Coronary Artery Calcium Scanning and Conflicts of Interest

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Author Contributions: *Study concept and design:* Pollack, Noronha, Green, Bhavsar, and Carter. *Acquisition of data:* Pollack, Noronha, and Green. *Analysis and interpretation of data:* Pollack. *Drafting of the manuscript:* Pollack. *Critical revision of the manuscript for important intellectual content:* Pollack, Noronha, Green, Bhavsar, and Carter. *Statistical analysis:* Pollack. *Obtained funding:* Pollack and Carter. *Administrative, technical, and material support:* Pollack, Noronha, and Green. *Study supervision:* Noronha, Green, and Carter.

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Role of the Sponsor: The Maryland Cigarette Restitution Fund had no role in the design and conduct of the study; in the collection, analysis, and interpretation of the data; or in the preparation, review, or approval of the manuscript.

Additional Contributions: Elizabeth A. Platz ScD, MPH, contributed to the study design, survey development, data interpretation, and manuscript revision, and Erin Murphy and Sean Chen assisted with the survey.

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COMMENTS AND OPINIONS

Coronary Artery Calcium Scanning and Conflicts of Interest

Coronary artery calcium (CAC) score and high-sensitivity C-reactive protein level are currently the leading contenders to join traditional risk factors in routine clinical assessment of

coronary heart disease risk. I do not believe that there is sufficient data to use either at present, and I read with interest the thoughtful critique of CAC scanning by Ridker.¹ No conflicts of interest are reported, but Ridker is a co-inventor on patents held by Brigham and Women's Hospital that use high-sensitivity C-reactive protein in assessing cardiovascular disease risk. Having a financial stake in a competitor of CAC scanning for coronary artery disease risk stratification is an important conflict of interest to share with readers.

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Financial Disclosure: None reported.

1. Ridker PM. Coronary artery calcium scanning in primary prevention: a conversation with cardiology fellows. *Arch Intern Med*. 2011;171(22):2051-2052.

In reply

In my recent Commentary in the Archives on coronary artery calcium scanning,¹ there is no disclosure of my conflict of interest with regard to inflammatory biomarkers and cardiovascular disease because the commentary contains no discussion of this topic. However, as requested by Dr Cohen, my disclosure is provided below.

Paul M. Ridker, MD

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Financial Disclosure: Dr Ridker is listed as a co-inventor on patents held by the Brigham and Women's hospital that relate to the use of inflammatory biomarkers in cardiovascular disease and diabetes that have been licensed to AstraZeneca and Seimens.

1. Ridker PM. Coronary artery calcium scanning in primary prevention: a conversation with cardiology fellows. *Arch Intern Med*. 2011;171(22):2051-2052.

Cardiac Implantable Electronic Devices: Prevention Starts From Ethics

We read with interest the article by Sohail et al,¹ in which infections related to cardiovascular implantable electronic devices (CIEDs) were associated with substantial admission and long-term mortality. The importance of clinical and technical procedures for infection prevention was stressed in the "Comment" section and the related Commentary.² However, an additional major issue