

placement. Due to uncertainty in history of recent gastrointestinal bleeding, we decided to start with the mechanical thromboembolectomy in our case (1).

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Please note: The authors have reported that they have no relationships relevant to the contents of this paper to disclose.

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## Scientific Data and Transparency of Conflict of Interest Are Important, Not Biased Editorial Without Facts



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The tone of the editorial comment by White and Reilly (1) resembles the current U.S. political environment, which is characterized by assumptions and allegations without any hard facts or scientific arguments.

The journal editors were wise to publish these comments; if they had not done so, the authors might have made an even larger story out of this. With our

comments in reply, the readers may now make up their own minds. Our original contribution was submitted to *JACC: Cardiovascular Interventions* and underwent a rigorous scientific review process, with several reviewers and with an editor carefully checking our manuscript, data, and conclusions. Indeed several back-and-forth edited versions took place before final publication of our article (2). All authors made it very clear what kind of potential conflicts existed according to current standard practice. Nothing was hidden. To label the article "biased" (2) without any facts to support their allegation rather reflects the biased view of Drs. White and Reilly.

The 3 employees were coauthors of the publication due to their substantial contributions. They invented the technology, developed the technology, tested it in preclinical animal studies, contributed to the clinical protocol, and trained the physicians in the procedure. Two of the employee authors, Drs. Gertner and Dawood, are experienced interventional clinicians and researchers, and the third, Dr. Anderson, has been working the field of therapeutic ultrasound for over 4 decades. They did not contribute to data collection, analysis, or interpretation of the data.

The conclusion of the editorial (1) is simply reiterating our last sentence (2). Already in August 2014, the WAVE IV (Sham Controlled Study of Renal Denervation for Subjects With Uncontrolled Hypertension) study started (NCT02029885) and results of an interim analysis will soon be released. We prefer to spend our time conducting and analyzing this randomized, double-blind, sham-controlled denervation study in resistant hypertension rather than defending against largely biased comments.

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