
We appreciate the comments and suggestions made by Bouguin et al. As they point out, there are several important limitations of our analysis, including the lack of cause-specific mortality in long-term follow-up. Although the Early Glycoprotein IIb/IIIa Inhibition in NSTE ACS (EARLY ACS) trial captured cause of death at 30 days, these data were unavailable at 1 year. However, our suggested recommendations are well supported by the data. A key finding in our analysis was that ventricular tachycardia/ventricular fibrillation is just as likely to occur ≥48 hours after a non–ST-segment elevation acute coronary syndrome as within the immediate post–acute coronary syndrome period (0–48 hours). Thus, aggressive in-hospital monitoring through discharge seems warranted. We agree with Bouguin et al that management of arrhythmic risk after discharge in patients who develop ventricular tachycardia/ventricular fibrillation in the setting of an acute coronary syndrome is more difficult. Current guidelines advocate revascularization as the primary therapy. As we suggested in our discussion, given the competing risks of heart failure death and arrhythmic death, interventions to decrease arrhythmic risk after discharge require further study in randomized clinical trials. These interventions could include wearable cardioverter-defibrillators, pharmacological therapies, and novel risk stratification techniques that might help to clarify which patients are at risk for recurrent ventricular tachycardia/ventricular fibrillation despite revascularization.

Disclosures

Dr Piccini reports grants for clinical research (to the institution) from Boston Scientific, Johnson & Johnson, and Bayer Healthcare and consulting fees from Janssen Pharmaceuticals, Inc, Forest Laboratories, and Sanofi-Aventis. Dr Al-Khatib reports research funding and speaking fees from Medtronic and speaking fees from Biotronik. Dr Tricoci reports a research grant from Merck & Co, Inc, and advisory board membership for Merck & Co, Inc. Dr Pollack reports research support from Schering-Plough and Sanofi-Aventis. Dr Montalescot reports research grants (to the institution) from Bristol-Myers Squibb, Boston Scientific, Centocor, Cordis, Eli Lilly, Fédération Française de Cardiologie, Fondation de France, Guerbet Medical, INSERM, ITC Edison, Medtronic, Pfizer, Sanofi-Aventis Group, and Société Française de Cardiologie and consulting or lecture fees from Accumeetrics, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Daichi Sankyo, Eisai, Eli Lilly, Menarini, MSD, Novartis, Portola, Sanofi-Aventis Group, Schering-Plough, and The Medicines Company. Dr Van de Werf reports research grants from Schering-Plough (now Merck) and Roche and advisory board membership and speakers fees from Schering-Plough, Merck & Co, Inc, and Roche. Dr Gibson reports research support from Schering-Plough and Merck & Co, Inc. Dr Giugliano reports research grant support, advisory board membership, and honoraria for lectures from Schering-Plough, Inc, and Merck & Co, Inc; research grant support from Daiichi Sankyo; and consulting fees/honoraria for lectures from Bristol-Myers Squibb and Sanofi-Aventis. Dr Califf reports research funding and consulting with Schering-Plough, now Merck & Co, Inc (all consulting funds donated to not-for-profit institutions). A complete listing of Dr Califf’s relationships with industry is available at http://www.dcri.duke.edu/research/coi.jsp. Dr Harrington reports research funding and consulting with Schering-Plough, now Merck & Co, Inc. A complete listing of Dr Harrington’s relationships with industry is available at http://www.dcri.duke.edu/research/coi.jsp. Dr Newby reports research grants from Schering-Plough and Merck & Co, Inc, through the Duke Clinical Research Institute, and consulting honoraria from Schering-Plough. A complete listing of Dr Newby’s relationships with industry is available at www.dcri.duke.edu/research/coi.jsp. The other authors report no conflicts.

Jonathan P. Piccini, MD, MHS
Jennifer A. White, MS
Rajendra H. Mehta, MD, MS
Yuliya Lokhnygina, PhD
Sana M. Al-Khatib, MD, MHS
Pierluigi Tricoci, MD, PhD, MHS
Robert M. Califf, MD
Robert A. Harrington, MD
L. Kristin Newby, MD, MH
Duke Clinical Research Institute
Duke University Medical Center
Durham, NC

Charles V. Pollack, Jr, MD
Department of Emergency Medicine
Pennsylvania Hospital
Philadelphia, PA

Gilles Montalescot, MD, PhD
Institut de Cardiologie
Pitié-Salpêtrière Hospital
Paris, France

Frans Van de Werf, MD, PhD
University Hospital Gasthuisberg and Leuven Coordinating Center
Leuven, Belgium

C. Michael Gibson, MD
Beth Israel Deaconess Medical Center
Boston, MA

Robert P. Giugliano, MD, SM
TIMI Study Group
Brigham and Women’s Hospital
Boston, MA

Reference

Response to Letter Regarding Article, "Sustained Ventricular Tachycardia and Ventricular Fibrillation Complicating Non–ST-Segment Elevation Acute Coronary Syndromes"


*Circulation*. 2013;127:e634
doi: 10.1161/CIRCULATIONAHA.112.147546

*Circulation* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2013 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/127/20/e634

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in *Circulation* can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to *Circulation* is online at:
http://circ.ahajournals.org//subscriptions/