



Research Update • *Le point sur la recherche*

Risk of dying on the waiting list

Deaths of patients on the waiting list for cardiac surgery in Ontario are uncommon but they are more likely among patients waiting for valve surgery than for a coronary artery bypass graft, a study involving all 29 293 Ontario patients scheduled for cardiac surgery from October 1991 to June 1995 has determined (*Heart* 1998;79:345-9). It also found that the risk of death while waiting for surgery was significantly higher for patients with impaired left ventricular function, for older patients and for men.

“There was a perception that death rates were high, and that’s not true,” comments Dr. Christopher Morgan, the principal investigator, who is with the Sunnybrook Health Science Centre and University of Toronto. The study, conducted by the Cardiac Care

Network of Ontario, used the network’s database of every patient accepted for cardiac surgery in the province and found that 141 patients (0.48%) died before surgery in the 42-month period. “Any mortality on the waiting list is of concern, but the rates are lower than those reported in some European studies,” says Morgan. He believes that this study is unique because it accounts for an entire population of people waiting for cardiac surgery over several years.

Longer waiting time for surgery was not a major contributor to the risk of death. The study found that waiting time had only a weak association with mortality. The waiting time for a coronary artery bypass graft in Ontario ranges from no delay to more than 180 days, with a mean of 38 days and a median of 18 days.

But needing valve surgery — with or without a bypass graft — signifi-

cantly increased the risk of death, as did impaired left ventricular function. “We have already made a change to our scoring system [for surgery priority] based on these results,” explains Morgan.

The higher risk of death with advancing age is probably due to the higher rate of death from heart attack and ischemic syndromes among older people, since a previous Ontario study showed that being older is not correlated with having to wait longer for surgery. The increased risk of death among men is unexplained, and Morgan thinks that male sex may be a surrogate for other risk factors that were not captured in the database used in this study.

To cut the number of deaths further, the article concludes that waiting times must be reduced for all patients waiting for cardiac surgery. —

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Physicians (from previous page)

it to either suspend a physician’s licence immediately or limit his or her practice. It also plans to develop a procedure to provide long-term follow-up of physicians in difficulty.

The college acknowledged that it plays an important role in these situations when a doctor practises alone, in a private office or on an itinerant basis, and doesn’t receive any regular supervision. It also has a key role in situations involving diagnostic specialists because the performance of these physician affects many colleagues, and when a physician is known to have had problems related to mental illness or substance abuse. — © *Janice Hamilton*

In the news . . .

Genetic risk factor for cervical cancer

A genetic variation raises the risk of cervical cancer sevenfold in women, British researchers have found (*Nature* 1998;393:229-34). Women with 2 copies of a variant of the gene for the tumour-suppressor protein p53 are 7 times more likely to have cervical cancer than patients with 1 copy of the variant gene. It has long been known that cervical cancer is caused by human papillomaviruses (genital warts), especially certain virus strains. However, this finding makes it clear that there is a genetic component to susceptibility.

Atrial fibrillation? Watch the fiddleheads!

Eating fiddleheads, the tasty fern fronds available in late spring, can lower a patient’s international normalized ratio (INR), according to a letter to the editor of the *New England Journal of Medicine* from Canadian physicians. The INR is carefully monitored in patients with atrial fibrillation. Fiddleheads contain high quantities of vitamin K₁, leading to a transient lowering of the INR, which may raise concern about therapy for atrial fibrillation. In the reported case, the physicians instructed the patient to take an extra 5-mg dose of warfarin, and the INR soon returned to the therapeutic range.