Commentary: Challenging the guidelines responsibly

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Today's medical practice is in large part based on guidelines derived from best evidence and expert consensus. These guidelines are important because they aim to standardize the diagnostic investigations ordered and the treatments provided across practitioners for the ultimate benefit of the patients and to optimize allocation of healthcare resources. Overall, many would argue that across all medical specialties, guidelines improve delivery of medical and surgical care. Some would propose, however, that guidelines are not the answer to everything and that individualized clinical judgment centered on the patient should direct clinical decision making. How to reconcile these 2 opposing visions is an important problem faced by current healthcare practitioners. Because guidelines are often derived from limited evidence, individual clinical and institutional factors often drive noncompliance with these recommendations.

The article by Nissen and colleagues¹ is an excellent and well-detailed demonstration of how well-accepted guidelines are adapted by medical experts. By using data from the International Bicuspid Aortic Valve Consortium and the National Registry of Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions, 2 observational research registries, the authors analyzed patterns of practice and factors leading to deviation from the guidelines in the treatment of bicuspid valve–associated aortopathy. They established that more than one-third of patients undergo ascending aortic interventions at diameters less than 45 mm. This is a significantly more aggressive treatment strategy than what is proposed by the American College of Cardiology and American Heart Association guidelines.² Younger age at presentation and a more severe degree of aortic valve disease appear to drive some of these earlier aortic interventions. This article is well constructed, and both surgeons and cardiologists should be interested by the findings of this group. However, some limitations are evident as pointed out by the authors. The registries analyzed lacked data from patients who did not undergo aortic or valvular procedures. The evolution of these

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Central Message

A significant proportion of patients with bicuspid valve aortopathy undergo ascending aortic interventions at diameters inferior to guidelines. Their outcomes should be carefully tracked.

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patients is obviously also of interest as a comparison with those for whom an intervention was performed. Studies originating from registries should always be analyzed with a critical eye because missing data and other biases may affect the conclusions.

Ultimately, the article by Nissen and colleagues¹ demonstrates that guidelines are often challenged. This is not always done consciously, but by practitioners acting as medical experts who try to apply the best evidence they have in a context specific to each patient. However, it is the responsibility of these physicians and institutions challenging the guidelines to also follow up on their results and verify the outcomes of their nonstandard therapeutic approach. Results of treatments deviating from widely accepted guidelines should be presented to the medical community. A follow-up on this study with long-term outcomes of this cohort would be of tremendous value.

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