LETTERS TO THE EDITOR

The British Heart Journal welcomes letters commenting on papers that it has published within the past six months.

All letters must be typed with double spacing and signed by all authors.

No letter should be more than 600 words.

In general, no letter should contain more than six references (also typed with double spacing).

Acronym aggravation

Srn.—I enjoyed reading the editorial on insulin and atherosclerosis by Savage and Saad.1 Unfortunately this otherwise excellent article was marred by the fact that the authors used the acronym CARDIA without explaining it.

Your Notice to Contributors clearly says that abbreviations should not be used in the text. The same rule should apply to acronyms. According to the International Committee of Medical Journal Editors the full term for which an abbreviation or an acronym stands should precede its first use in the text. Perhaps Savage and Saad justified not explaining the acronym CARDIA by referring to an earlier publication, their reference 20. Unfortunately there was no explanation of CARDIA in that reference either.

The authors of reference 3 referred to another article1 in which I finally found the derivation of the acronym. CARDIA is an approximate acronym for Coronary Artery Disease Risk Development In Young (Adults).

Physicians, especially cardiologists, like to use or invent acronyms. But unless they are explained they lead to frustration and sometimes confusion. Acronyms are often necessary but can sometimes be quite frustrating if you do not know what they stand for.2 That was why I recently prepared a list of acronyms of major cardiological trials (table), which is currently being updated. Acronyms can sometimes cause confusion, because several trials share the same acronyms—for example CATS, PACT, and TIFE.


We apologise for not following the recommended practice of spelling out all acronyms at the first mention in Savage and Saad’s editorial. Many of the articles that are submitted to the British Heart Journal for publication use acronyms without explanation. Like the authors of these articles and many speakers at meetings we share a tendency to drift away from best practice. We thank Dr Cheng for drawing attention to our lapse and for supplying overwhelming evidence (in his list reproduced with permission of the American Journal of Cardiology 1992;70:1512-4) why authors and speakers must spell out all acronyms at the first mention.

EDITOR

Acronyms of Major Cardiologic Trials

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<th>Acronym</th>
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<td>Angioplasty Compared to Medicine</td>
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<td>AFFAS (Atrial Fibrillation, Aspirin, Antioplaugation)</td>
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<td>AICLA (Accidents Ischemiques Cerebraux Liees a l’Atherosclorse)</td>
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<td>AIMPS (APSC Intervention Mortality Study)</td>
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<td>AIRE (Acute Infarction Remipril Efficacy)</td>
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<td>APRICOT (Antithrombotics in Prevention of Reocclusion in Coronary Thrombosis)</td>
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<td>APRICOT (Aspirin vs Coumadin Trial)</td>
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<td>ASPECT (Anticoagulants in Secondary Prevention of Events in Coronary Thrombosis)</td>
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<td>ATACS (Antithrombotic Therapy in Acute Coronary Syndromes)</td>
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<td>BATAF (Boston Area Anticoagulation Trial for Atrial Fibrillation)</td>
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<td>BIRTH (Belgian Interuniversity Research on Nutrition and Health)</td>
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<td>CABRI (Coronary Artery Bypass Revascularization Investigation)</td>
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<td>CAPPHY (Captopril Primary Prevention in Hypertension)</td>
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<td>CAPRIE (Clopidogrel vs Aspirin in Patients at Risk of Ischemic Events)</td>
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<td>CAPS (Cardiac Arrhythmia Pilot Study)</td>
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<td>CARDIA (Coronary Artery Risk Development in Young Adults)</td>
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<td>CDPP (Coronary Drug Project)</td>
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<td>CECON (Confidential Enquiry into Cardiac Catheterization Complications)</td>
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<td>CEDIM (Italian Study on 1-Carnitine and Digital Echocardiography in Myocardial Infarction)</td>
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<td>CITO (Collaborazione Italiana par la Thrombosi in Ortopedia)</td>
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<td>CONSENSUS (Cooperative North Scandinavian Enalapril Survival Study)</td>
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<td>ECCOMAC (European Coordinated Community Action Programme)</td>
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<td>ELCA Registry (Excrimer Laser Coronary Angioplasty Registry)</td>
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<td>EMERAS (Estudio Multicenter Estreptotiquina Republicas Americanas Sud)</td>
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<td>EPPI (Etude de Prescription Post Infarctus)</td>
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<td>EPSIM (Enucle de Prevention Secondaire de l’Infarctus du Mvocarde)</td>
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ERICA (European Risk and Incidence, a Coordinated Analysis)
ESPS (European Stroke Prevention Study)
ESVEM (Electrophysiologic Study vs Electrocorticographic Monitoring)
ETDRS (Early Treatment Diabetic Retinopathy Study)
EVA (European Vascular Agency)
EVAS-IM (Étude Vaudois APSAC vs Streptokinase dans l'infarctus du Myocardio)
EXCEL (Expanded Clinical Evaluation of Lovastatin)
ÉWHÉ (European Working Hyper Tension in the Elderly)
FACET (Flosequinane ACE-Inhibitor Trial)
FATS (Familial Atherosclerosis Treatment Study)
FHS (Family Heart Study)
FIPS (Frankfurt Isopropil Progression Study)
FRESH (Fond Reeducation Elementary School Health Study)
GABI (German Angioplasty Bypass Investigation)
GAMIS (German Austrian Myocardial Infarction Study)
GAUS (German Activator Urokinase Study)
GCP (German Cardiovascular Prevention Study)
GEMT (German Eminence Multicenter Trial)
GISSI (Gruppo Italiano per lo Studio della Streptochinasi nell'Infarto Mio-cardico)
GMT (Göteborg Metoprolol Trial)
GPP (Göteborg Primary Prevention Trial)
GRASP (Glaxo Restenosis and Symptoms Project)
GREAT (Grahamian Region Early Antistreptase Trial)
GRECO (German Study with Recombinant t-Pa in Coronary Conclusion)
GUIDE Trial (Guidance by Ultrasound Imaging for Decision Endpoints Trial)
GUSTO (Global Utilization of Streptokinase and t-PA for Occluded Arteries)
HALS (Heart Attacks in London Study)
HAPPY (Heart Attack Prevention in Primary Hypertension)
HART (Heparin Aspirin Reperfusion Trial)
HDHF (Hypertension Detection and Follow-Up Program)
HHS (Helsinki Heart Study)
HINT (Holland Intermire Nifedipine/Metoprolol Trial)
HYON (Hypertension Non-Drug Treatment Cooperative Study)
ICIN (Intracoronary Streptokinase Trial of the Interuniversity Cardiology Institute of the Netherlands)
IMAGE (International Metoprolol/Nifedipine Angina Exercise Trial)
IMPACT (International Mesiletine & Placebo Antiarrhythmic Coronary Trial)
INCLEN (International Clinical Epidemiology Network)
INTACT (International Nifedipine Trial on Antithrombotic Therapy)
INTERSALT (International Studies of Salt and Blood Pressure)
IPPPSH (International Prospective Primary Prevention Study on Hypertension)
IRIS (Invasive Reperfusion Study)
ISAM (Intravenous Streptokinase in Acute Myocardial Infarction)
ISIS (International Study of Infarct Survival)
KAMIT (Kentucky Acute Myocardial Infarction Trial)
LAPIS (Late Potentials in Myocardial Infarction Study)
LATE (Late Assessment of Thrombolytic Efficacy)
LIMIT (Leicester Intravenous Magnesium Intervention Trial)
LIMITS (Lupemium in Myocardial infarction during Thrombolysis with Supravase)
LIT (Lopressor Intervention Trial)
LRC-CPTP (Lipid Research Clinics-Coronary Primary Prevention Trial)
MAPHY (Metoprolol Atherosclerosis Prevention in Hypertension)
MARCATOR (Multicenter American Research Trial with Clozapril After Angioplasty to Prevent Transluminal Coronary Obstruction & Restenosis)
MARS (Monitored Atherosclerosis Regression Study)
MAST-I (Multicenter Acute Stroke Trial—Italy)
MDPIT (Multicenter Diltiazem Post Infarction Trial)
MEHP (Metoprolol in Elderly Hypertensive Patients)
MELODHY (Metoprolol Low Dose in Hypertension)
MERCATOR (Multicenter European Research Trial with Clozapril After Angioplasty to Prevent Transluminal Coronary Obstruction & Restenosis)
M-HEART (Multi-Hospital Eastern Atlantic Restenosis Trial)
MAMMI (Metoprolol in Acute Myocardial Infarction)
MIDAS (Myocardial Infarction Data Acquisition System)
MILESTONE (Multicenter Ilopratop European Study on Endangeliitis)
MILIS (Multicenter Investigation of the Limitation of Infarct Size)
MITI (Myocardial Infarction Triage and Intervention)
MONICA (Monitoring Trends and Determinants in Cardiovascular Disease)
MRP (Multicenter Postinfarction Research Group)
MRIFT (Multiple Risk Factor Intervention Trial)
NACI Registry (New Approaches to Coronary Intervention Registry)
NAMIS (Nifedipine Angina Myocardial Infarction Study)
NASCET (North American Symptomatic Carotid Endarterectomy Trial)
NCEP (National Cholesterol Education Program)
NHGIS (NHIS Health and Growth Study)
NHANES (Natl. Health and Nutrition Examination Survey)
OCS (Oxfordshire Community Stroke Project)
OSIRIS (Optimization Study of Infarct Reperfusion Investigated by ST-Monitoring)
PACK (Prevention of Atherosclerotic Complications with Ketanserin)
PACT (Pre-Hospital Application of Coronary Thrombolysis)
PACT (Pro-Urokinase in Acute Coronary Thrombosis)
PACTE (Prevention des Accidents Thrombo-Emboliques Chez les Por- teurs de Protheses Valvulaires Cardiaques)
PAMIS (Plasmin-Activator Italian Multicenter Study)
PAMI (Primary Angioplasty Myocardial Infarction Trial)
PARI (Persantine Aspirin Reinfarction Study)
PARK (Prevention of Angioplasty Reclusion with Ketanserin)
PARTNER (Peripheral Arterial Disease Response to Tapirol with New Established Response Criteria)
PASS (Practical Applicability of Saruplase Study)
PATS (Prehospital Administration of t-PA Study)
PDAY (Pathological Determinants of Atherosclerosis in Youth)
PIPOED (Prospective Investigation of Pulmonary Embolism Diagnosis)
PLAC (Prazaxatin Limitation of Atherosclerosis in Coronary Arteries)
POSCH (Program on Surgical Control of Hyperlipidemia)
PREMIS (Prehospital Myocardial Infarction Study)
PRIMI (Prourokinase in Myocardial Infarction)
PROCAM Study (Prospective Cardiovascular Münster Study)
PROFILE (Prospective Randomized Flosequinan Longevity Evaluation)
PROMISE (Prospective Randomized Miornune Survival Evaluation)
QUET (Quinapril Ischemic Events Trial)
RADIANCE (Randomized Assessment of Digoxin and Inhibitors of Angio
tensin Converting Enzyme)
RAAMI (Rapid Administration of Alteplase in Myocardial Infarction)
REPAIR (Reperfusion in Acute Infarction, Rotterdam)
RESUE (Randomized Evaluation of Salvage Angioplasty with Combined Utilization of Endpoints)
RISK (Regional Study of an Instable Kranskårdsskuld)
RITA (Randomized Intervention Treatment of Angina)
ROBUST (Recanalization of Occluded Bypass Graft, Urokinase Study)
ROCKET (Regionally Organized Cardiac Key European Trial)
SAFE (Safety After Fifty Evaluation)
SALT (Swedish Aspirin Low-Dose Trial)
SAMIT (Streptokinase Angioplasty Myocardial Infarction Trial)
SAVE (Survival and Ventricular Enlargement)
SCATI (Studio sulla Calciparina nell'Angina e nella Trombosi Ventricolare nell'Infarto)
SCRF (Stanford Coronary Risk Intervention Project)
SEPIVAC (Studio Epidemiologico sull'Incidenza delle Vasculopatie Acute Cerebrali)
SESAM (Study in Europe of Saruplase and Alteplase in Myocardial Infarc
tion)
SHAVE (Stearable Housing for Atherosclerotic Excision)
SHEP (Systolic Hypertension in the Elderly Program)
SIAM (Streptokinase in Acute Myocardial Infarction)
SMIASS (Silent Myocardial Ischemia Stress Study)
SMT (Stockholm Metoprolol Trial)
SOLOV (Studies of Left Ventricular Dysfunction)
SPAF (Stroke Prevention in Atrial Fibrillation)
SPINAF (Stroke Prevention in Nonrheumatic Atrial Fibrillation)
SPRINT (Secondary Prevention Reinfarction Israeli Nifedipine Trial)
SRT (Sorbitin Retinopathy Trial)
SSSS (Scandinavian Simvastatin Survival Study)
STAI (Study Ticlopidine in Angor Instable)
STAMP (Systemic Thrombolysis in Acute Myocardial Infarction with Prourokinaise)
STARS (St. Thomas' Atherosclerosis Regression Study)
STEP (Study of Taspontin in Elective PTCA)
STIMS (Swedish Ticlopidine Multicentre Study in Patients with Intermit
tent Claudication)
STOP (Swedish Trial in Old Patients with Hypertension)
SWIFT (Should We Intervene Following Thrombolysis)
TACS (Thrombolysis and Angioplasty in Cardiogenic Shock)
TACT (Ticlopidine vs Placebo for Prevention of Acute Closure Trial)
TAMI (Thrombolysis and Angioplasty in Myocardial Infarction)
TAPS (t-PA APSAC Patency Study)
TASS (Ticlopidine Aspirin Stroke Study)
TAUSA (Thrombolysis and Angioplasty in Unstable Angina)
TEAHAT (Thrombolysis Early in Acute Heart Attack Trial)
TEAM (Trial of Eminase vs Alteplase in Myocardial Infarction)
TIARIA (Timolol in Infarto Agudo, Repubblica Argentina)
TIBET (Total Ischemic Burden European Trial)
Monitoring myocardial damage in cardiac surgery by troponin T detection

Sir,—Perioperative myocardial injury remains the most common cause of death in cardiac surgery. The need for new diagnostic criteria to assess the comparative efficacy of different myocardial protection techniques prompted us to identify reliable markers of myocardial necrosis. Katus et al reported that the serum concentration troponin T, a cardiospecific protein, reliably detects myocardial cell necrosis in patients undergoing myocardial revascularisation.1 We assayed troponin T (ELISA, Troponin T, Boehringer Mannheim) in 40 different patients of whom 34 underwent coronary artery bypass grafting (CABG), four mitral valve replacement (MVR), and two aortic valve replacement (AVR). Myocardial protection was accomplished by antegrade-retrograde blood cardioplegia according to the method described by Buckberg.2 No perioperative deaths occurred. Using the same electrocardiographic (ECG) criteria for perioperative myocardial infarction described by Katus et al we found two cases among the CABG patients and one among the AVR patients Troponin T concentrations were lower than 0·1 μg/l in all perioperative samples and rose after surgery in the three patients with perioperative myocardial infarction to a peak value of 6·96 μg/l and 28·75 μg/l respectively. These results accord with those of Katus et al who reported a troponin T median peak value of 11 μg/l (range 6·31 μg/l) in patients in whom ECG signs of perioperative myocardial infarction developed after CABG. In patients with no evidence of myocardial infarction after surgery troponin T release was significantly lower (median 0·96 (0·98) μg/l, median 0·68 μg/l, range 0·26–4·6 μg/l) than that in patients with perioperative myocardial infarction. Surprisingly, these values were also lower than that reported by Katus et al in a similar subgroup (median 5 μg/l, range 1·3–11 μg/l) who were cardioprotected by a Bretschneider HTK cardioplegic solution.3 Because there were no apparent differences in the duration of cardiopulmonary bypass and aortic cross-clamping or the number of diseased and grafted coronary vessels we suggest that the reduced troponin T release seen in our patients was due to differences in myocardial protection protocol. Therefore troponin T seems to be a highly specific and sensitive marker for myocardial cell necrosis, that is also useful for assessing the efficiency of myocardial protection techniques.

MICHELE TRIGGIANI ALBERTO DOLCI FRANCESCO DONATELLI ADALBERTO GROSSI Institute for Cardiovascular and Respiratory Diseases, University of Milan and *Proton Unit, Department of Medicine Laboratory, Scientific Institute IR S Raffaele, Via Olgettina 60, 20132 Milan, Italy


The challenges that lie ahead in staffing cardiac units into the twenty-first century, which were the subject of a meeting last November, require continuous debate. Both the Specialist Advisory Committee and the Manpower and Training Committee are developing strategies to improve our training programmes and ensure that staffing levels are appropriate.

The working party on cardiology in district general hospitals, chaired by Andrew McLeod, is contributing to this debate. All the indications are that nearly double the number of consultants will be required over the next decade and it remains to be seen how the funding will be provided. The formal government response to the Calman report after a period of consultation is awaited and will no doubt precipitate vigorous debate. Harmonising our training programmes with the rest of Europe is not going to be easy and cannot be achieved overnight.

The Specialist Advisory Committee is reviewing the content of training, which will become more structured with formal guidelines and a formal assessment of training of trainees being introduced.

British Cardiac Society Newsletter

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Archives

Arthur Holman, who was appointed by Council, writes: "The main task of the archivist is the preservation and proper arrangement of the Society's records. These will include: minutes of Council meetings; financial accounts; minutes of annual general meetings; records of the scientific meetings and programme books; membership records; minutes of Officers' meetings; records and meetings of associated groups; and correspondence. Advice is being sought from a professional archivist on how these records should be kept and indexed, with special reference to computer management."

Our important need to have a complete set of the British Heart Journal from its foundation in 1939 has been met by a most welcome gift from Richard Emanuel. He has given us the bound volumes of the journal that belonged to his father, Professor J G Emanuel, and we are deeply grateful to him for his generosity. We now have to obtain a set of Cardiovascular Research.

In addition, I intend to establish a small library of books that will cover the development of cardiology from the mid-nineteenth century to the present day. If possible we would also like to have a small collection of historical instruments both diagnostic and therapeutic—for example, the Mackenzie polygraph and the mitral valve dilator.

If members have books, instruments, or other items of historical interest that they would like to donate to the Society I will be most grateful if they will get in touch with me either at the Society's office or at my home: Seabank, Chick Hill, Pett, Hastings, East Sussex TN35 4EQ (tel: 0424 813228)."

Data Management Committee: progress on the Read Clinical Terms

Malcolm Trower wrote: "Our lists of diagnostic (clinical) terms in congenital heart disease and “adult” heart disease and terms for special investigations—such as electrocardiography, electrophysiology, and nuclear cardiology—have been completed. The list of terms for echocardiography is almost complete. The Centre for Coding and Classification now has the
Acronym aggravation.

T. O. Cheng

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doi: 10.1136/hrt.71.1.107

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