factor in patients with unprotected left main disease undergoing revascularization (2). Also, PCI does not reduce the mortality and adverse events in the presence of optimal medical therapy in patients with stable coronary artery disease (3). Hence, optimal medical therapy including statins, beta-blockers, and angiotensin-converting enzyme inhibitors is essential to reduce adverse events and mortality in patients with coronary artery disease undergoing revascularization (4). In this sense, significant differences in the treatment with these medications may affect the prognosis independent of PCI and SYNTAX score. The investigators should clearly state the incidence of treatment with these medications for each group, respectively, to clarify the prognostic value of EES and high SYNTAX score.

Additionally, in the Migliorini et al. (1) study, there are no data regarding comparison of incidence of patients treated with prasugrel for the groups. In the presence of acute coronary syndrome, in particular, ST-segment elevation myocardial infarction, treatment with prasugrel significantly reduces the adverse events independently compared with treatment with clopidogrel (4,5). Therefore, type of dual antiplatelet therapy may effect the prognosis and clinical events independent of stent type and SYNTAX score.

PCI with EES may lead an improvement in clinical results. However, optimal medical therapy remains the key point in the treatment of a population with coronary artery disease. Treatment with optimal medical therapy including statins, beta-blockers, and angiotensin-converting enzyme inhibitors and type of dual antiplatelet therapy should be taken into consideration to clarify the prognostic significance of EES and SYNTAX score.

PCI with EES may lead an improvement in clinical results. However, optimal medical therapy remains the key point in the treatment of a population with coronary artery disease. Treatment with optimal medical therapy including statins, beta-blockers, and angiotensin-converting enzyme inhibitors and type of dual antiplatelet therapy should be taken into consideration to clarify the prognostic significance of EES and SYNTAX score.

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**REFERENCES**


**REPLY: Optimal Medical Therapy in the Prognosis of Coronary Artery Disease**

We thank Drs. Eyuboglu and Kucuk for their interest in our study.

The aim of our study was to test if high SYNTAX (SYNergy between percutaneous coronary intervention with TAXus and cardiac surgery) score may be considered valid in the new-generation everolimus-eluting stent era in patients with unprotected left main disease (ULMD) to guide the optimal revascularization modality (1). Our data show that SYNTAX score is not predictive of cardiac mortality in patients with ULMD treated with everolimus-eluting stent. However, as outlined in the accompanying editorial, these results were achieved in a center with high chronic total occlusion percutaneous coronary intervention (PCI) success rate, high rate of complete revascularization, and routine use of intravascular ultrasound and evidence-based techniques such as bifurcation lesion treatment (2).

Drs. Eyuboglu and Kucuk refer to the PCI results of the COURAGE (Clinical Outcomes Utilizing Revascularization and Aggressive drug Evaluation) trial (3). In the COURAGE trial bare-metal stents were used, and our study population is very different from the low-risk and low coronary anatomy complexity population of the COURAGE trial. With regard to medical therapy, all patients were on optimal medical therapy according to the American College of Cardiology/American Heart Association guidelines. Overall, the rate of statin use was 98%, beta-blockers 63%, and angiotensin-converting enzyme inhibitors 82%, and there were no differences between groups in the use of these drugs. Regarding the antiplatelet therapy, the use of prasugrel was very high according to the results of 2 previous studies showing a strong benefit of prasugrel as compared with clopidogrel in ULMD PCI and in clopidogrel nonresponders (4,5). Prasugrel was used in 85% of patients, while all patients treated with clopidogrel were clopidogrel.
responders, as shown by routine in vitro platelet aggregation tests.

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