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BILATERAL INTERNAL THORACIC ARTERY USE: CLOSING THE KNOWLEDGE GAP

Reply to the Editor:

We thank Saran, Locker, and Joyce¹ for their letter to the Editor.

We are in agreement with many of their points, particularly that the current low use of bilateral internal thoracic artery (BITA) grafts is not due to a nationwide lack of surgical skills. When a surgical professional community is appropriately motivated by compelling scientific evidence, surgical practice can change significantly, as it did for left internal thoracic artery use after the landmark studies of Lytle and colleagues² and Loop and associates³ describing the long-term benefits of left internal thoracic artery use.

We believe that the primary reason for the inertia maintaining low BITA use is that a significant knowledge gap still continues to exist with regard to its risks and benefits. We applaud Saran and colleagues⁴ for their analysis of a large propensity-matched cohort of patients at a single institution demonstrating a survival benefit for patients receiving BITA grafts. We maintain, however, that their excellent results may not be reproducible at all hospitals performing coronary artery bypasses nationally.

Saran, Locker, and Joyce¹ are correct that the Arterial Revascularization Trial has only reported midterm 5-year results.⁵ Final 10-year results of the Arterial Revascularization Trial and additional prospective studies, such as the Randomization of Single versus Multiple Arterial Grafts trial,⁶ may help inform us of the true benefits and costs of BITA use.

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No one is arguing that a saphenous vein graft is better than a right internal thoracic artery graft in terms of long-term patency. The knowledge gap exists as to whether BITA use will confer a superior long-term survival advantage across a variety of surgical practice environments without increasing the risk of potentially devastating sternal wound infections. Saran and colleagues⁴ have done a laudable job of endorsing their center's positive experience in increasing BITA use. More work must be done, however, to close this knowledge gap and increase BITA utilization nationally.

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