efficient and safer than that based on a single intracoronary or intramyocardial administration of stem cells, which is currently pursued by several groups.  

References


Biondi-Zoccai GGL, Agostoni P, Abbate A, Testa L, pointed out by Pache the thin- and thick-strut BMS, as correctly is likely due to the difference between the reduction of restenosis can provide important and relevant insights, both by itself and when combined with appropriate analytical methods in systematic overviews. 5

Our findings of a more pronounced anti-restenotic effect (P < 0.001) in Cypher vs. Taxus, respectively, when comparing the estimates obtained with thin-strut BMS vs. thick-strut BMS).

Conversely, data recently reported from several direct head-to-head Cypher vs. Taxus randomized trials and demonstrating a lower risk of restenosis with Cypher vs. Taxus (P < 0.0001) appear largely in agreement with our previous indirect adjusted findings (dating back as early as June 2004), both at graphical inspection and consistency testing with heterogeneity and inconsistency (I²) tests (Figure 1B). Nonetheless, some degree of overestimation cannot be dismissed and is likely due to the difference between thin- and thick-strut BMS, as correctly pointed out by Pache et al. 1 In conclusion, the authors should be complimented for their independent research effort and for having reminded us that any piece of new clinical knowledge can provide important and relevant insights, both by itself and when combined with appropriate analytical methods in systematic overviews. 5

References


Critical role of bare-metal stent controls in trials of drug-eluting stents: reply

We appreciate very much the interest shown by Dr Biondi-Zoccai and co-workers in our study 1 and share their opinion about the need of a careful and comprehensive evaluation of the real benefit of new technologies. This was also the rationale of our trial. 1

References


Towards a unified strategy for atrial fibrillation ablation?

We read with great interest the recent editorial by Cappato 1 in the European Heart Journal. In the last few years, most electrophysiological groups, including the pioneering group of Bordeaux, progressively and substantially changed their initial strategy of atrial fibrillation (AF) catheter ablation from focal or pulmonary vein isolation to more extensive lesions, aiming for a better success rate and lowering risks. We started performing circumferential pulmonary vein ablation (CPVA) simultaneously to the first approach described by the Bordeaux group and have not substantially changed CPVA technique overtime mainly because of the initial high success rates and minimal risks obtained in patients with both paroxysmal and chronic AF. Additional lines were added to avoid iatrogenic left atrial tachycardia from January 2002 and the final data on 580 patients have been recently published in Circulation. 2 As you can see, this is the evolution of the CPVA approach and