Dr Arora has received an unrestricted educational grant from Pfizer Canada Inc and honoraria from Mallinckrodt Pharmaceuticals for work unrelated to this article.

Author has nothing to disclose with regard to commercial support.

We agree that this comprehensive process may be reasonable to consider as a second stage of evaluation for those who have screened positive for features consistent with frailty using a simpler tool.

Contemporary cardiac surgery teams do need tool(s) that assist in shared clinical decision making to make a rational, individualized decisions regarding when we should operate and when we should turn a patient toward other therapies. However, in addition to hard clinical end points, we also need to know the influence on patient-reported outcomes.^{4,5} A scoring system that predicts protracted in-hospital stays, rehospitalization, and thus utilization costs such as the CAF would be of value but will require larger validation with patient-reported outcomes. An ideal score would be fast, simple to perform on the wards or in an outpatient clinic, and would fit on a single screen of a smartphone. We applaud the authors for their initiative. More work is needed to develop a frailty score based on and tested on a large body of patients undergoing cardiac surgery.

Bobby Yanagawa, MD, PhD^a
Rakesh C. Arora, MD, PhD^{b,c}

^aDivision of Cardiac Surgery
St Michael's Hospital
University of Toronto
Toronto, Ontario, Canada

^bSection of Cardiac Surgery
Department of Surgery
Max Rady College of Medicine
University of Manitoba
Winnipeg, Manitoba, Canada

^cCardiac Sciences Program
St Boniface Hospital
Winnipeg, Manitoba, Canada

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A NEW TOOL TO ASSESS FRAILTY

Reply to the Editor:

Yanagawa and colleagues¹ propose another tool to properly assess frailty before cardiac surgery. The comprehensive assessment of frailty score, based on a group of simple and readily available clinical and laboratory measures, carries the potential not only to predict hospital stay after surgery but also to predict 30-day and 1-year mortality. Further studies should propose the simplest and most effective way to identify frailty and to predict results after surgery. Yanagawa and colleagues¹ conclude that evidence-based scales of frailty should be used not only to guide patient selection for surgery but also to determine how frail patients should be prepared for their procedure.

Michel Carrier, MD
Department of Surgery
Montreal Heart Institute
Montreal, Quebec, Canada.

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<https://doi.org/10.1016/j.jtcvs.2019.03.002>

ACCURATE REPORTING OF CLINICAL TRIALS

To the Editor:

We were surprised to read Dr Lamy's Editorial Commentary,¹ in which he describes his first reaction ("I was reading fake news") when asked to review our manuscripts reporting the 1-year results of the Aspirin and Tranexamic Acid for Coronary Artery Surgery (ATACAS) trial.^{2,3} We wish to reassure readers of the *Journal* that the content of these articles accurately represents the work undertaken and the observed results. It is disappointing that Dr Lamy does not encourage readers to read the entire article, in which the answers to his queries can be found.

Dr Lamy asks how tranexamic acid, an antifibrinolytic drug, could reduce major adverse cardiovascular events in patients undergoing coronary artery surgery. The answers to this were provided in the Discussion section