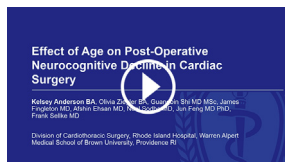


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## Conflict of Interest Statement

The authors reported no conflicts of interest.

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**Key Words:** neurocognitive decline, cardiothoracic surgery, age, inflammation, CPB

## Discussion

**Dr Rakesh C. Arora (Winnipeg, Manitoba, Canada).** Thank you for very interesting paper. Questions, please.

**Dr Kathleen C. Clement (Baltimore, Md).** There's a great talk and seeing that you're a medical student, congratulations. My name is Kathleen Clem and I work at Johns Hopkins. So, when you analyze your data, it looks like you just analyzed greater than 70 versus less than 70. Did you ever look at like a sensitivity analysis to look at specific age groups or use a continuous variable to see what were the predictive factors for that outcome you're looking at?

**Kelsey Anderson (Providence, RI).** Thank you. That's a great question. Right now, the end of the study is limited by a fairly small size. It's about an end of 33, which because of the nature of the study and how many follow-up time points we have, it unfortunately limits us from doing a more specific age-based analysis by those discrete time points and outcomes.

However, the goal of the study is to expand that number and that for the specific neurocognitive scores. We did look at age extremes to get a little bit more away from that

the crowding around at age 70 that could, you know, “Merc up” the results. So we looked at patients younger than 65 and older than I believe 75 so we had a little bit more of a diversification in those patients.

**Dr Carlos A. Mestres** (*Zurich, Switzerland*). So, do you think then because for the younger patients that isn't happening? Regulation of cytokines. Do you think that if in the future we should start talking about cytokines depletion through something like hemo-absorption, which is just coming up, for instance, in acute inflammation like an

endocarditis or even an acute aortic dissection, you think is something that we need to look into for the specific dental patients?

**Anderson.** I think for the younger patients, especially because they are presenting presumably with fewer comorbidities that doing what we can to reduce this inflammation in this time point and especially because of potentially increases quality of life more specifically would be important.

**Dr Arora.** Okay Thank you very much.