Research

Outcomes After CABG With Multiple Arterial Grafting 1187
The safety and long-term benefit of multiple arterial grafting (MAG) over standard left internal thoracic artery supplemented by saphenous vein grafts (LITA+SVG) for multivessel coronary artery bypass grafting (CABG) has not been demonstrated. Pu and coauthors studied 20,076 patients with 3-vessel or left main disease who underwent isolated CABG in British Columbia from 2000 to 2014, with a median follow-up of 8.1 and 9.1 years for 14,496 patients who underwent LITA+SVG and 5,580 who underwent MAG, respectively. Compared with LITA+SVG, MAG was associated with reduced rates of mortality (hazard ratio [HR], 0.79; 95% CI, 0.72-0.87) and repeated revascularization (HR, 0.74; 95% CI, 0.66-0.84) as well as reduced incidences of myocardial infarction (HR, 0.63; 95% CI, 0.47-0.85) and heart failure (HR, 0.79; 95% CI, 0.64-0.98).

Longitudinal Hemodynamics of Transcatheter Aortic Valves 1197
Durability of transcatheter aortic valve replacement (TAVR) prostheses remains uncertain. To define midterm performance of balloon-expandable TAVR, Douglas and coauthors analyzed serial echocardiograms after successful TAVR in 2,795 patients enrolled in the PARTNER 1 Trial. Hemodynamic trends showed stability at a median follow-up of 3.1 (maximum, 5) years. Reintervention for structural valve deterioration was needed in only 5 patients. In an Invited Commentary, Little and Reardon point out that these data are encouraging but represent only a starting point. More definitive data of TAVR durability will require further longer-term study.

Public Health Initiatives for Out-of-Hospital Cardiac Arrest 1226
Comprehensive public health initiatives to improve out-of-hospital cardiac arrest (OHCA) outcomes have not been well studied, particularly those to improve OHCA occurring at home. Fordyce and coauthors studied 8,269 individuals with OHCA (home, 5,602 [67.7%]; public, 2,667 [32.3%]) for whom resuscitation was attempted through the Cardiac Arrest Registry to Enhance Survival (CARES) from 2010 to 2014. Following coordinated public health initiatives, bystander cardiopulmonary resuscitation increased at home (from 28.3% [275 of 973] to 41.3% [498 of 1,206]) and in public (from 61.0% [275 of 451] to 70.5% [424 of 601]) while first-responder defibrillation increased at home (from 42.2% [132 of 313] to 50.8% [212 of 417]), which was associated with improved survival. In an Editorial, Valenzuela and coauthors emphasize that novel strategies to increase automated external defibrillator use may further improve these results while also reducing racial disparities in OHCA.

Peripartum Cardiomyopathy in African American Women 1256
Peripartum cardiomyopathy (PPCM) disproportionately affects women of African ancestry. To explore differences in severity of disease and clinical outcomes between African American women and non–African American women, Irizarry and coauthors studied 220 patients with PPCM. African American women were diagnosed later in the postpartum period than non–African American women and had more severe systolic dysfunction that was more likely to worsen and less likely to recover (then to then recover more slowly). In an Invited Commentary, Bauersachs comments that further research is needed to determine if genetic or socioeconomic factors contribute to these differences. Given the poor prognosis of African American women with PPCM, maximum therapeutic efforts should be considered.

Clinical Review & Education

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