Letters to the Editor must not exceed 400 words in length and must be limited to three authors and five references. They should not have tables or figures and should relate solely to an article published in Circulation within the preceding 12 weeks. Authors of letters selected for publication will receive prepublication proofs, and authors of the article cited in the letter will be invited to reply. Replies must be signed by all authors listed in the original publication. Please submit three typewritten, double-spaced copies of the letter to Herbert L. Fred, MD, % the Circulation Editorial Office. Letters will not be returned.

Neuropsychological Outcome After Off-Pump Versus On-Pump Coronary Bypass Surgery: the Octopus Randomized Trial

To the Editor:

In the October 9, 2001 issue of Circulation, Dr Yacoub provides editorial comments1 on the 1-month outcome of the Octopus Study, published in the same issue.2 In this study, patients referred for bypass operation were randomized to either off- or on-pump surgery. Dr Yacoub cites from our study that there were no differences in cardiac outcome, quality of life, and neurological outcome between the 2 groups. He also states, unfortunately, that no differences were found in neuropsychological outcome. This, however, was not evaluated at 1 month after surgery. In the Octopus Trial, neuropsychological testing was carried out 3 and 12 months after the operation. The neuropsychological outcome at 3 months is the primary endpoint of this trial and was recently published.3

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Response

The report by van Dijk and colleagues1 represents a nearly complete assessment of off-pump coronary bypass surgery in a randomized trial. Their postoperative assessment did include neurological examination by an independent assessor as well as psychological assessment through the two “quality of life” questionnaires. They reported “no differences in” what I considered to be “neuropsychological outcome.” Their intention to report later changes in these or other parameters is welcome. It is hoped that they will also clarify the criteria for inclusion and the percentage of usage of OPCAB. As stressed in the editorial,2 reports on the “late” outcome of patients in these and other randomized trials should be extremely valuable and are eagerly awaited.

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