Nature Reviews Cardiology 9, 492 (2012); published online 17 July 2012;
doi:10.1038/nrcardio.2012.103;
doi:10.1038/nrcardio.2012.104;
doi:10.1038/nrcardio.2012.105;
doi:10.1038/nrcardio.2012.106

IN BRIEF

INTERVENTIONAL CARDIOLOGY

Radial approach less costly than femoral approach

Mitchell *et al.* have performed a cost–benefit analysis of radial vs femoral catheterization using results from a systematic review of 14 randomized, controlled trials. Taking into account procedure and hemostasis times, costs of repeating catheterization if the first catheterization failed, and inpatient hospital costs associated with procedural complications, the investigators determined that radial catheterization was \$275 cheaper per patient than femoral catheterization.

Original article Mitchell, M. D. *et al.* Systematic review and cost-benefit analysis of radial artery access for coronary angiography and intervention. *Circ. Cardiovasc. Qual. Outcomes* doi:10.1161/CIRCOUTCOMES.112.965269

HEART FAILURE

Moderate coffee consumption linked with reduced risk of HF

A meta-analysis of five prospective cohort studies has shown a J-shaped relationship between coffee consumption and risk of heart failure (HF). Four Scandinavian-sized servings of coffee per day (which the investigators suggest might be equivalent to a little more than two US-sized servings) had the strongest inverse association with risk of HF. However, the investigators warn that consumption of more than 10 Scandinavian-sized servings per day might be associated with increased risk of HF. They also point out that their findings did not take into account the strength of brew.

Original article Mostofsky, E. *et al.* Habitual coffee consumption and risk of heart failure: a dose-response meta-analysis. *Circ. Heart Fail.* doi:10.1161/CIRCHEARTFAILURE.112.967299

ATRIAL FIBRILLATION

Apixaban cost-effective in the long term?

The costs, quality-adjusted life-years (QALYs), and incremental cost-effectiveness of apixaban vs aspirin have been assessed for patients with atrial fibrillation who are unsuitable for warfarin. In a 1-year model, apixaban was found to be more costly than aspirin (\$3,545 vs \$1,805 per patient) and associated with the same QALYs (0.96 for both). In a 10-year model, however, apixaban was found to be less costly than aspirin (\$44,232 vs \$50,066 per patient) and associated with somewhat higher QALYs (6.87 vs 6.51). Apixaban was determined to be a cost-effective alternative to aspirin 96.7% of the time in the 10-year model.

Original article Lee, S. *et al.* Cost-effectiveness of apixaban compared with aspirin for stroke prevention in atrial fibrillation among patients unsuitable for warfarin. *Circ. Cardiovasc. Qual. Outcomes* doi:10.1161/CIRCOUTCOMES.112.965251

ACUTE CORONARY SYNDROMES

Insight into how ischemic injury accelerates atherosclerosis

A mouse study published in *Nature* has shown that ischemic injury is associated with a systemic response that aggravates chronic atherosclerosis. Stroke or myocardial infarction was associated with atherosclerotic lesions of increased size and more-advanced morphology in *Apoe*^{-/-} mice. Myocardial infarction was shown to result in the release of hematopoietic stem and progenitor cells from bone marrow niches, subsequent seeding of these cells in the spleen, and increased monocyte production and recruitment to plaques.

Original article Dutta, P. *et al.* Myocardial infarction accelerates atherosclerosis. *Nature* doi:10.1038/nature11260