

LETTERS TO EDITOR

Bing H. Tang,

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Dear Editor,

I read with interest and concern on one of the recent articles entitled 'ANAESTHESIA FOR INTERVENTIONAL NEURORADIOLOGY'. (J Ayub Med Coll Abbottabad 2007;19(3):80-4). I am sincerely writing you as follows:

We agree that ethical and practical issues hamper randomized trials in both invasive neuroradiology and neurosurgery; however, the crossover paradigm of a study design does not resolve these issues. The ethical and practical issue of how to properly deal with the control group in intervention studies, such as interventional neuroradiology, merits adequate consideration, especially for the anaesthesia medical group who have accepted and participated the task.

Before any anaesthetics undertake, at least, in some clinical situations, it would be useful to design a clinical study where those randomized to the control group could cross over to the interventional group after some pre-defined period of time or after meeting some sort of reasonable endpoint. With respect to endpoints, there appear to have proper concepts involved. An 'endpoint' does not mean the 'measure' or 'severity' of diseases, at least to this author. There are indeed different endpoints in certain diseases, hence we ought to combine them and improve the informational content of categorical clinical trial endpoints.

The amount of time and the endpoint would be needed to be tailored to the particular disease— intracranial aneurysms or malformations or both, regardless of whether in the radiology department or in the Operating Room.

It appears to be important to specify a practical suggestion about how the crossover data would be analyzed properly in those interventions that the authors have reviewed or the cases in your Medical Centre. The primary analysis would have to be limited to the randomized patients, at least in your own data set of your Medical Centre. It also appears to be significant in knowing that the crossover data would potentially add information of estimates of radiological vs. surgical or medical (via medications), plus anaesthetic risk respectively or jointly in various combinations.

That being discussed, in the case of a clinical trial on endovascular preventive treatment of unruptured intracranial arteriovenous malformation (AVM) or aneurysms, the ethical discussion is to be considered as follows. There is dubiousness of the clinical manifestation and prognosis. Prophylactic measures of unruptured intracranial AVM and aneurysms are frequently carried out. Nevertheless, measures in such an intervention have never been well recorded with contrast to those treated in the traditional method. In a background of doubtfulness, the so-called 'best selection of treatments' that can be supplied provided to each participant is merely odds in regard to an obvious protection from an AVM or aneurysmal rupture that the participant (patient) may possibly obtain, regardless of whether or not the procedures are to be done in the radiological department.

Thank you.

Bing H. Tang, MPH (Columbia University), MD.

Editor's Note:

The letter has been forwarded to author of the article and is also open to healthy discussion.

Jahangir A Khan,

Chief Research Officer,
Pakistan Medical Research Council,
Islamabad.

Dear Editor,

Apropos to Prof. Dr. Tariq Mufti's 'A journey from member of editorial board to Chief Editor'. Though a nice chronological perspective by the out-going Chief Editor, Dr. Mufti, has been penned down but I feel there is something to add...

I vividly remember that it was perhaps one of the coldest mornings of December of 1987 while sitting in my PMRC office and enjoying the drizzling of snow on my window pane that I was called by Dr. A. J. Khan, the founder Principal of Ayub Medical College, in his office, which was only a few paces away to my office. I walked across to his office and saw Prof. Syed S. H. Zaidi and Dr. M. A. Khaliq sitting beside the electric heater trying to warm themselves while sipping hot cup of tea. Hardly sat in between them that a Naib Qasid put cup of tea in front. Dr. A. J. Khan, looked at me and promptly asked "can you start a medical journal for AMC?" after a pause I replied immediately "why not? Sir!" while looking with smile on my both sides who must have referred my name to Dr. A. J. Khan for the task.

I had recently, returned from UK after my PhD and taken up the job as Principal Research Officer at PMRC Research Centre, AMC, the founder Centre in-charge. It was no doubt a challenging assignment having no experience in publication though published few research articles during my PhD studies at Queen's University. I made a presentation on the format for JAMC to the AMC faculty and one out of six was well appreciated. The

immediate task was to collect good articles from the medical comity of the country. The 1st issue was published in 1988 and I was honoured to write first article for the first issue of JAMC.

There was an overwhelm response to our first JAMC issue from within the country and abroad. My cold office started feeling warmth and became the centre for meetings in the coming days and we never looked back.

It was the beginning of computer age and we were fortunate to have an XT computer at our PMRC Research Centre, which was utilized to its fullest capacity. The Centre was lucky to have Mr. M. Iqbal, stenographer, who quickly learned to format the JAMC. How can we forget services of Mr. M. Ajmal, who later became part and parcel of JAMC and is still working zealously and perhaps, would retire from JAMC office!

The cold journey of JAMC started in the last century has been continuing into the new millennium and one can feel the warmth emanating from its pages. Being the first managing editor of JAMC I feel very proud and always wish that JAMC further attains the heights in the comity of medical journals in the world.

May God bless all the members of the present Editorial Board with great success in future endeavours.

Dr. Jahangir A. Khan

Editor's Note:

Sir, How can we forget your services for the noble cause? The JAMC was, of course, planted and groomed by you and all of us have been pouring our efforts in to bring this up to the level of an indexed journal. We have now earned respect and confidence of our readers and contributors, not only from home but globally. After publication of online edition the JAMC has reached the most remote corners of the world and is, probably the most popular medical journal from Pakistan. All this has become true through the endless efforts of the whole team, no matter the individual names are remembered or not.