Response to Letter by Robert M. Hamilton
Based on “Prophylactic Radiofrequency
Ablation in Asymptomatic Patients With Wolff–
Parkinson–White Is Not Yet a Good Strategy:
A Decision Analysis” by Chevalier et al

We thank Dr Robert R. Hamilton for his insightful comments and
are very pleased that he brings his own experience into the difficult
debate on the indication of ablation of the asymptomatic patients with
Wolff–Parkinson–White. We feel that some elementary notions about
decision analysis have to be restated. There are 2 main arguments
for using decision analysis models and to find out how the decision
process for a given patient can be improved: a randomized prospec-
tive study comparing abstinence versus ablation will never be done,
and the risk:benefit ratio of both strategies has never been quantified.

Interpretation of the results of our study will be facilitated with the
following reminders: decision analysis is not a surrogate to a clinical
trial, and our study aimed to allow patients and caregivers to partici-
pate in the decision, to generate hypothesis, and to highlight impor-
tant points in the decision process.

As mentioned in the article, the target population of our study
consisted of 20- to 40-year-old asymptomatic patients with Wolff–
Parkinson–White without structural fatal heart disease or a family his-
tory of sudden cardiac death. The literature is scarce in the field of
long-term prognosis of patients with Wolff–Parkinson–White, and the
task of evaluating the published clinical data is daunting. In the pres-
ent work, we took the expert opinion value when there were no data
available. This is stated in the text. In addition, we used expert opinion
when the probabilities of the literature were based on a single article.
The articles in the literature were not necessarily the same people or
the same method of recruitment or the same time patient monitoring.
The experts interviewed are recognized for their competence, and their
expertise seemed more reliable than a single study in the literature.
Furthermore, data from the literature were used in the sensitivity anal-
ysis for the Tornado diagram, and the results do not change the conclu-
sions that we found with the values of the experts. Because accessory
pathway ablation is performed by physicians with different levels of
competence and experience, we choose the real-world setting, the
worst case scenario. Reducing the complication rate in our model still
did not favor ablation. Finally, it is clearly stated in the article that
our conclusions are specific to the statistical model and the population
we tested. We end by quoting George E.P. Box1 who said “essentially
all models are wrong some are useful.” Decision analysis is not an

References

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Philippe Chevalier, Alina Scridon, Nicolas Girerd, Elodie Morel, France Cadi, Theodora Bejan-Angoulvan, Isabelle Jaisson Hot, Christell Ganne, Cyrille Colin and Sylvie Di Filippo

Circ Arrhythm Electrophysiol. 2013;6:e39
doi: 10.1161/CIRCEP.113.000503

Circulation: Arrhythmia and Electrophysiology is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 1941-3149. Online ISSN: 1941-3084

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