular cardiomyoplasty, followed by his book in

1997. His publications and original contributions to the literature are extensive, and he was a visiting professor in most major universities worldwide. Perhaps the recognition and stature of Dr Chiu can be exemplified by his participation in the Nominating Committee for the Nobel Prize in Physiology and Medicine in 1982.

Ray touched the lives of all those who came in contact with him. He was an inspiration and role model for his students, residents, and peers. Ray always had a kind voice for those who searched advice from him. He encouraged and helped his trainees to do basic science and clinical research and to write manuscripts, and made them co-authors in his important contributions. Being with Ray discussing research ideas and projects was inspiring and informative, always leading to innovative and productive projects. His honesty and dedication were exemplary. His legacy will be the way in which he touched and enriched the lives of so many who were fortunate to have met him and the influence he had for those of his trainees who pursued academic and leadership careers. He will be sadly missed as one of the giants in cardiac surgery. He leaves behind his wife Jane, daughter Wendy, son Daniel, daughter-in-law Lisa, and granddaughter Anya.

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<http://dx.doi.org/10.1016/j.jtcvs.2014.01.033>

NOT CONVINCED THAT RIGHT INTERNAL THORACIC ARTERY IS SUPERIOR TO RADIAL ARTERY

To the Editor:

We read with great interest the study of Navia and colleagues¹