

**From:** Isabelle Ferner <sctsadmin@scts.org>  
**Sent:** 18 December 2019 15:11  
**To:**  
**Subject:** Newsnight Article on the EXCEL Trial

Dear Colleague,

We have had many emails and personal conversations with SCTS members since we circulated the joint statement with BCS and BCIS last week (12/12/19). This was in response to the Newsnight programme about the reporting of the Excel trial and the subsequent action of EACTS to withdraw its support for the guidelines for the treatment of Left Main Stem coronary artery stenosis. Details of this can be found at <https://www.eacts.org/eacts-responds-to-bbc-newsnights-investigation-on-the-excel-trial> . Not surprisingly these events have stimulated wide and often heated debate in the clinical and research community.

A number of colleagues are understandably concerned that the joint statement did not clarify the current situation/evidence for the treatment of Left Main Stem stenosis, given that doubts have been raised about the integrity of Excel. There was uncertainty within the cardiac surgical community as to the position taken by the SCTS. Clearly an explanation is required, which is why I am writing to you again.

Very soon after the Newsnight programme we were made aware of patients and relatives who were concerned as to whether they were receiving the right treatment, even to the extent that some were questioning if stents were safe in any situation. Therefore, there was a real and pressing need to be able to reassure patients and their families that they could trust cardiovascular physicians and surgeons in the UK to give balanced and appropriate advice, and that each and every patient will have access to specific and individualised treatment, notwithstanding the questions raised regarding the validity of the Excel trial.

We did not feel that a statement from SCTS alone would be constructive to the situation and it would be more sensible and reassuring to patients, relatives and the NHS to see collaboration and a joint statement from the professional societies that are responsible for all aspects of decision making in this pattern of coronary disease.

There is still an ongoing debate about the strength and weaknesses of the Excel study and things are likely to develop on a daily basis. Within the last few days Professor Stone has responded to the criticisms of the trial on behalf of the Excel trial leadership group; the text of his detailed statement can be found at <https://www.tctmd.com/slide/official-response-excel-leadership>. Over the short and medium term there will no doubt be further information emerging about the conduct, data and conclusions pertaining to the trial. When this review has been completed it will allow a more definitive position to be taken by SCTS, BCS and BCIS.

The standard of care should be that those requiring intervention for Left Main Stem or complex coronary artery disease are discussed in a properly constituted Heart Team multidisciplinary meeting bringing together surgeons and cardiologists to recommend the best treatment for individual patients. Currently the standard practice in the UK is to

recommend coronary bypass surgery as the first line treatment for Left Main Stem disease in the vast majority of patients and this should continue whilst we await a detailed reanalysis of the Excel trial. Where there are prohibitive risks associated with surgery then the option of coronary stenting is an effective, safe and appropriate alternative treatment.

We welcome and appreciate members' communication with us and we encourage you to contact us again if there are any questions or need for further clarification. We will ensure that the Society will play an active role in future discussions about the EXCEL trial, making our views clear when all the facts emerge and after consultation with experts in the fields of statistics and trial methodology.



*Richard Page* **President, SCTS**



**Society for Cardiothoracic Surgery In Great Britain and Ireland**

**SCTS 5th Floor Royal College of Surgeons 35-43 Lincoln's Inn Field London WC2A 3PE**

**Tel:** 020 7869 6893

**Fax:** 0207 869 6890 **Mobile:** 07949 211 636

**Email:** [sctsadmin@scts.org](mailto:sctsadmin@scts.org)

**Web:** [www.scts.org](http://www.scts.org)

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