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<http://dx.doi.org/10.1016/j.jtcvs.2015.02.030>

OPCAB IS NOT FOR EVERY SURGEON AND NOT FOR EVERY PATIENT

Reply to the Editor:

Drs Yanagawa and Puskas have written a thorough, thoughtful, and articulate piece of effective advocacy in defense of off-pump coronary artery bypass (OPCAB), fortified by selective citation. I will not attempt to reply point by point.

I suspect we all agree that there are no perfect clinical trials. When meta-analyzers put the conclusions and imperfections of multiple trials in the salad spinner, out comes...salad. When differences between the modalities being compared are dramatic, none of that matters! The problem for OPCAB, now deep into its second decade of practice, is that convincingly demonstrated benefits have been illusory, and certain deficits (graft patency) have been stubbornly persistent.

When a procedure is called into question, a popular defense strategy used by surgeons is "not in my hands." I've used it myself! In the world of OPCAB, few surgeons bring as much legitimacy to that defense as Dr Puskas, whose randomized trials have been uniquely positive for OPCAB. But even Dr Puskas cannot be expected to perform every coronary artery bypass graft, and the super-expert is not a good solution to a public health problem the size of coronary disease.

A large part of me is disappointed by these developments. I have spent more than 15 years acquiring what I consider to be expertise in OPCAB. Certain technical benefits still have strong appeal. However, I agree completely with the authors' "not for every surgeon, not for every patient" precept, and I am dramatically expanding my application of the second "not."

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<http://dx.doi.org/10.1016/j.jtcvs.2015.03.005>

HARD ENDPOINTS FROM LARGE RANDOMIZED, CLINICAL TRIALS ARE MORE IMPORTANT THAN EARLY REPORTS OF SURROGATE ENDPOINTS FROM SMALL STUDIES

Reply to the Editor:

Thank you for the opportunity to comment on the letter by Yanagawa and Puskas, especially regarding our recent paper on graft patency in the Danish On-Pump versus Off-Pump Randomization Study (DOORS).¹

The conversion rate in DOORS was 12.8%,² similar to that in the American Randomized On-pump Off-pump Bypass (ROOBY) trial.³ Outside clinical trials, off-pump coronary artery bypass grafting (OPCAB) is often preferred to on-pump coronary artery bypass grafting (ONCAB) for patients who need relatively few grafts, tending to keep conversion rates low. Yanagawa and Puskas refer to a number of 2.2% as being the proportion of conversions in the Society of Thoracic Surgeons database, but the only reference