

Misleading Title and Communication Regarding Brief
Communication entitled: First clinical use of real-time remote
programming in cardiac implantable electronic devices. Dr.
Toshimasa Okabe et al. *J Cardiovascular Electrophysiol.*
2020;31:2759-2761. DOI:10.1111/jce.14698

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Title: Misleading Title and Communication.

Regarding Brief Communication: First clinical use of real-time remote programming in cardiac implantable electronic devices. Dr. Toshimasa Okabe et al. *J Cardiovascular Electrophysiol.* 2020;31:2759-2761. DOI:10.1111/jce.14698

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To the Editor,

If an author and for that matter a journal were to title a manuscript: “First” anything... there should be a due diligence to do at least a basic literature search to be certain about this claim, which in this case would have readily shown the following ORIGINAL RESEARCH article:

“Remote Control of Cardiac Implantable Electronic Devices: Exploring the New Frontier—First Clinical Application of Real-time Remote-control Management of Cardiac Devices Before and After Magnetic Resonance Imaging.” Dr. E. Kloosterman et al. *J Innov Cardiac Rhythm Manage.* 2019;10(1):3477–3484. DOI: 10.19102/icrm.2019.100102

Of course, it's possible to consider this a mistake, an oversight. But when not only the authors, but reviewers and the editorial team appeared to not have taken care of a basic principle, it seems deliberate, particularly when the “first” published seminal paper, preceded COVID not just as a case report, but as a prospective study involving 100 remote-control transmissions with relevant clinical implications.

Without getting into a full critique of the communication paper content, it merits at least the following observations on omissions, claims and practice:

1. Background, given that the authors received Medtronic technical support and a grant; it would have been important to disclose that (although not published) the use of remote-control programming in the described implant setting has been performed by other physicians and Medtronic in the past. I participated as an observer in one of the sessions over 5 years ago and therefore not new.
2. The Medtronic SmartSync tablet programmer enables wireless direct interrogation and management of devices (except the Micra) from outside the operating room allowing non direct contact with patients.
3. Given that Remote-Control today cannot happen without assistance of an “EP staffer” to be directed on the setup of the programmer, it undermines and questions the value of performing remote control programming in an implant set up when the implanter (a knowledgeable programmer operator) in the same room with the patient, can direct to do it himself in a similar number of steps.
4. In none of the cases there is a description of the actual internet connection used (Ethernet; WiFi, modem, cellular, etc.) which is a key element to the stability, safety and effectiveness of the transmission.
5. It seems reaching the boundaries of conflict of interest when the company that provided economical, technical and iconographic support the authors of this manuscript, aware of previous literature on the topic, didn't take issue with the misleading title and content.
6. The nonchalant comment regarding “off-label” use of the remote-control with direct industry participation is worrisome considering that it was not done under an approved study protocol, emergency basis or compassion indication but seemingly on the spur of the moment. There was no “benefit” to the patients that couldn't have been achieved in alternative ways, but all risk!

Hopefully, this is not one more sign of the upcoming era of alternative truth and double standards, which may be taking a toll affecting peer review medical publications, authors, reviewers, editors and industry.

References

- 1.- First clinical use of real-time remote programming in cardiac implantable electronic devices.
Dr. Toshimasa Okabe et al. *J Cardiovascular Electrophysiol.*2020;31:2759-2761. DOI:10.1111/jce.14698
- 2.- “Remote Control of Cardiac Implantable Electronic Devices: Exploring the New Frontier—First Clinical Application of Real-time Remote-control Management of Cardiac Devices Before and After Magnetic Resonance Imaging.” Dr. E. Kloosterman et al. *J Innov Cardiac Rhythm Manage.* 2019;10(1):3477–3484. DOI: 10.19102/icrm.2019.100102