For the reasons mentioned in the preceding text, coronary angiography can identify a higher rate of defective grafts compared with TTFM (3). The rate of graft revision based on TTFM is between 1% to 8% (2). These rates are well below the average 20% to 30% 1-year saphenous vein graft (SVG) failure rate reported in the literature (2,4). The PREVENT IV (PRoject of Ex-vivo Vein graft ENGineering via Transfection IV) trial, a multicenter randomized study of 3,041 patients, has confirmed the clinical impact of vein graft failure. In this study, the common end point of death and new myocardial infarction was 0.9% in patients with patent SVG, while for patients with at least 1 occluded SVG this adverse outcome was 14% (p < 0.001) (4).

In order to improve the long-term outcomes of CABG surgery, graft patency is a key factor. Grafts fail early primarily because of technical errors that could be corrected at the time of the surgery. While the TTFM and other techniques such as intraoperative fluorescence imaging are steps toward improving graft patency, they can identify only a limited number of graft defects, mostly occlusive abnormalities, and cannot reliably identify significant (>50%) nonocclusive graft flow abnormalities. These significant graft abnormalities have important clinical impact on the long-term benefits provided by CABG surgery. For the reasons mentioned in the preceding text, routine angiography after CABG has low peri-procedural morbidity. It seems that it should perhaps eventually be routine if available in a hybrid suite.

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The SoS Acronym

The term “acronym” has been used since World War II. It refers to an abbreviation created from the first letters of each word in a series of words. Typical examples are NATO (North Atlantic Treaty Organization) and SOS (Save our Souls).

Acronyms are frequently being used to refer to clinical trials, often with some difficulty. Occasionally even the PI (Primary Investigator) cannot remember the background of such abbreviations.

In 1995 we embarked in a clinical trial comparing 2 treatment options for myocardial revascularization, the use of stents versus surgery. We simply called the trial SoS (Stent or Surgery) (1). The results of this trial have been published in leading journals, and the study is still ongoing.

In the March 27, 2009, issue of the Journal (2), another SOS trial was published. The authors decided to use the same, previously employed acronym to describe a comparison of different stents for the treatment of saphenous vein grafts. The acronym SOS stands in this context for "a randomized controlled trial of a paclitaxel-eluting stent versus a similar bare-metal stent in saphenous vein graft lesions: the SOS (Stenting of Saphenous vein grafts trial);" the association, apart from the infringement with previous and future SOS publications, seems far-fetched.

Even in the absence of legal guidelines, the reutilization of established acronyms (in particular, if they are still in use) should be discouraged. Authors and editors ought to adopt some common sense to avoid confusion.

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Reply

Acronyms are an important component of clinical trials and may serve several roles, such as facilitating reference to the trial, creating enthusiasm about the trial, and promoting recruitment. SOS is a brief and memorable acronym that is particularly well suited for trials, as it invokes a call for help to which many patients might respond. Indeed, SOS is a widely used trial acronym: a search for SOS in the clinical trials website on July 13, 2009, retrieved 28 results, ranging from the “Stent or Surgery” trial (NCT00475449) to “Systems of Support to Increase Colon Cancer Screening and Follow-up” (NCT00697047) to “Stroke Oxygen study” (ISRCTN52416964) or the “SAFE OR SORRY?” trial (NCT00365430).

In 1987, the Swedish Obese Subjects study was initiated, and over the ensuing 2 decades it critically evaluated the effects of...