Authors have nothing to disclose with regard to commercial support.

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<http://dx.doi.org/10.1016/j.jtcvs.2017.04.018>

DO NOT THROW THE BABY WITH THE WATER BATH!

Reply to the Editor:

In his thoughtful letter, Dr Stamm discusses the neutral outcomes of the IMPACT-CD33 trial¹ in which autologous CD133⁺ bone marrow-derived hematopoietic cells were injected intramyocardially in patients with left ventricular dysfunction during a coronary artery bypass grafting procedure. The failure of these cell injections to significantly improve left ventricular function leads Dr Stamm to question the therapeutic usefulness of moving forward with this approach. Dr Stamm is highly knowledgeable in the field because this group first published a unblinded study² that yielded a positive signal in favor of the intramyocardial delivery of CD133⁺ cells but then honestly reported that this benefit no longer could be demonstrated in a subsequent trial conducted according to a more rigorous protocol design involving randomization and blinding.³ I basically agree with Dr Stamm's conclusion that Dr Noiseux and colleagues'¹ assumption that "the positive findings (of the IMPACT-CD133 trial) support a larger randomized, multicenter trial, with higher numbers of transplanted cells to demonstrate beneficial effects" is debatable because analysis of cell therapy trials has rather shown that increasing the number of patients has usually resulted in weakening the expected treatment effect.⁴ However, I think that, so far, this conclusion specifically should

be restricted to the use of these hematopoietic progenitor cells and cannot yet be generalized to the whole field of cardiac cell therapy. Many questions still remain to be solved, and it may be premature to conclude that we "should cut our losses and move on to testing more promising concepts"⁵ because some other cell types or their secreted biologics might, at the end, find a place in the armamentarium of techniques that can be offered to patients with ischemic heart disease.

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