

IN THIS ISSUE

- 9 Heart Failure**
Left ventricular assist system can resolve heart transplant contraindications.
- 11 Arrhythmias & Electrophysiology**
Amiodarone reduces shocks and improves quality of life in ICD patients.
- 12 Acute Coronary Syndromes**
Almost half of patients admitted for ACS are rehospitalized for cardiovascular disease within a year.
- 14 Interventional Cardiology**
Angioplasty reduces infarct size even 12 or more hours into MI, 15
- 16 Epidemiology & Prevention**
A population-based study quantifies the link between family history and coronary heart disease risk, 17
- 18 CAD & Atherosclerosis**
Intensive statin therapy may be more effective in older patients than in younger ones.
- 20 Cerebrovascular Disease**
Lowering the dose of tissue plasminogen activator in acute stroke doesn't sacrifice its effectiveness.
- 21 Practice Trends**
Congress hears testimony on specialty hospitals as expiration of moratorium nears.
Policy & Practice, 22
- 23 On the Beat**
Reader Services
Classifieds, 22
Index of Advertisers, 23

EDITORIAL
ADVISORY BOARD

- SIDNEY GOLDSTEIN, M.D.**, Michigan
Medical Editor
- JONATHAN ABRAMS, M.D.**, New Mexico
Associate Medical Editor
- ERIC R. BATES, M.D.**, Michigan
- GEORGE BELLER, M.D.**, Virginia
- STEVEN F. BOLLING, M.D.**, Michigan
- ROBERT M. CALIFF, M.D.**, North Carolina
- PRAKASH C. DEEDWANIA, M.D.**, California
- KIM A. EAGLE, M.D.**, MICHIGAN
- JAMES J. FERGUSON, III, M.D.**, Texas
- JOHN FLACK, M.D.**, Michigan
- THOMAS D. GILES, M.D.**, Louisiana
- ANTONIO M. GOTTO, Jr., M.D.**, New York
- DAVID L. HAYES, M.D.**, Minnesota
- DAVID R. HOLMES, Jr., M.D.**, Minnesota
- BARRY M. MASSIE, M.D.**, California
- CHRISTOPHER M. O'CONNOR, M.D.**,
North Carolina
- NATESA G. PANDIAN, M.D.**, Massachusetts
- ILEANA L. PIÑA, M.D.**, Ohio
- OTELIO RANDALL, M.D.**, Washington, D.C.
- THOMAS J. RYAN, M.D.**, Massachusetts
- HANI N. SABBAH, Ph.D.**, Michigan
- LESLIE ANNE SAXON, M.D.**, California
- DAVID H. SPODICK, M.D.**, Massachusetts
- NEIL J. STONE, M.D.**, Illinois
- PAUL D. THOMPSON, M.D.**, Connecticut
- ROBERTA WILLIAMS, M.D.**, California

HEART OF THE MATTER
Megatrials and the Clinician

Randomized clinical trials have had an immense effect on the practice of medicine. However, in order to answer the questions posed in such trials, relevant and sufficient patient populations and treatments must be identified.

Large RCTs, or megatrials, can identify small differences in populations but tend to exaggerate their significance. Several megatrials have questionable relevance to clinical care.

The recent COMMIT/CCS-2 study examined the role of early intravenous metoprolol in nearly 46,000 Chinese patients with Killip class I-III ST-segment-elevation MI (STEMI). But in contrast to U.S. treatment practices, fibrinolysis was common and percutaneous coronary intervention (PCI) was uncommon. In addition, the trial design included intravenous metoprolol for patients with Killip class III with heart failure, a treatment that many U.S. physicians would have been reluctant to give. The data indicated that this reluctance was well founded. Metoprolol caused an increase in death due to shock and heart failure in the Killip class III pa-

tients, which counterbalanced the decrease in arrhythmic deaths observed in the Killip I and II patients. Overall, there was no benefit associated with intravenous metoprolol in STEMI patients.

The GUSTO I trial, reported in 1993, randomized 41,021 patients with STEMI to compare the benefit of thrombolysis with streptokinase with accelerated tissue plasminogen activator (TPA), both combined with intravenous heparin. The 30-day mortality was 7.4% in streptokinase-treated patients and 6.3% in TPA patients. Despite this meager absolute difference of 1.1% ($P = .001$) and in the face of increased hemorrhagic strokes in the TPA-treated patients ($P = .03$), TPA, at a cost 10 times that of streptokinase, became the U.S. standard of therapy, while streptokinase remains the most common thrombolytic therapy in the rest of the world.

The HOPE trial enrolled 9,297 patients to test the benefit of the ACE inhibitor ramipril in patients at a high risk of CAD on the composite end point of ischemic events including death. In 2000, after 5 years of follow-up, the event rates were 17.8% in the placebo

group and 14.0% in the ramipril group ($P < .001$). These results led to the rapid inclusion of ACE inhibitor therapy in any patients with or at risk of CAD. But meanwhile, another RCT, PEACE, had enrolled 8,290 similar patients to test the benefit of the ACE inhibitor trandolapril in patients who were being treated with β -blockers, statins, and PCI. PEACE reported its findings in 2004 and found no benefit of ACE inhibitors, largely due the more aggressive concomitant therapy, which resulted in a lower placebo event rate. In just a few short years, therapy had changed so rapidly that ACE inhibitors no longer appeared to have an impact on the outcome in patients at risk of ischemic events. In retrospect, HOPE was dated even before it was reported.

RCTs continue to impact on our bedside decisions. These experiences with megatrials, however, give reason to be critical of their importance in the care of our patients. It is best to remember that today's scientific "truths" may be shown to be "false" tomorrow. ■

DR. GOLDSTEIN, *medical editor of CARDIOLOGY NEWS, is professor of medicine at Wayne State University, Detroit, and division head, emeritus, of cardiovascular medicine at Henry Ford Hospital, Detroit.*



BY SIDNEY
GOLDSTEIN, M.D.

Cardiology News

President, IMNG
Alan J. Imhoff

Editor-in-Chief Mary Jo M. Dales

Publication Editor Catherine Hackett

Publication Associate Editor Mark S. Lesney

Senior Editors Kathryn DeMott, Denise Fulton, Gina L. Henderson, Sally Koch Kubetin, Teresa Lassman, Catherine Cooper Nellist, Calvin Pierce, Kathy Scarbeck, Terry Rudd, Elizabeth Wood

Associate Editors Christina Chase, Jay C. Cherniak, Richard Franki, Deeanna Franklin, Joyce Frieden, Gwendolyn Hall, Jennifer Silverman, Robin L. Turner

Bureaus Betsy Bates (Los Angeles), Sherry Boschert (San Francisco), Doug Brunk (San Diego), Robert Finn (San Francisco), Bruce Jancin (Denver), Kate Johnson (Montreal), Timothy F. Kirn (Sacramento), Jane Salodof MacNeil (Southwest), Diana Mahoney (New England), Damian McNamara (Miami), Michele G. Sullivan (Mid-Atlantic), Nancy Walsh (New York), Patrice Wendling (Chicago), Sharon Worcester (Tallahassee), Mitchel L. Zoler (Philadelphia)

Senior Writers Jeff Evans, Kevin Foley, Elizabeth Mechatie, Mary Ellen Schneider, Heidi Splete, Miriam E. Tucker, Kerri Wachter

Copy Chief Felicia R. Black

Copy Editors John R. Bell, Therese Borden, Virginia Ingram-Wells, Rachel Keith, Jane Locastro, Carol Nicotera-Ward

Executive Director, Operations Jim Chicca

Director, Production/Manufacturing Yvonne Evans

Production Manager Judi Sheffer

Production Specialists Anthony Draper, Rebecca Slebodnik, Mary D. Templin

Senior Systems Administrator Lee J. Unger

Application Systems Specialist Doug Sullivan

Operations Assistant Melissa Kasimatis

Art Director Louise A. Koenig

Assistant Design Supervisor Elizabeth B. Lobdell

Design Staff Sarah L. Gallant, Forhad S. Hossain, Julie Keller, Angie Ries

Photo Editors Lolita Jones, Vivian E. Lee, James E. Reinaker

Project Manager Susan D. Hite

Assignments Coordinator Megan Evans

Departmental Coordinator Vicki Long

H.R. Manager Philip Cooksey

Regional Manager of Facilities Chris Horne

Receptionist YoLanda L. Mitchell

V.P., Med. Ed./Bus. Development

Sylvia H. Reitman

Senior Director, Marketing/Research Janice Theobald

Program Managers, Med. Ed. Sara M. Hagan, Margo Ullmann

Sales Director Jeffrey R. Davis

Sales Manager, Primary Care Mark E. Altier

National Account Manager Barbara Napoli

Classified Sales Manager Robin Cryan

Director, Bus. Operations/Recruit. Adv. Bari Edwards

Bus. Manager Brian O'Connor

Adv. Services Manager Joan Friedman

Credit Supervisor Patricia H. Ramsey

Manager, Administration/Conventions

Lynne Kalish

Sales Assistant Evelyn Ploch

Secretary Gloria DeMaio

Editorial Offices 12230 Wilkins Ave., Rockville, MD 20852, 800-445-6975, cardiologynews@elsevier.com

Advertising Offices 60 Columbia Rd., Building B, Morristown, NJ 07960, 973-290-8200, fax 973-290-8250

Address Changes Fax change of address (with old mailing label) to 301-816-8736 or e-mail change to subs@elsevier.com

Reprints Call 301-816-8726

CARDIOLOGY NEWS is an independent newspaper that provides the practicing specialist with timely and relevant news and commentary about clinical developments in the field and about the impact of health care policy on the specialty and the physician's practice.

The ideas and opinions expressed in CARDIOLOGY NEWS do not necessarily reflect those of the Publisher. Elsevier Inc. will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs, or services mentioned herein.

POSTMASTER Send changes of address (with old mailing label) to Circulation, CARDIOLOGY NEWS, 12230 Wilkins Ave., Rockville, MD 20852.

CARDIOLOGY NEWS is published monthly by Elsevier Inc., 60 Columbia Rd., Building B, Morristown, NJ 07960, 973-290-8200, fax 973-290-8250. ©Copyright 2005, by Elsevier Inc.



INTERNATIONAL
MEDICAL NEWS
GROUP



BPA