



## Dear Colleague:

I think we have another interesting collection of articles to present to you in this issue of the *Journal*. Our goal, as always, is to concisely present material that is useful to you as a busy clinician. The *Cleveland Clinic Journal of Medicine* continues to evolve, hopefully in the direction of increasing user friendliness. We want it to ease the sometimes-tedious process of keeping up to date by taking advantage of the experience of the physicians here at the Clinic and at other institutions dedicated to clinical practice and investigation.

For example, Eric Topol, principal investigator of the GUSTO trials, discusses the outlook for reestablishing perfusion of the infarcted myocardium (page 9). Time is clearly of the essence in this situation, and a multiple attack on the coagulation mechanism through combination therapy appears to be better than single-drug treatment.

Joel Richter points out the value of new and high-tech approaches to the therapy of gastroesophageal reflux disease (GERD), once mainly treated with antacids and elevation of the head of the bed (page 37). He also explains the not-so-obvious etiology of ENT and pulmonary symptoms caused by GERD.

Pat Whitlow, the local principal investigator for the recently completed BARI trial, discusses the relative merits of myocardial

revascularization via angioplasty vs bypass surgery (page 17). Proper patient selection for these frequently performed procedures is the key to getting good results.

Maurie Markman reviews the utility of serologic testing in detecting and monitoring malignancies (page 27). As is the case with other laboratory tests, some of the markers are more useful than others, and Markman does a nice job of sorting these out and putting them into perspective.

This month's Cardiology Dialogue question is, what constitutes optimal treatment for the patient with atrial fibrillation? Kenneth Ellenbogen, from the Medical College of Virginia, and Patrick Tchou, from the Cleveland Clinic, debate the pros and cons of cardioversion vs drugs for the treatment of this common arrhythmia (page 31).

I hope this sampling will whet your appetite for what you will find in the succeeding pages of the *Journal*. Please let us know your thoughts, either via snail mail or e-mail. We enjoy hearing from you!

Cordially,

  
 JOHN D. CLOUGH, MD  
 Editor-in-Chief