Coronary Artery Calcium Scanning and Conflicts of Interest

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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.

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.

In reply

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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