

Letters

TO THE EDITOR

The Wisdom of Restraint



I was pleased to see the thoughtful editorial by Dr. Chris White (1) in a recent issue of *JACC: Cardiovascular Interventions*. I remember the case Dr. White describes very well, and it reminded me of the many lessons we have learned about product development over the past 40 years. I also learned from Drs. Simpson and Gruntzig the importance of honesty and integrity in always placing the patient first.

It is not easy when there is an obvious conflict when you as the operator own the technology and have a financial interest in the outcome. That day was the very first Transcatheter Cardiovascular Therapeutics meeting at which I did a live case demonstration, and the case Drs. Leon and Kent picked was a circumflex lesion, easy by today's standards, but back then I knew it would be a challenge from the start. We considered not even trying, but I thought it might be good for the audience to see me struggle and that this was not an easy procedure, given the limitations of our rigid delivery system. If I failed, perhaps I would have saved future patients from overaggressive operators pushing the technology too far. It was an easy decision to quit when the conditions were not just right.

A few years later, a similar interaction took place in Toulouse, France, where a live case I did with one of the premier operators of all time, Dr. Jean Marco, also did not go nearly so well. Dr. Marco apologized profusely, but I responded that the purpose of live case demonstrations is to teach the good along with the bad. The audience doesn't learn nearly as much when things go well as they do when they go badly. I didn't want our colleagues thinking that this was an easy procedure. Live case demonstrations require special discipline to make sure the patient is not harmed, no matter how much pressure there might be to succeed.

So Dr. White is correct in his conclusions about teaching our young fellows these valuable lessons. He has been a driving force in our family of interventional cardiology for many years, and we are all lucky

to have him as one of our mentors for young trainees. I will leave him with one of my favorite quotations, which I continue to preach to our fellows: "Of all the manifestations of power, the one that men respect most is restraint."

*Richard A. Schatz, MD

*Division of Cardiology

Scripps Clinic

La Jolla, California 92037

E-mail: schatz.richard@scrippshealth.org

<https://doi.org/10.1016/j.jcin.2018.08.027>

© 2018 Published by Elsevier on behalf of the American College of Cardiology Foundation.

Please note: Dr. Schatz has reported that he has no relationships relevant to the contents of this paper to disclose.

REFERENCE

1. White CJ. Lessons learned: are there new-school methods for teaching old-school values? *J Am Coll Cardiol Intv* 2018;11:1117-8.

TO THE EDITOR

Does the OPTALYSE PE Trial Cover Unmet Need in the Real-Life Practice of Pulmonary Embolism?



We read with great interest the report by Tapson et al. (1). In their study, the low enrollment rate suggests selection bias that might have been due to the long list of exclusion criteria, which did not allow the study design to cover unmet need in pulmonary embolism management. Moreover, one-fifth of patients were at intermediate to low risk, a population in which the superiority of ultrasound-facilitated catheter-directed thrombolysis (USCDT) over anticoagulant agents has never been proved (1). It remains uncertain why the ratio of right ventricular to left ventricular diameter (RV/LVr) improved uniformly across all arms, while clot burden improved as dose increased and infusion was prolonged. Although the investigators hypothesize that lower doses and shorter infusions of lytic agents can improve functional vessel radius enough to improve pulmonary perfusion and RV/LVr, the critical threshold of absolute or change