Authors have nothing to disclose with regard to commercial support.

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WORKING TOWARD AN EVIDENCE-BASED CUTOFF RECOMMENDATION FOR MYOCARDIAL INFARCTION DETECTION AFTER CARDIAC SURGERY

Reply to the Editor:

In answer to the letter of Cubero-Gallego, Heredia, and Tamayo commenting on my editorial in the *Journal*,¹ 4 points should be highlighted:

1. A combination of electrocardiography and transthoracic echocardiography is indeed more specific, with a high negative predictive value, but it lacks sensitivity that could be compensated for by a high-sensitivity cardiac troponin T assay. Because the electrocardiography and transthoracic echocardiography were used in the study of Cubero-Gallego, Heredia, and Tamayo as the triage or screening for patients with myocardial infarction, the high-sensitivity cardiac troponin T assay was not useful to provide sensitivity to the screening used.²
2. The results obtained in the work of Cubero-Gallego, Heredia, and Tamayo are derived from a small, single-center clinical trial designed by that group and consequently are not arbitrary, as it was the cutoff recommended by the third universal definition of myocardial infarction.³ The high-sensitivity cardiac

troponin T assay was, however, not used as it should be for a high-sensitivity assay.

3. There is some confusion regarding what constitutes “strong evidence-based medicine.” Usual clinical practices, although important in clinical situations in medical centers, in general constitute weak evidence. Clinical trials, such as the ones published by Cubero-Gallego, Heredia, and Tamayo, will constitute much better evidence toward the construction of stronger, more reliable evidence-based medicine.⁴
4. The better time point within 3 hours after cardiac surgery, I suggested, needs to be determined, as pointed out by Cubero-Gallego, Heredia, and Tamayo. It is an interesting study that they could undertake, aiming to determine what would be the earliest and reliable myocardial infarction detection time point in patients subjected to cardiac surgeries.

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