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RESPONSE TO LETTER TO THE EDITOR

Response by Maurizi et al to Letter Regarding Article, "Long-Term Outcomes After Septal Reduction Therapies in Obstructive Hypertrophic Cardiomyopathy: Insights From the SHARE Registry"

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In Response:

We appreciate the thoughtful comments from Zhang and Zeng regarding our recent study on the long-term outcomes of septal reduction therapy (SRT) in obstructive hypertrophic cardiomyopathy.[1] We are pleased that our work has stimulated further discussion, and we welcome the opportunity to address their points.

Most published literature addressing the outcome after SRT originate from a small number of high-volume surgical and interventional hypertrophic cardiomyopathy referral centers or from insurance claims data with only in-hospital mortality data.[2,3] Given this, we considered it essential to evaluate outcomes in high-volume clinical centers that are not primarily interventional. While including broader populations, such as those treated in community settings, may provide epidemiological insights, it remains a complex issue. Current guidelines recommend that SRT should be performed primarily in specialized referral centers, where comprehensive clinical management, careful patient selection, and procedural expertise are key determinants of perioperative success.[4]

We fully agree that understanding the factors influencing prognosis after successful SRT is a critical clinical need. Our multivariable analysis found that genotype was not a significant determinant of outcome. However, other factors, such as the impact of bundle branch block on heart failure progression and the extent of myocardial fibrosis assessed by cardiac magnetic resonance imaging, were not sufficiently represented in the ShaRe registry (Sarcomeric Human Cardiomyopathy Registry) due to its 30-year span. Notably, those who developed heart failure did not show a higher prevalence of severe mitral insufficiency (18% versus 15%, P=0.21).

Despite a low mortality rate (0.6% per year) and significant hemodynamic improvement, our findings suggest that underlying cardiomyopathy may continue to progress over time, particularly in patients with longer disease duration.[1,5] This underscores the need for future studies to explore the potential synergy between SRT and emerging targeted medical therapies.

Finally, we agree that the economic implications of SRT warrant further investigation. Cost-effectiveness analyses comparing SRT with pharmacologic therapy could guide policy decisions and reimbursement strategies, especially in health care systems transitioning toward value-based care.

In conclusion, we appreciate this constructive critique and share the view that refining patient selection, optimizing post-SRT management, and integrating emerging therapies are key priorities for improving outcomes in patients with obstructive hypertrophic cardiomyopathy.

ARTICLE INFORMATION

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Disclosures

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