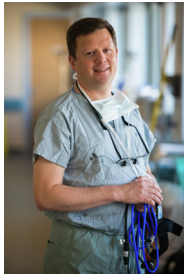


The author reported no conflicts of interest.

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## REPLY: THE RIGHT INTERNAL MAMMARY ARTERY GRAFT IS A MIRAGE



### Reply to the Editor:

First, we should not put total arterial and multiple arterial grafts in the same sentence and compare them with single arterial grafts but rather look at each graft individually. The conclusion of our manuscript<sup>1</sup> is that the left internal mammary artery and radial artery performed as expected, whereas vein grafts performed better than expected. However, high rates of right internal mammary artery (RIMA) failure are worrisome and highlight the need for a thorough evaluation of the patency and safety of the RIMA in coronary artery bypass grafting surgery.

The RIMA graft has a greater rate of failure due to the harvesting by the skeletonization technique, and this has been demonstrated in Cardiovascular Outcomes for People Using Anticoagulation Strategies (COMPASS)<sup>2,3</sup> and Arterial Revascularization Trial (ART).<sup>4</sup> Case closed. The in situ configuration (going behind the heart to the circumflex artery), in comparison with a Y graft coming from the left internal mammary artery, is associated with a lower patency in our manuscript but also with worse clinical outcomes in the reference provided by Prof Formica and his colleagues. They are correct saying this is a surgeon-related factor rather than a biological one. It is a technical problem, and we must fix it.

The recent network analysis by Gaudino and colleagues<sup>5</sup> is compelling evidence that the right internal thoracic artery is not better than a vein and inferior to a radial artery. We must also keep in mind that vein grafts are better in recent trials than older trials, likely due to the use of cholesterol-reducing medication.

While radial arteries have been tested in good trials, the best right internal thoracic artery configuration has not been demonstrated. There is an urgent need for a thorough evaluation of the patency and safety of the RIMA in coronary artery bypass grafting surgery, and surgeons should know their results and present them. It is an issue of intellectual integrity and patient safety.

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