


Editors’ Response

In their letter regarding the study by Yamashita et al. (1), Mewton et al. (2) point out that performing a computed tomography scan immediately before invasive angiography in patients with ST-segment elevation myocardial infarction may interfere with current guidelines which mandate to perform primary percutaneous coronary intervention “as quickly as possible, with a goal of . . . within 90 min” (3). Indeed, this issue was discussed intensively, both by the scientific reviewers, and in the editorial meetings, at various steps of revision of this paper prior to final acceptance. Various clarifications added to the paper (such as the exclusion of high risk patients and the overall door-to-catheterization time of 77 min), the notion that the time interval required for computed tomography was not completely “lost” but used for catheterization lab preparation, and the fact that IRB approval was explicitly stated, finally led to acceptance of the paper for publication. However, in hindsight, an even more critical appraisal and discussion within the paper would probably have been warranted. Studies submitted to JACC: Cardiovascular Imaging have been rejected if interference with clinical guidelines could not be clarified during the review process. However, a universally accepted policy does not exist among medical journals, and scientific publications do not have the means and resources to verify the decision process of local IRBs. Contributions such as the letter by Mewton et al. (2) are therefore most welcome and serve as a vivid example of valuable interaction in the scientific community.

REFERENCES

