

 **Abington Memorial Hospital**

1200 Old York Road, Abington, PA 19001-3788

David J. Eskin, M.D.
Chief of Staff
Phone: (215) 481-2600
Fax: (215) 481-4074

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Mr. Mark P. Volavka
Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka:

Thank you for the opportunity to comment on the Pennsylvania Health Care Cost Containment Council's *Guide to Coronary Bypass Graft Surgery 2000*. As part of the ongoing performance improvement process at Abington Memorial Hospital, we continue to look at the same markers of quality you have highlighted in this report. I would like to comment on the outcomes of one of our cardio-thoracic surgeons.

Dr. V. Paul Addonizio is a prominent, experienced cardio-thoracic surgeon whose stellar reputation has earned him some of the region's most difficult patients. By choosing to operate on patients who have no other options, he has provided a last hope to many patients that other surgeons have sent home.

After a careful and extensive internal review of the data reported, I feel it is imperative to provide a brief analysis of the severity of illness and co-morbidities involved in four of these patients:

- A middle-aged patient whose partial paralysis and deformity from polio restricted revascularization due to the inability to harvest conduits.
- A senior who, post carotid endarterectomy, suffered two myocardial infarctions complicated with pulmonary edema and congestive heart failure. A balloon pump was inserted in the cardiac cath lab and emergent revascularization was attempted.
- A radical mastectomy breast cancer patient whose extensive radiation therapy rendered her mammary arteries useless as conduits and her coronary arteries were so diffusely damaged as to be ungraftable.
- An 82-year-old patient whose massive myocardial infarction and pre-operative ejection fraction of less than 15 percent put him in the highest risk category and would have made his only other option transplantation had he been younger.

Mr. Mark P. Volavka

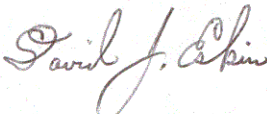
Page 2

Because of the very complicated nature of these patients, there was no research available to help specifically predict their outcomes or to provide appropriate risk assessment. In fact, these are one-of-a-kind patients for which there are no compare groups.

It is unfortunate that, despite an 18-year practice serving more than 300 patients per year, this surgeon's statistical efficacy now depends on the outcome of only four patients, when there are thousands for whom quality of life has vastly improved.

We hope the public will be cautious about using this data alone to make decisions about heart surgery, but rather opt for a more comprehensive review, including clinical interpretation by trusted members of the medical community.

Sincerely,

A handwritten signature in cursive script that reads "David J. Eskin".

David J. Eskin, M.D.

