1608 Development of biologic coronary artery bypass grafting in a rabbit model: Revival of a classic concept with modern biotechnology
Koji Ueyama, MD, Gao Bing, MD, Yasuhiko Tabata, PhD, Makoto Ozeki, BS, Kazuhiko Doi, MD, Kazunobu Nishimura, MD, PhD, Hisayoshi Sama, MD, PhD, and Masashi Komeda, MD, PhD, Kyoto and Kanagawa, Japan

Bypass from the gastroepiploic artery to coronary arteries was achieved without surgical anastomosis by slow release of basic fibroblast growth factor in a rabbit model of acute MI. This new approach revives a classic concept with modern biotechnology and has potential to offer revascularization for coronary artery disease without treatment options.

1616 Hemodynamic and clinical outcomes with the Biocor valve in the aortic position: An 8-year experience
Tomaso Bottio, MD, Giulio Rizzoli, MD, Gaetano Thiene, MD, Georgios Nesseris, MD, Dino Casarotto, MD, and Gino Gerosa, MD, Padua, Italy

Analyzing the 8-year survival, prosthetic complications, and hemodynamics of patients who received the Biocor valve in the aortic position, we observed a high freedom from valve-related complications comparable with that of other tissue valves and a low rate of reoperation caused by structural valve deterioration.

1624 Beating heart revascularization with or without cardiopulmonary bypass: Evaluation of inflammatory response in a prospective randomized study
Innes Y. P. Wan, FRCSEd, Ahmed A. Arifi, MD, FRCS, Song Wan, MD, FRCS, Johnson H. Y. Yip, MPhil, Alan D. L. Sihoe, MRCSEd, K. H. Thung, FRCSed, Eric M. C. Wong, MSc, and Anthony P. C. Yim, MD, FRCS, Hong Kong, China

We compared the inflammatory response of patients undergoing on-pump beating heart and off-pump coronary artery bypass surgery. We concluded that the use of cardiopulmonary bypass even without cardioplegia and aortic crossclamping could trigger intense inflammatory response.

1632 Clinical and angiographic results after mechanical connection for distal anastomosis in coronary surgery
Thierry Carrel, MD, Lars Englberger, MD, Dorothee Keller, RN, Stephan Windecker, MD, Bernhard Meier, MD, and Friedrich Eckstein, MD, Berne, Switzerland

We investigated a distal stainless steel coronary sutureless connector system (St Jude Medical, Inc). Thirty-two patients received 1 distal anastomosis with this investigational device. Four connectors had to be removed because of minor leakage. No adverse cardiac events occurred in the remaining patients. All patients were free of angina and had normal exercise ECGs at 6 and 12 months of follow-up. Angiograms were available in 21 patients: 17 anastomoses were patent, and 4 were occluded. This promising device may give a significant boost to less invasive coronary revascularization.