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226 Retransplantation of the lung comes of age
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233 Improving the quality of reporting randomized controlled trials in cardiothoracic surgery: The way forward
Ravindranath Tiruvoipati, FRCSed, Sabapathy P. Balasubramanian, FRCSed, Gnaneswar Atturu, MRCS, Giles J. Peek, MD, FRCS (C Th), and Diana Elbourne, PhD, Leicester, Sheffield, and London, United Kingdom

We evaluated the reporting quality of RCTs in cardiothoracic surgery. The reporting quality was suboptimal as assessed by standard quality scores and CONSORT guidelines. We discuss the possible reasons for this and how reporting may be improved.

241 Randomized clinical trials in surgery: Why do we need them?
Charles M. Balch, MD, FACS, Baltimore, Md

243 Randomized controlled trials in surgery: Comic opera no more?
Neal F. Kassell, MD, and Aaron S. Dumont, MD, Charlottesville, Va

245 Reports of clinical trials: Ethical aspects
Robert M. Sade, MD, Charleston, SC

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Steven Piantadosi, MD, PhD, Baltimore, Md

249 Believability of clinical trials: A diagnostic testing perspective
Michael S. Lauer, MD, FACC, FAHA, Cleveland, Ohio

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Surgery for Congenital Heart Disease (CHD)

252 Effects of single-ventricle physiology with aortopulmonary shunt on regional myocardial blood flow in a piglet model
Marco Ricci, MD, Pierluca Lombardi, MD, Alvaro Galindo, MD, Steven Schultz, MD, Amelia Vasquez, and Eliot Rosenkranz, MD, Miami, Fla

In univentricular physiology with aortopulmonary connection, myocardial blood flow may be inadequate. Afterload augmentation could impair myocardial flow, particularly to the subendocardium. Using an acute piglet model, we demonstrated that univentricular physiology results in diminished coronary resistance, less favorable myocardial oxygen supply/demand, and normal transmural flow distribution. Moderate afterload augmentation does not affect regional myocardial blood flow distribution.

260 Early results of single-stage biventricular repair of severe aortic hypoplasia or atresia with ventricular septal defect and normal left ventricle
Peter J. Gruber, MD, PhD, Stephanie Fuller, MD, Kathryn M. Cleaver, BS, Ibrahim Abdullah, MD, Stephen B. Gruber, MD, PhD, Susan C. Nicolson, MD, J. William Gaynor, MD, Gil Wernovsky, MD, and Thomas L. Spray, MD, Philadelphia, Pa, Nashville, Tenn, and Ann Arbor, Mich

In this retrospective analysis of 21 patients undergoing primary biventricular repair of aortic hypoplasia with VSD at the Children’s Hospital of Philadelphia since 1995, it was found that primary repair is safe in most cases of aortic hypoplasia with VSD and normal left ventricle.

264 The rapid prototyping of anatomic models in pulmonary atresia
Elizabeth M. Ngan, MD, MSc, Ivan M. Rebeyka, MD, FRCSC, David B. Ross, MD, FRCSC, Mohamed Hirji, MB ChB, FRCPC, Johan F. Wolfaardt, BDS, MDent, PhD, Rosemary Seelaus, MAMS, Andrew Grosvenor, MIMPT, LCGI, RDT, and Michelle L. Noga, MD, FRCPC, Edmonton, Alberta, Canada

This study presents the novel vascular application of rapid prototyping to pediatric congenital heart disease.

270 Histopathology of the right ventricular outflow tract and its relationship to clinical outcomes and arrhythmias in patients with tetralogy of Fallot
Ujjwal K. Chowdhury, MCh, Siddharth Sathia, MCh, Ruma Ray, MD, MRCPath, Rajvir Singh, MSc, PhD, Kizakke K. Pradeep, MCh, and Panangipalli Venugopal, MCh, New Delhi, India

Histopathologic examination of specimens of resected crista supraventricularis muscle from 183 patients undergoing intracardiac repair of TOF revealed pre-existing hypertrophic and degenerative changes that were more pronounced in older patients. These changes may account for or may coexist with a higher incidence of myocardial dysfunction and arrhythmia.
Closure of multiple ventricular septal defects by the felt sandwich technique: Further analysis of 36 patients

Hirohisa Murakami, MD, Naoki Yoshimura, MD, Hiroaki Takahashi, MD, Hironori Matsuhisa, MD, Masahiro Yoshida, MD, Yoshihiro Oshima, MD, Takuro Misaki, MD, and Masahiro Yamaguchi, MD, Kobe and Toyama, Japan

Sixty-three trabecular ventricular septal defects in 36 consecutive patients were closed with the felt sandwich technique by using 2 polyester felt patches without requiring left ventriculotomy. Although this technique is available to small infants, many felt patches disturb the movement of ventricular septum, which may cause postoperative cardiac dysfunction.

An evidence-based review of the practice of cardiopulmonary bypass in adults: A focus on neurologic injury, glycemic control, hemodilution, and the inflammatory response

Kenneth G. Shann, CCP, Donald S. Likosky, PhD, John M. Murkin, MD, Robert A. Baker, PhD CCP(Aust), Yvon R. Baribeau, MD, Gordon R. DeFoe, CCP, Timothy A. Dickinson, MS, Timothy J. Gardner, MD, Hary P. Grocott, MD, Gerald T. O’Connor, PhD, DSc, David J. Rosinski, CCP, Frank W. Sellke, MD, and Timothy W. Willcox, CCP(Aust), Bronx, NY, Hanover and Manchester, NH, London, Ontario, Canada, South Australia, Australia, San Diego, Calif, Wilmington, Del, Durham, NC, Farmington, Conn, Boston, Mass, and Auckland, New Zealand

We present the first of several documents regarding the development of evidence-based reviews for conducting cardiopulmonary bypass. In this initial document, we focus on neurologic protection, euglycemia, hemodilution, and the inflammatory response. These findings will be updated to ensure that they continue to be concurrent with emerging evidence and relevant to practicing clinicians.

Circulating endothelial cells demonstrate an attenuation of endothelial damage by minimizing the extracorporeal circulation

Christian A. Skrabal, MD, Yeong H. Choi, MD, Alexander Kaminski, MD, Michael Steiner, MD, Guenther Kandi, PhD, Gustav Steinhoff, MD, PhD, and Andreas Liebold, MD, PhD, Rostock, Germany

In a pilot study of 20 patients undergoing coronary artery bypass graft surgery, the CPB-related perioperative endothelial damage was assessed by determination of circulating endothelial cells. Cell concentration peaked 12 hours after CPB initiation. The endothelial damage was less pronounced when using a minimized CPB compared with standard CPB.

Perioperative cyclooxygenase 2 inhibition to reduce tumor cell adhesion and metastatic potential of circulating tumor cells in non–small cell lung cancer

Leah M. Backhus, MD, Eric Sievers, MD, Gloria Y. Lin, MD, Roberto Castanos, Robert D. Bart, MD, Vaughn A. Starnes, MD, and Ross M. Bremner, MD, PhD, Los Angeles, Calif

We examined the effects of perioperative COX blockade on circulating tumor cell metastases, CD44 expression, and cancer cell–ECM adhesion in NSCLC. Perioperative and continuous celecoxib treatment reduced tumor metastases. Celecoxib also decreased CD44 expression and inhibited cell-ECM adhesion. Perioperative modulation of COX-2 may minimize metastases during this high-risk period.

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304  Cytostatic lung perfusion results in heterogeneous spatial regional blood flow and drug distribution: Evaluation of different cytostatic lung perfusion techniques in a porcine model
Thorsten Krueger, MD, Andrea Kuemmerle, PhD, Marek Kosinski, PhD, Alban Denys, MD, Lennard Magnusson, MD, Roger Stupp, MD, Angelika Bischof Delaloye, MD, Walter Klepetko, MD, Laurent Decosterd, PhD, Hans-Beat Ris, MD, and Michael Dusmet, MD, Lausanne, Switzerland, and Vienna, Austria

Single-pass cytostatic lung perfusion with doxorubicin resulted in a more heterogeneous spatial regional blood flow and drug distribution during perfusion compared with IV drug administration in a porcine model, irrespective of the mode of perfusion applied.

312  Prognostic impact of large cell neuroendocrine histology in patients with pathologic stage Ia pulmonary non–small cell carcinoma
Akira Iyoda, MD, Kenzo Hiroshima, MD, Yasunatsu Moriya, MD, Yasuo Sekine, MD, Kiyoshi Shibuya, MD, Toshihiko Iizasa, MD, Yukio Nakatani, MD, and Takehiko Fujisawa, MD, Chiba, Japan

We analyzed prognostic factors including LCNEC, the new histologic type, in addition to several clinical variables in pathologic stage Ia NSCLC. We found that LCNEC histology has a significant adverse prognostic impact on pathologic stage Ia NSCLC.

316  How should the TNM staging system for lung cancer be revised? A simulation based on the Japanese Lung Cancer Registry populations
Hisao Asamura, MD, Tomoyuki Goya, MD, Yoshihiro Koshitshi, MD, Yasunori Sohara, MD, Ryosuke Tsuchiya, MD, and Etsuo Miyaoka, MD, for The Japanese Joint Committee of Lung Cancer Registry, Tokyo and Tochigi, Japan

Revision of the TNM staging system for lung cancer, specifically dividing T1 tumors into T1a and T1b subgroups by size and redefining the stages to include new IA (T1a N0 M0), new IB (T1bN0 M0), and new IIA (T2 N0 M0 + T1 N1 M0), improves the prognostic differences between neighboring stages.

320  Usefulness and complications of computed tomography-guided lipiodol marking for fluoroscopy-assisted thoracoscopic resection of small pulmonary nodules: Experience with 174 nodules
Ken-ichi Watanabe, MD, Hiroaki Nomori, MD, PhD, Takashi Ohtsuka, MD, PhD, Masahiro Kaji, MD, PhD, Tsuguo Naruke, MD, PhD, and Keiichi Suemasu, MD, PhD, Tokyo and Kumamoto, Japan

Computed tomography-guided lipiodol marking was performed on 174 nodules. Lipiodol marking is a useful, safe, and inexpensive procedure for localizing ground-glass opacity lesions, small pulmonary nodules, or both for thoracoscopic resection.
325 Long-term effects in distal coronary anastomoses using different adhesives in a porcine off-pump model

Jens Wippermann, MD, Christo Konstas, Martin Breuer, MD, Hartwig Kosmehl, MD, PhD, Thorsten Wahlers, MD, PhD, and Johannes M. Albes, MD, PhD, Cologne, Jena, Erfurt, and Bernau, Germany

We conducted a large animal study to examine the effects of 3 commercially available surgical adhesives. Among the tissue adhesives used in this study, GRF appeared to be superior to CYAC and AG glue. AG, however, caused severe adverse histologic effects and cannot be recommended for bonding coronary anastomoses.

332 Results of endovascular repair of the thoracic aorta with the Talent Thoracic stent graft: The Talent Thoracic Retrospective Registry

Rossella Fattori, MD, Christoph A. Nienaber, MD, Hervé Rousseau, MD, Jean-Paul Beregi, MD, Robin Heijmen, MD, Martin Grabenwöger, MD, Philippe Piquet, MD, Luigi Lovato, MD, Chauqui Dabbech, MD, Stephan Kische, MD, Virginia Gaxotte, MD, Marc Schepens, MD, Marek Ehrlich, MD, and Jean-Michelle Bartoli, MD, Bologna, Italy, Rostock, Germany, Toulouse, Lille, and Marseille, France, Nieuwegein, The Netherlands, and Vienna, Austria

The TTR was designed to evaluate the impact of endovascular therapy on 457 patients treated for thoracic aortic diseases in 7 major European referral centers over an 8-year period. Kaplan-Meier overall survival estimate at 1 year was 90.97%, at 3 years was 85.36%, and at 5 years was 77.49%. At the same intervals, freedom from a second procedure (either open conversion or endovascular) was 92.45%, 81.3%, and 70.0%, respectively. Endovascular treatment for thoracic aortic disease with the Talent stent graft is associated with low early morbidity and mortality rates also for patients who are at high risk and treated on an emergency basis.

340 Evaluation of a novel device for left atrial appendage exclusion: The second-generation atrial exclusion device

Keiji Kamohara, MD, Kiyotaka Fukamachi, MD, PhD, Yoshio Ootaki, MD, PhD, Masatoshi Akiyama, MD, PhD, Faruk Cingoz, MD, Chiyo Ootaki, MD, D. Geoffrey Vince, PhD, Zoran B. Popović, MD, Michael W. Kopcak, Jr, BA, Raymond Dessoffy, AA, Jenny Liu, BA, and A. Marc Gillinov, MD, Cleveland, Ohio

The second-generation left atrial exclusion device enabled rapid, reliable, and safe epicardial LAA exclusion in a canine model. Clinical application may provide a new therapeutic option for reducing the risk of stroke in patients with AF.

347 Long-term results of aortic valve-sparing operations for aortic root aneurysm

Tirone E. David, MD, Christopher M. Feindel, MD, Gary D. Webb, MD, Jack M. Colman, MD, Susan Armstrong, MSc, and Manjula Maganti, MSc, Toronto, Ontario, Canada

The longitudinal outcomes of 220 patients who had aortic valve-sparing operations for aortic root aneurysm revealed a 10-year survival only slightly lower than that of the general population, a freedom from moderate or severe aortic insufficiency of 85% ± 5%, and a freedom from aortic valve replacement of 95% ± 3%.
355 Epicardial microwave ablation on the beating heart for atrial fibrillation: The dependency of lesion depth on cardiac output

Spencer J. Melby, MD, Andreas Zierer, MD, Scott P. Kaiser, BS, Richard B. Schuessler, PhD, and Ralph J. Damiano, Jr, MD, St Louis, Mo

The effect of cavitary blood flow on transmurality of atrial lesions created with a microwave device in a canine model using cardiopulmonary bypass was evaluated. Ablations were performed at 4 different levels of cardiac output by varying flow rates. Transmurality of lesions was found to be dependent on cardiac output.

361 Complications after endovascular repair of acute symptomatic and chronic expanding Stanford type B aortic dissections

Dittmar Böckler, MD, Hardy Schumacher, MD, PhD, Marika Ganten, MD, Hendrik von Tengg-Kobligk, MD, Matthias Schwarzbach, MD, PhD, Christian Fink, MD, Hans-Ulrich Kauczor, MD, PhD, Hubert Bardenheuer, MD, PhD, and Jens-Rainer Allenberg, MD, PhD, Heidelberg, Germany

Stent-graft repair is emerging as an alternative treatment option for complicated acute thoracic type B aortic dissections. Nevertheless, morbidity and mortality are still considerable in this series, despite the minimally invasive approach. Endoluminal treatment of uncomplicated type B aortic dissections remains controversial.

369 Transapical aortic cannulation for cardiopulmonary bypass in type A aortic dissection operations

Shinichi Wada, MD, Shin Yamamoto, MD, PhD, Jiro Honda, MD, PhD, Akinori Hiramoto, MD, Hideichi Wada, MD, PhD, and Yasuyuki Hosoda, MD, Kanagawa, Japan

Our results show that transapical aortic cannulation is safe and useful for repair of type A aortic dissection. There are advantages to transapical aortic cannulation, such as simple and quick cannulation technique, sufficient antegrade aortic flow, and the reliability of true lumen perfusion with decreased risk of stroke and malperfusion.

373 Harvesting the saphenous vein with surrounding tissue for CABG provides long-term graft patency comparable to the left internal thoracic artery: Results of a randomized longitudinal trial

Domingos S. R. Souza, MD, PhD, Benny Johansson, MD, Leif Bojö, MD, PhD, Roland Karlsson, MD, PhD, Håkan Geijer, MD, PhD, Derek Filbey, PhD, Lennart Bodin, PhD, Mikael Arbeus, MD, and Michael R. Dashwood, PhD, Örebro and Karlstad, Sweden, and London, UK

Damage to the saphenous vein wall when utilizing the conventional harvesting technique for CABG contributes to high vein graft occlusion rate. A “no-touch” harvesting technique, in which the vein is harvested with a cushion of surrounding tissue, eliminates spasm during harvest, protects the vein from trauma, and provides long-term graft patency comparable to the LITA graft.
379  Surgical treatment of pseudoaneurysm of the thoracic aorta

Fernando A. Atik, MD, Jose L. Navia, MD, Lars G. Svensson, MD, PhD, Pablo Ruda Vega, MD, Jingyuan Feng, MS, Mariano E. Brizzio, MD, A. Marc Gillinov, MD, B. Gosta Pettersson, MD, PhD, Eugene H. Blackstone, MD, and Bruce W. Lytle, MD, Cleveland, Ohio

Aortic pseudoaneurysm is an uncommon pathologic condition. Most patients are young, many have had previous cardiovascular surgery, and one third have endocarditis. Most require aortic valve replacement. Survival and freedom from reoperation are similar to those expected for patients with complex combined cardiac and aortic disease.

386  Direct comparison of risk-adjusted and non–risk-adjusted CUSUM analyses of coronary artery bypass surgery outcomes

Richard J. Novick, MD, Stephanie A. Fox, BSc, RRCP, Larry W. Stitt, MSc, Thomas L. Forbes, MD, and Stefan Steiner, PhD, London and Waterloo, Ontario, Canada

This study compared risk-adjusted and non–risk-adjusted CUSUM analyses in the assessment of outcomes in 793 consecutive patients who underwent coronary bypass. Risk-adjusted methods provided incremental advantages over non–risk-adjusted techniques by sensitively identifying improved performance and by not signaling a decrement in performance when the predicted risk was high.

392  Preoperative statin therapy is associated with reduced cardiac mortality after coronary artery bypass graft surgery

Charles D. Collard, MD, Simon C. Body, MBChB, MPH, Stanton K. Shernan, MD, Shirley Wang, PhD, and Dennis T. Mangano, PhD, MD, for the Multicenter Study of Perioperative Ischemia (MCSP) Research Group, Inc, and the Ischemia Research and Education Foundation (IREF) Investigators, Houston, Tex, Boston, Mass, and San Francisco, Calif

We determined whether preoperative statin therapy is associated with a reduced risk of early cardiac death or nonfatal, in-hospital postoperative MI after primary, elective CABG surgery. Preoperative statin therapy was independently associated with a significant reduction in the risk of early cardiac death, but not nonfatal, in-hospital MI. Postoperative statin discontinuation was associated with increased in-hospital mortality. These data suggest the importance of perioperative statin administration.

401  Structural deterioration of the Freestyle aortic valve: Mode of presentation and mechanisms

Siamak Mohammadi, MD, Richard Baillot, MD, Pierre Voisine, MD, Patrick Mathieu, MD, and François Dagenais, MD, Québec City, Québec, Canada

Modes of presentation and mechanisms of SVD in patients with Freestyle (Medtronic Inc, Minneapolis, Minn) valves may differ because of the unique design and anti-calcification treatment of the valves. In a cohort of 608 patients, SVD developed in 12 patients. Leaflet tear with rapid clinical onset is the major feature of SVD in Freestyle valves.

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Long-term outcome after pulmonary retransplantation

Martin Strübeuer, MD, Stefan Fischer, MD, MSc, Jens Gottlieb, MD, Andre R. Simon, MD, Heidi Goerler, MD, Bernhard Gohrbantd, MD, Tobias Welte, MD, and Axel Haverich, MD, Hannover, Germany

The experience with pulmonary retransplantation for acute and chronic graft failure as well as for bronchial healing complications after primary lung transplantation at the Hannover Thoracic Transplant Program was reviewed and compared with the outcome after primary lung transplantation.

High-flow endobronchial cooled humidified air protects non–heart-beating donor rat lungs against warm ischemia

Takahiro Oto, MD, Alicia Calderone, BBiomed Sc, Hons, Salvatore Pepe, PhD, Gregory Snell, FRACP, and Franklin Rosenfeldt, FRACS, Melbourne, Australia

In non–heart-beating donor lung transplantation, minimally invasive techniques to reduce the warm ischemic damage are required because invasive surgical procedures are often not applicable. High-flow endobronchial cooled humidified air can decrease lung temperature and result in improve post-ischemic pulmonary function and adenosine triphosphate levels.

Sixty-four–slice computed tomographic coronary angiography in pseudoaneurysm of the ascending aorta: A useful modality to supplement the diagnosis

Lars Hüsman, MD, Sebastian Leschka, MD, Sacha P. Salzberg, MD, Mario Lachat, MD, Michele Genoni, MD, Borut Marinecek, MD, and Hatem Alkadhi, MD, Zurich, Switzerland

Late iatrogenic coronary stenosis after selective intraoperative antegrade myocardial protection for stentless aortic valve replacement

Simon Maltais, MD, MSc, Ismail El-Hamamsy, MD, Anique Ducharme, MD, Michel Carrier, MD, Michel Pellerin, MD, and Louis P. Perrault, MD, PhD, Montreal, Quebec, Canada

Use of a polymeric sealant to reduce air leaks after lobectomy

Federico Venuta, MD, Daniele Diso, MD, Tiziano De Giacomo, MD, Marco Anile, MD, Erino A. Rendina, MD, and Giorgio F. Coloni, MD, Rome, Italy

Extrapleural hematoma as a complication of spontaneous pneumothorax

El Hassane Kabiri, MD, Adil Arsalane, MD, Abdelfettah Zidane, MD, and Fouad Atoini, MD, Rabat, Morocco

Repair of sternal dehiscence after bilateral lung transplantation

Demet Karnak, MD, Sonia S. Shah, MD, Maria Solovera Rozas, MD, Sudish Murthy, MD, Atul C. Mehta, MD, and David P. Mason, MD, Ankara, Turkey, and Cleveland, Ohio

Twenty-two–year durability of Ionescu-Shiley pericardial aortic bioprosthesis implanted in a 49-year-old woman: A valuable insight into the performance of current pericardial bioprosthesis

Charles A. Yankah, MD, PhD, Yuguo Weng, MD, Rudolf Meyer, MD, PhD, Henryk Siniawski, MD, PhD, and Roland Hetzer, MD, PhD, Berlin, Germany
The disk of bileaflet mechanical mitral valve prosthesis jammed by ruptured papillary muscle
Marcin Fijalkowski, MD, Andrzej Koprowski, MD, PhD, Rafal Pawlaczyk, MD, PhD,
Piotr Siodalaski, MD, PhD, Rafal Galaska, MD, Jan Rogowski, MD, PhD, and
Andrzej Rynkiewicz, MD, PhD, Gdansk, Poland

Chondromyxoid fibroma of the sternum
Eiryu Takao, MD, Hideo Morioka, MD, PhD, Hiroo Yabe, MD, PhD, Ueki Anazawa, MD,
Takeshi Morii, MD, PhD, Hirohisa Horinouchi, MD, PhD, Junichi Shiraishi, MD, PhD,
Makio Mukai, MD, PhD, Eiichi Sato, MD, PhD, Yoshiki Hamada, MD, PhD, and
Yoshiaki Toyama, MD, PhD, Tokyo and Yamanashi, Japan

A case of giant cell myocarditis: Bridge to recovery by long-term mechanical
circulatory support without immunosuppressive therapy
Toshifumi Murashita, MD, PhD, Takashi Sugiki, MD, Tsuyoshi Tachibana, MD, PhD,
Takashi Kunihara, MD, PhD, and Hiroshi Sugiki, MD, Sapporo, Japan

Ascending–descending aortic bypass with the aid of a heart-lifting device
Alejandro Aris, MD, PhD, Javier Cobija, MD, Maria Luz Maestre, MD, and
Maria Teresa Subirana, MD, Barcelona, Spain

Primary leiomyosarcoma of the pulmonary artery: Is aggressive treatment
justified for a long survival?
Kalliopi Athanassiadi, MD, Christina Grothusen, MS, Michael Mengel, MD, and
Axel Haverich, MD, Hannover, Germany

A new approach to the assessment of aortic cusp geometry
Hans-Joachim Schäfers, MD, PhD, Benjamin Bierbach, MD, and Diana Aicher, MD, Homburg/
Saar, Germany

Endovascular treatment of concomitant patent ductus arteriosus and type B
aortic dissection in a patient with pulmonary artery dissection
Ihsan Bakir, MD, Ivan Degrieck, MD, Patrick Lecomte, MD, Jose Coddens, MD,
Luc Foubert, MD, PhD, Alex Heyse, MD, and Hugo Vanermen, MD, Aalst, Belgium

Letters to the Editor

Electrographic seizure after neonatal and infant cardiac surgery
Syed Faisal Hashmi, MBBS, Muhammad Hanif, MRCS, and Kathleen O’Reilly, MRCPCH,
Glasgow, United Kingdom

Reply
J. William Gaynor, MD, Gil Wernovsky, MD, and Robert R. Clancy, MD, Philadelphia, Pa

Internal thoracic artery grafts to right coronary system
Byalal Raghaavender Rao Jaganath, DNB, Sanjay Theodore, MCh, and
Kotttrethu Mammen Cherian, FRACS, Chennai, India

Monobloc or separate aortic and mitral homografts?
Christophe Acar, MD, Paris, France

Reply
Jean-François Obadia, MD, PhD, Lyon and Lyon-Bron, France

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What patients want: A new biological era in valvular prostheses
Paolo Biglioli, Prof MD, Fabio Barili, MD, and Gianluca Polvani, Prof MD, Milan, Italy

Is there any difference between surgical outflow reconstruction and transcatheter valvotomy in patients with pulmonary atresia with intact ventricular septum?
Gianfranco Butera, MD, PhD, Milan, Italy

Reply
Piers Daubney, MRCP, and Steven Webber, MRCP, Pittsburgh, Pa

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