Coronary Artery Calcium Scanning and Conflicts of Interest

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Co-correspondence: Dr Pollack, Division of General Internal Medicine, Johns Hopkins University School of Medicine, 2024 E Monument St, Room 2-615, Baltimore, MD 21287 (cpollack2@jhmi.edu).

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.


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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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.

Pieter A. Cohen, MD

Author Affiliation: Department of Medicine, Cambridge Health Alliance, Harvard Medical School, Cambridge, Massachusetts.

Correspondence: Dr Cohen, Department of Medicine, Cambridge Health Alliance, Harvard Medical School, 1493 Cambridge St, Cambridge, MA 02139 (pieter_cohen@hms.harvard.edu).

Financial Disclosure: None reported.

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

Author Affiliation: Center for Cardiovascular Disease and Prevention, Brigham and Women’s Hospital, Boston, Massachusetts.

Correspondence: Dr Ridker, Center for Cardiovascular Disease and Prevention, Brigham and Women’s Hospital, 900 Commonwealth Ave E, Boston, MA 02215 (pridker@partners.org).

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 Siemens.