

## Reply

The results of the CASS randomized trial showed no significant survival advantage for medical or surgical treatment in patients who had mild to moderate symptoms (class 1 to 2) of angina or who were asymptomatic after a myocardial infarction (1). The questions asked by Coplan and Ambrose are extremely important and can be summarized as follows: in the initially low risk medical cohort of the CASS group (with an annual mortality rate of 1.6%), can exercise testing or any noninvasive test identify a higher risk subgroup whose prognosis might be improved by coronary bypass surgery? We are in the process of analyzing the CASS *randomized* group based on the results of exercise tests and clinical profiles to answer this question, but cannot make any definite conclusions at the present time. One must also take into account the statistical limitations of retrospectively subgrouping patients and comparison of multiple groups. In addition, numbers in each subgroup are often too small to allow strict statistical comparison. In contrast to the randomized group, we have already analyzed the exercise test results of patients enrolled in the CASS *registry* and did find several exercise variables that were independently related to survival (2). The patients in the *registry* study, however, are not comparable with those in the *randomized* cohort. The registry

patients included sicker patients, some of whom had stable class 3 to 4 angina or left main coronary artery disease (exclusionary criteria for the randomized cohort).

We have begun an analysis of the prognostic implications of the exercise test results of medical versus surgical therapy in *registry* patients with comparable anatomic disease and exercise performance as suggested by Coplan and Ambrose and hope to have meaningful results soon.

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## References

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- 2 Weiner DA, Ryan TJ, McCabe CH, et al. Prognostic importance of a clinical profile and exercise test in medically treated patients with coronary artery disease. *J Am Coll Cardiol* 1984;3:772-9

## BOOKS RECEIVED

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**Clinical Application of Intra-Aortic Balloon Pump**, by Hooshan Bolooki, MD. Mount Kisco, New York: Futura Publishing Co., 1984, 436 pages, \$59.50.

**Exercise in Health and Disease: Evaluation and Prescription for Prevention and Rehabilitation**, edited by Pollock, Wilmore, Fox. Philadelphia, London, Toronto, Mexico City, Rio de Janeiro, Sydney, Tokyo: W.B. Saunders, 1984, 471 pages, \$29.50.

**Fundamentals of Electrocardiography**, by Edward K. Chung. Baltimore: University Park Press, 1984, 288 pages, \$24.95.

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**Nervous Control of Cardiovascular Function**, edited by Walter C. Randall. New York, Oxford: Oxford University Press, 1984, 476 pages, \$45.00.

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