of our article. The well-established reduction in red cell and platelet transfusion requirements seen with tranexamic acid (Table 1) is one mechanism by which tranexamic acid could reduce the risk of major adverse cardiovascular events after cardiac surgery. That is, tranexamic acid could have an indirect antithrombotic effect because of the reduction in bleeding and transfusion requirements. This will avoid transfusion-related prothrombotic effects, which may well increase the risk of early coronary graft thrombosis and subsequent late/long-term cardiac events. Our data, both 30-day and long-term, provide compelling evidence to reassure readers that tranexamic acid is free of such adverse effects and may well be protective. Furthermore, tranexamic acid has immune modulatory effects that suppress inflammation and immunosuppression; these effects could improve recovery after many types of major surgery.

We reject the assertion that we had made “flashy” or “over-the-top” conclusions. We remind readers to consider the rationale for our trial, the veracity of the trial findings, and our discussion outlining why the findings could be clinically important. As we concluded in our article, we look forward to further mechanistic investigations on the deleterious effects of blood transfusions and possible beneficial effects of tranexamic acid on late cardiovascular events.

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I was asked by the Editor of the Journal to provide a commentary to that article, because my repeated requests for Myles and colleagues\(^1\) to change their statement to one more factually correct (such as, “A trend in improving MACE at 1 year has been observed, possibly explained by avoiding blood products at time of surgery. The mechanism remains unclear, but this hypothesis needs to be resolved with further research.”\(^3\)) were ignored, giving me the queasy feeling that these authors were trying to “pull a fast one” on us.

While I called their bluff on this issue, my real target was the surgical community at large, to remind us all to stick to the facts and use the strictest methodology in our articles. Otherwise, it is all “fake news.”

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