Rion Patras
26500 Patras, Achaia
Greece
E-mail: gregtsig@hotmail.com

doi:10.1016/j.jcin.2011.09.005

## REFERENCES

1. Brilakis ES, Rao SV, Banerjee S, et al. Percutaneous coronary intervention in native arteries versus bypass grafts in prior coronary artery bypass grafting patients: a report from the National Cardiovascular Data Registry. J Am Coll Cardiol Intv 2011;4:844–50.
2. Xanthopoulou I, Davlouros P, Tsigkas G, Panagiotou A, Hahalis G, Alexopoulos D. Long-term clinical outcome after percutaneous coronary intervention in grafts versus native vessels in patients with previous coronary artery bypass grafting. Can J Cardiol 2011 Oct 20 [E-pub ahead of print]; doi 10.1016/j.cjca. 2011.08.115.
3. Baim DS, Wahr D, George B, et al., for the SAFER Trial Investigators. Randomized trial of a distal embolic protection device during percutaneous intervention of saphenous vein aorto-coronary bypass grafts. Circulation 2002;105:1285–90.
4. Califf RM, Phillips HR III, Hindman MC, et al. Prognostic value of a coronary artery jeopardy score. J Am Coll Cardiol 1985;5:1055–63.
5. Davlouros P, Damelou A, Karantalis V, et al. Evaluation of culprit saphenous vein graft lesions with optical coherence tomography in patients with acute coronary syndromes. J Am Coll Cardiol Intv 2011;4:683–93.
6. Wijns W, Kolh P, Danchin N, et al. Guidelines on myocardial revascularization: the Task Force on Myocardial Revascularization of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS). Eur Heart J 2010;31:2501–55.

## Reply

We greatly appreciate the interest in our paper (1) and the astute comments by Drs. Tsigkas, Xanthopoulou, and Alexopoulos who highlight the use of embolic protection devices (EPDs) in saphenous vein graft (SVG) percutaneous coronary interventions (PCI) and the importance of the amount of myocardium in jeopardy. While we agree that the amount of jeopardized myocardium is an important predictor of outcome, the information necessary to calculate the amount of myocardium in jeopardy during PCI is not available in the CathPCI Registry. EPDs were used in 19.64% of SVG PCIs during the study period. EPD use was not associated with in-hospital mortality in univariable analysis (odds ratio: 0.988, 95% confidence interval: 0.870 to 1.122) or multivariable analysis (odds ratio: 0.935, 95% confidence interval: 0.813 to 1.075). Longer-term follow-up is likely needed to detect an impact from EPD use on clinical outcomes.

EPDs have been proved to reduce the incidence of post-SVG PCI myocardial infarction, and have a Class I indication in the American College of Cardiology/American Heart Association PCI guidelines. Yet, EPDs remain underutilized both in the United States and in Europe (2), due to device complexity, difficulties assessing the embolization risk of each SVG lesion, unavailability of a universally applicable EPD, and lack of reimbursement (3,4).

The similarity of the findings from the population of Xanthopoulou et al. (5) and from NCDR (1) strengthen the conclusion that native coronary artery PCI is preferable to SVG PCI in prior coronary artery bypass graft patients, if technically feasible. Given the rapid advances in complex PCI techniques, especially chronic total occlusion PCI (6,7), native coronary artery interventions are likely to be increasingly utilized in the future in patients presenting with SVG failure.

**Emmanouil S. Brilakis, MD, PhD***
**Sunil V. Rao, MD**
**Subhash Banerjee, MD**
**Steven Goldman, MD**
**Kendrick A. Shunk, MD, PhD**
**David R. Holmes, Jr, MD**
**Emily Honeycutt, MBI**
**Matthew T. Roe, MD, MHS**

*VA North Texas Health Care System
The University of Texas Southwestern Medical Center at Dallas
Division of Cardiology (111A)
4500 South Lancaster Road
Dallas, Texas 75216
E-mail: esbrilakis@yahoo.com

doi:10.1016/j.jcin.2011.10.001

Please note: Dr. Brilakis has received speaker honoraria from St. Jude Medical and Terumo; research support from Abbott Vascular and InfraRedx; and his spouse is an employee of Medtronic. Dr. Rao has received research funding Cordis Corporation, Momenta Pharmaceuticals, and Portola Pharmaceuticals; and speaker honoraria The Medicines Co., Sanofi Aventis, Bristol-Myers Squibb, and AstraZeneca. Dr. Banerjee has received speaker honoraria from St. Jude Medical, Medtronic, and Johnson & Johnson; and research support from Boston Scientific and The Medicines Co. Dr. Shunk has received research support from Abbott Vascular and Siemens Medical Systems; has stock options in Revascular Therapeutics; and has intellectual property rights licensed by SurgiVision, Inc.

## REFERENCES

1. Brilakis ES, Rao SV, Banerjee S, et al. Percutaneous coronary intervention in native arteries versus bypass grafts in prior coronary artery bypass grafting patients: a report from the National Cardiovascular Data Registry. J Am Coll Cardiol Intv 2011;4:844–50.
2. Mehilli J, Pache J, Abdel-Wahab M, et al. Drug-eluting versus bare-metal stents in saphenous vein graft lesions (ISAR-CABG): a randomised controlled superiority trial. Lancet 2011;378:1071–8.
3. Mahmood A, Khair T, Abdel Karim AR, et al. Embolic protection device utilization in saphenous vein graft interventions: a survey of 275 interventional cardiologists. Cathet Cardiovasc Interv 2011. In press.
4. Badhey N, Lichtenwalter C, de Lemos JA, et al. Contemporary use of embolic protection devices in saphenous vein graft interventions: Insights from the stenting of saphenous vein grafts trial. Catheter Cardiovasc Interv 2010;76:263–9.
5. Xanthopoulou I, Davlouros P, Tsigkas G, Panagiotou A, Hahalis G, Alexopoulos D. Long-term clinical outcome after percutaneous coronary intervention in grafts versus native vessels in patients with previous coronary artery bypass grafting. Can J Card 2011. In press.
6. Brilakis ES, Banerjee S, Lombardi WL. Retrograde recanalization of native coronary artery chronic occlusions via acutely occluded vein grafts. Catheter Cardiovasc Interv 2010;75:109–113.
7. Brilakis ES, Grantham JA, Thompson CA, et al. The retrograde approach to coronary artery chronic total occlusions: a practical approach. Catheter Cardiovasc Interv 2011. In press.