In this issue of *Circulation: Arrhythmia and Electrophysiology*, Sanatani et al report a randomized, double-blind study of a comparison of digoxin and propranolol for chronic therapy of supraventricular tachycardia (SVT) in infants <4 months of age. The key findings in 61 patients were that there were no differences in SVT recurrence for the 2 drug treatment groups and that there were no recurrences of SVT after 4 months of therapy with either antiarrhythmic agent. Another salient point to be taken includes an expectation that perhaps 10% of infants diagnosed with SVT can be expected to require subsequent hospitalization for management of SVT recurrences.

As is often the case with even thoughtful attempts to perform these types of clinical trials in pediatric electrophysiology, and pediatric cardiology generally, the study is underpowered to make feasible many of the desired statistical analyses between the 2 treatment groups. As a result of the relatively small numbers of patients in a given institution, multicenter studies in our field are frequently required to achieve the requisite N for these study designs. As the authors note, issues of patient enrollment, physician biases, parental consent, and inadequate follow-up plague this and other similar efforts. The history of this specific article is telling, in its attempts to clear the hurdle of peer review: it was submitted to 4 journals, critiqued by 12 reviewers, and underwent 8 revisions in response to seemingly unachievable demands for the statistical rigor of a large, randomized clinical trial. The study and its lead author became fixtures for a plea to the masses for patient enrollment at the Pediatric and Congenital Electrophysiology Society business meeting at Heart Rhythm Society for each of the past 6 years. With its key features intact, it has reached its well-deserved publication.

From a practical standpoint, yes, the study is underpowered. It is still worthy of our attention and publication, even in its descriptive terms, for its effects on what we do, how we educate families, and how we lay the foundation of their expectations going forward. Personally, over the years, I have educated families, and how we lay the foundation of their expectations going forward. Personally, over the years, I have long we should treat?” and “Are you sure?” In 2012, when we were awash in precise, but difficult to apply wireless data dumps.
and the complexities of genomic effects emerging for many diseases, we owe these people honest answers about what we profess to know about simple issues. We run into the prideful complication illustrated by the following quote attributed to Leo Tolstoy:

I know that most men—not only those considered clever, but even those who are very clever and capable of understanding the most difficult scientific, mathematical, or philosophic problems—can seldom discern even the simplest and most obvious truth, if it be such as obliges them to admit the falsity of conclusions they have formed, perhaps with much difficulty—conclusions of which they are proud, which they have taught to others, and on which they have built their lives.

Sanatani et al\(^1\) remind us that the seemingly simple truths that form the basis of how we practice pediatric electrophysiology do warrant investigation, reexamination, and publication. They are to be applauded for their persistence in seeing this study through to print (and the Circulation: EP Editors as well). The end result is an article that can have direct clinical impact on what we do and what we think we know and teach to others. Perhaps it is time we get over our obsession with emulating the adult cardiology heart failure and ischemia clinical trial study design, pursue more viable and appropriate study options for our unique and smaller patient population, and hope the editors and reviewers are equally open-minded.

**Disclosures**

None.

**References**


**Key Words:** Editorials ■ antiarrhythmic drugs ■ pediatrics ■ supraventricular tachycardia
Supraventricular Tachycardia Treatment Efficacy in Infants: On Further Review
James C. Perry

_Circ Arrhythm Electrophysiol_. 2012;5:882-883
doi: 10.1161/CIRCEP.112.977454
_Circulation: Arrhythmia and Electrophysiology_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2012 American Heart Association, Inc. All rights reserved.
Print ISSN: 1941-3149. Online ISSN: 1941-3084

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circep.ahajournals.org/content/5/5/882

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