See Article page 1852.

Commentary: Only wimps need advice

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Many of us can remember when a catheterization laboratory would not be permitted to perform a coronary angioplasty unless an empty operating room and surgical team were available to bail the patient undergoing percutaneous coronary intervention (PCI) out in case of trouble. Early on, the scenario of “the angioplasty was successful; but, the patient subsequently died in the operating room” reporting strategy was frustratingly frequent. Then the interventionalists either got better at selecting or better at performing PCI. We, surgeons, then got sick of standing around in adjacent operating rooms with nothing to do. So, we pushed for the independence of the interventionalists. They got better. Then, they got more confident. Then, they began performing PCI without an adjacent operating room and then without an adjacent hospital—so, is it dangerous to fly without a parachute? And, perhaps more important, is the deliberation concerning optimal strategy of treating multivessel coronary disease (PCI vs coronary artery bypass grafting [CABG]) influenced by the aggregate skill set of the physicians making the decision? Or, is an iguana mother more likely to appreciate beauty in an iguana pup or a baby turtle?

The authors of the current study¹ prospectively reviewed 1063 patients with multivessel coronary artery disease admitted to Israeli hospitals, approximately half of whom (54%) were admitted to hospitals with cardiac surgical services (CSS). Demographically, the 2 kinds of hospitals received similar patients and the complexity of coronary anatomy was similar as assessed by the SYNTAX score (difference $P = .68$). In hospitals without CSS, the 6-year probability of survival was the same for CABG as for

Iguana rhinolopha

CENTRAL MESSAGE

Only wimps need advice, but even if the participants on a cancer/tumor board or heart team are of a different species, 2 minds and perspectives are better than 1.

PCI. In hospitals with CSS, however, the 6-year probability of survival was superior (85.1% vs 81.3%; $P = .004$). Hospitals uniformly pride themselves on supporting comprehensive multidisciplinary cancer/tumor boards. The authors conclude that the interventionalists' participation in a “heart team” approach, even for patients treated with CABG, was statistically beneficial to survival.

Even if the participants in the Cancer/Tumor Board or the Heart Team are of different species, 2 minds and perspectives are better than 1.

Reference

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