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REPLY: LEFT MAIN DISEASE AND MULTIVESSEL CORONARY ARTERY DISEASE SHOULD NOT BE THOUGHT AS TWO SEPARATE MANIFESTATIONS OF ISCHEMIC HEART DISEASE

Reply to the Editor:

We thank Dr Sakata and colleagues for their interest in our recently published meta-analysis. Their main concern lies with our choice to pool together patients with left main disease (LMD) and multivessel coronary artery disease (CAD) in the same analysis. Our main reason to do so was that, as shown in Table 2 of our publication, in different LMD trials, a significant proportion of patients with LMD suffers as well from multivessel CAD. In the PRECOMBAT (Premier of Randomized Comparison of Bypass Surgery versus Angioplasty Using Sirolimus-Eluting Stent in Patients with Left Main Coronary Artery Disease) and EXCEL (Evaluation of XIENCE Versus Coronary Artery Bypass Surgery for Effectiveness of Left Main Revascularization) trials, for example, isolated LMD accounts for approximately 10% and 17% of the respective populations. In the same trials, LMD plus multivessel CAD is present in more than 70% and 50% of the sample populations, respectively. In the SYNTAX (Synergy between PCI with Taxus and Cardiac Surgery) trial, patients with isolated LMD were 5% and those with LMD plus multivessel CAD were 26% of the sample population.

Considering, within the comparison of the surgical versus the percutaneous treatment, the lack of interaction or effect modification of LMD/multivessel CAD on survival, it is likely that both conditions share a common relative outcome after revascularization. This aspect reinforces the need to consider LMD and multivessel CAD not as 2 separate manifestations of ischemic heart disease but as a common entity.

Finally, we appreciate the suggestion by Sakata and colleagues to use time-to-benefit analysis, which we may include in further studies.

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