

# Mortality after CABG versus PCI Individual patient-data pooled analysis of 11,518 patients from 11 randomized trials



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# Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

## Affiliation/Financial Relationship

- Employee

## Company

- Medtronic

# Background

*Numerous trial have compared CABG and PCI*

*Multi-vessel disease*

*Left Main disease*

No studies have been powered to detect a difference in  
Mortality or Stroke

Search on July 19, 2017, using keywords "coronary artery bypass", "percutaneous coronary intervention", "stent", and "random\*"

MEDLINE  
(n=823)

EMBASE  
(n=709)

Cochrane  
(n=315)

19 trials

Excluded trials (n=7)

- Non-LM SVD: SIMA trial, Diegeler et al, Thiele et al, Drenth et al, and Hong et al
- No 100% stent use: AWESOME trial
- Only 1-year follow-up: Boudriot et al, and CARDia trial

Investigators contacted  
(n=12 trials)

Included trials (n=11)

- ERACI II (n=450)
- ARTS (n=1205)
- MASS-II (n=408)
- SoS (n=988)
- SYNTAX (n=1800)
- PRECOMBAT (n=600)
- FREEDOM (n=1900)
- VA CARDS (n=198)
- BEST (n=880)
- NOBLE (n=1184)
- EXCEL (n=1905)

Excluded trial (n=1)

- Unable to provide data: LE MANS trial<sup>2</sup>



# Patients

1

- 11,518 patients were randomly assigned

2

- PCI n=5753
- CABG n=5765




3

- Mean SYNTAX score was  $26.0 \pm 9.5$ ,
- 1798 patients (22.1%) having a SYNTAX score  $\geq 33$

4

- Mean follow-up of  $3.8 \pm 1.4$  years,
- 976 deaths occurred.

# Baseline Characteristics

	PCI (n=5753)	CABG (n=5765)
<b>Age</b>	64 ± 9.8	64 ± 9.9
<b>Female sex</b>	24%	24%
 <b>Diabetes</b>	39%	38%
Insulin treated	13%	12%
<b>Previous TIA or CVA</b>	5%	6%
<b>Previous MI</b>	28%	28%
<b>Moderate LVEF (30-49%)</b>	15%	14%
<b>Poor LVEF (&lt;30%)</b>	1%	1%
 <b>Three-vessel disease</b>	59%	61%
 <b>Left main disease</b>	39%	39%

# Procedure Characteristics

<b>PCI – stents*</b>		-
BMS	27%	-
DES	73%	-
First-generation DES	39%	-
Newer-generation DES	34%	-
<b>PCI – number of stents</b>	3.1 ± 2.0	-
<b>CABG – LIMA use</b>	-	96%
<b>CABG – BIMA use</b>	-	19%
<b>CABG – off-pump</b>	-	28%



# Mortality Results

5 year overall

† PCI: 11.2%

† CABG: 9.2% → P=0.0038

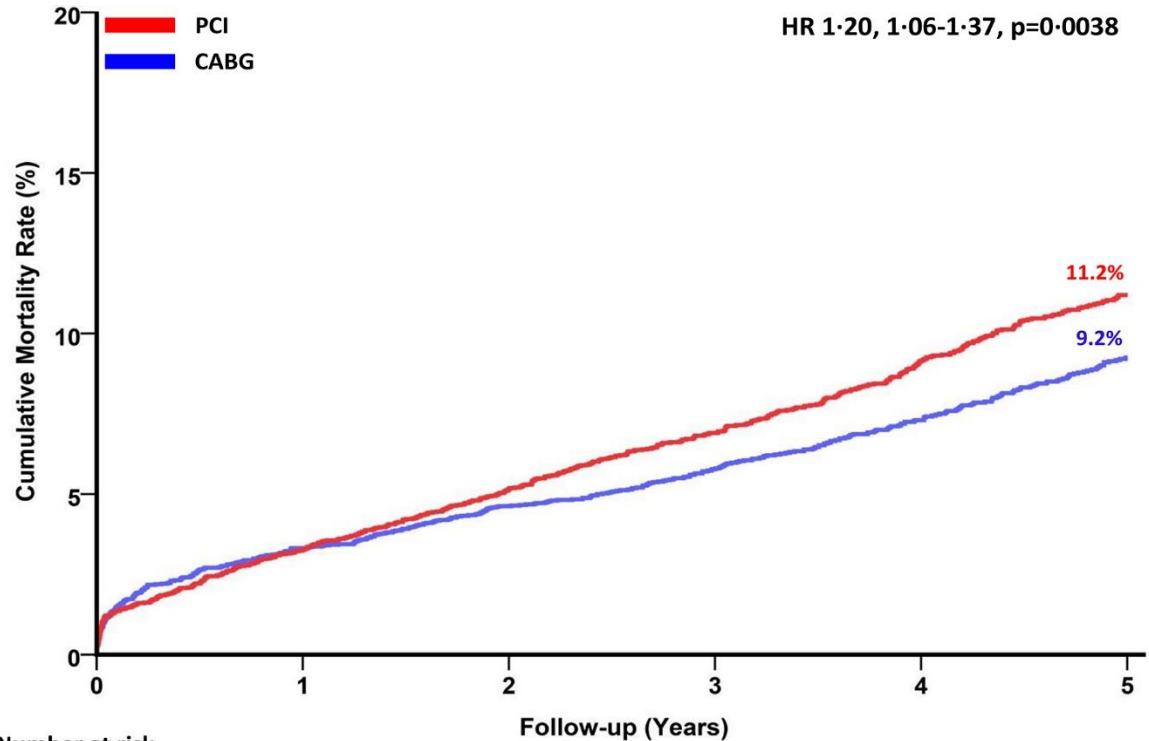
† PCI: 11.5%

† CABG: 8.9% → P=0.0019

† PCI: 10.7%

† CABG: 10.5% → P=0.52

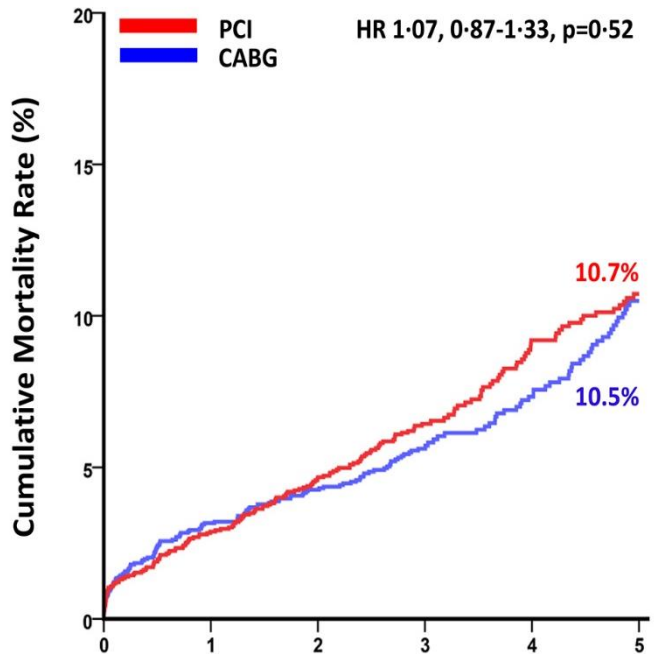
# Overall Mortality PCI versus CABG



Number at risk

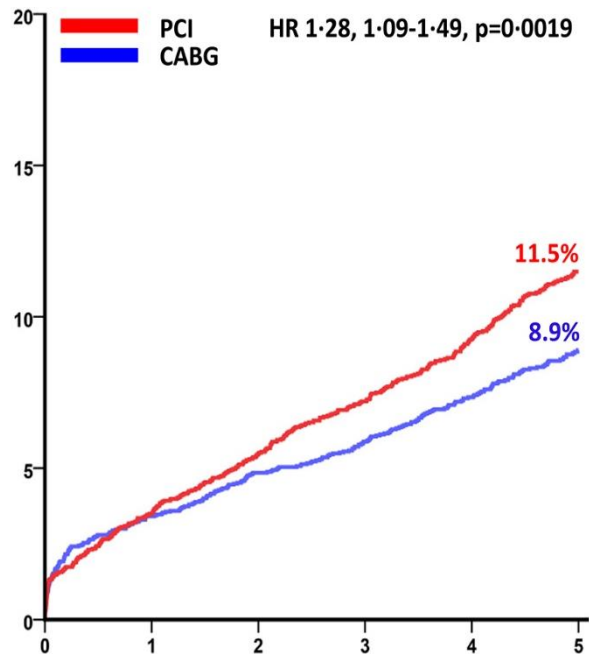
CABG	5765	5360	4994	3761	3299	2263
PCI	5763	5458	5101	3853	3382	2407

# Left Main Disease



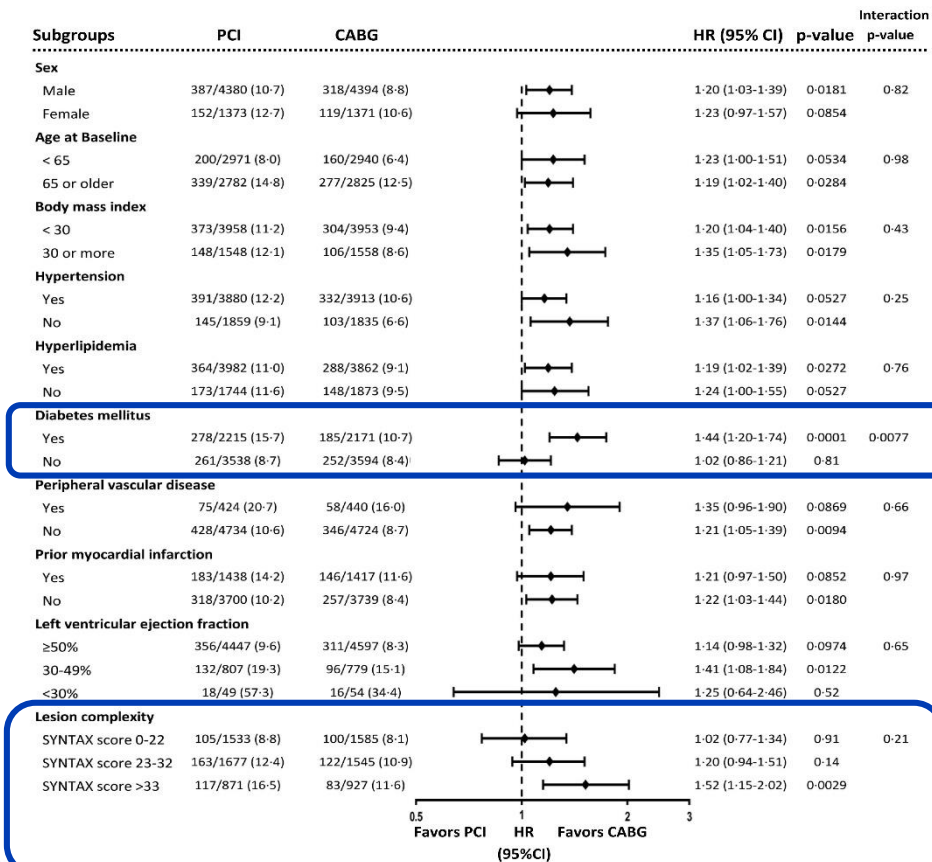
	Number at risk					
	Follow-up (Years)					
	0	1	2	3	4	5
CABG	2245	2086	1903	932	804	406
PCI	2233	2120	1946	978	849	478

# Multi-vessel Disease

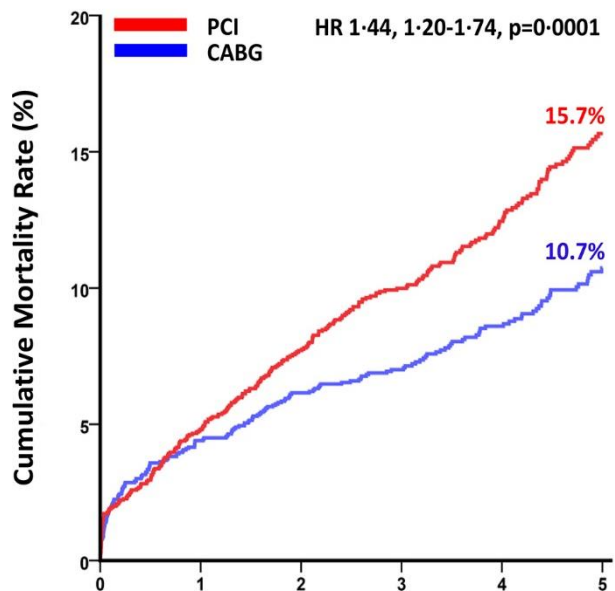


	Number at risk					
	Follow-up (Years)					
	0	1	2	3	4	5
CABG	3520	3274	3091	2829	2495	1856
PCI	3520	3338	3155	2875	2533	1928

# Subgroup analysis

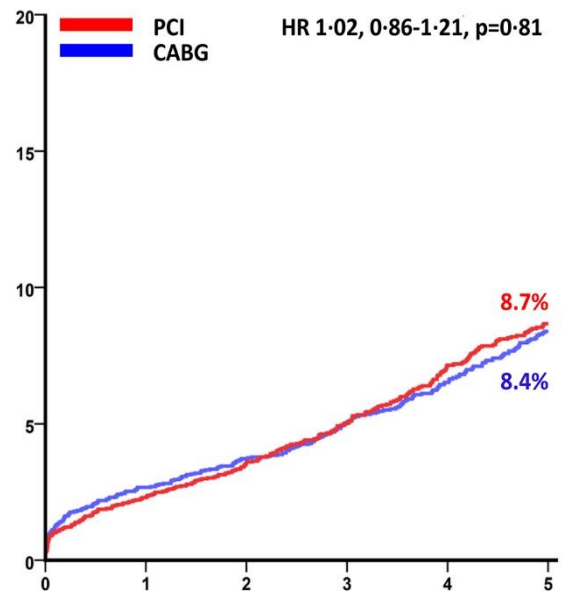


# Diabetes



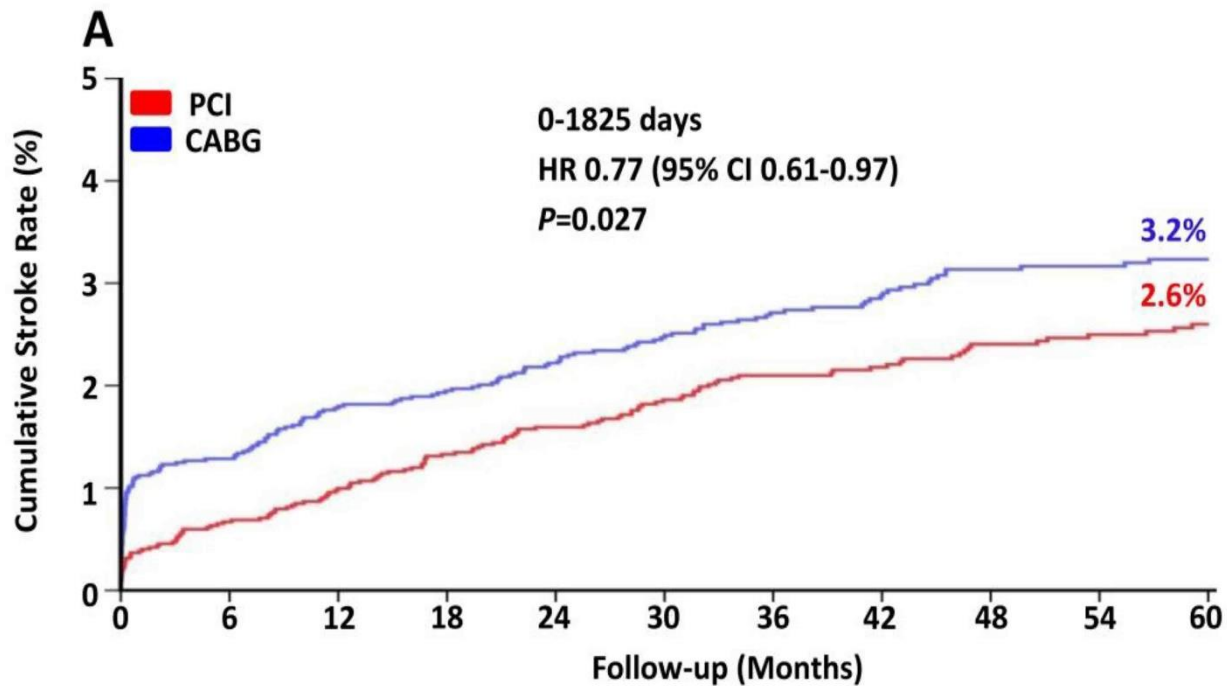
Number at risk	Follow-up (Years)					
	0	1	2	3	4	5
CABG	2171	1958	1786	1325	1044	629
PCI	2215	2041	1856	1376	1086	681

# Non-Diabetes



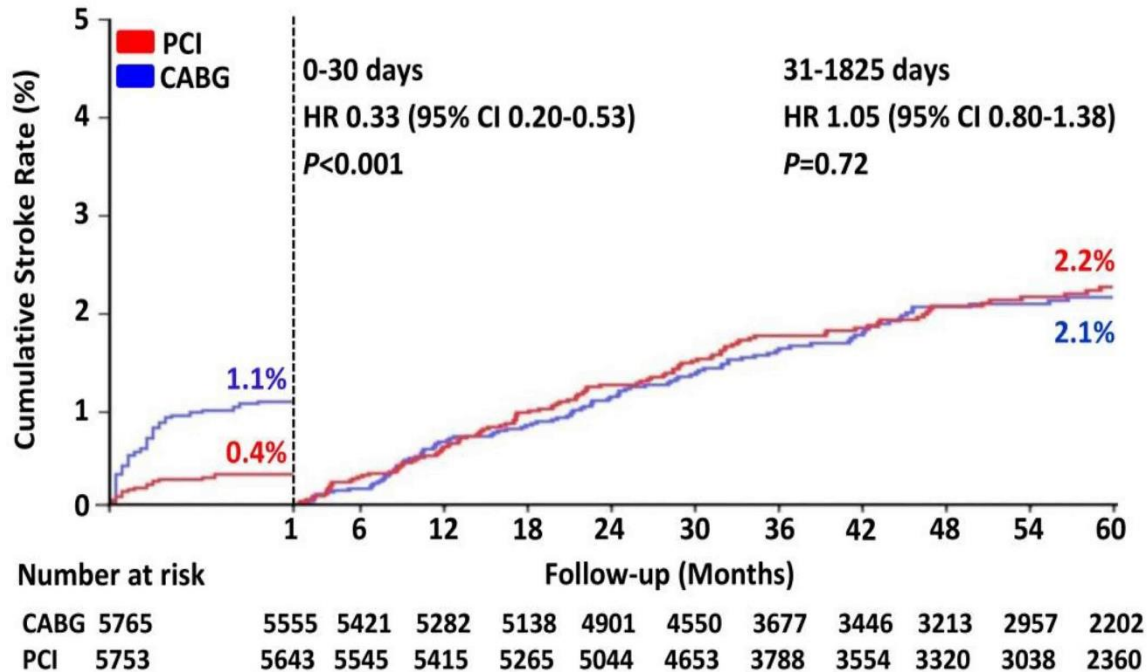
Number at risk	Follow-up (Years)					
	0	1	2	3	4	5
CABG	3594	3402	3208	2436	2255	1633
PCI	3538	3417	3245	2477	2296	1724

# Stroke after CABG and PCI

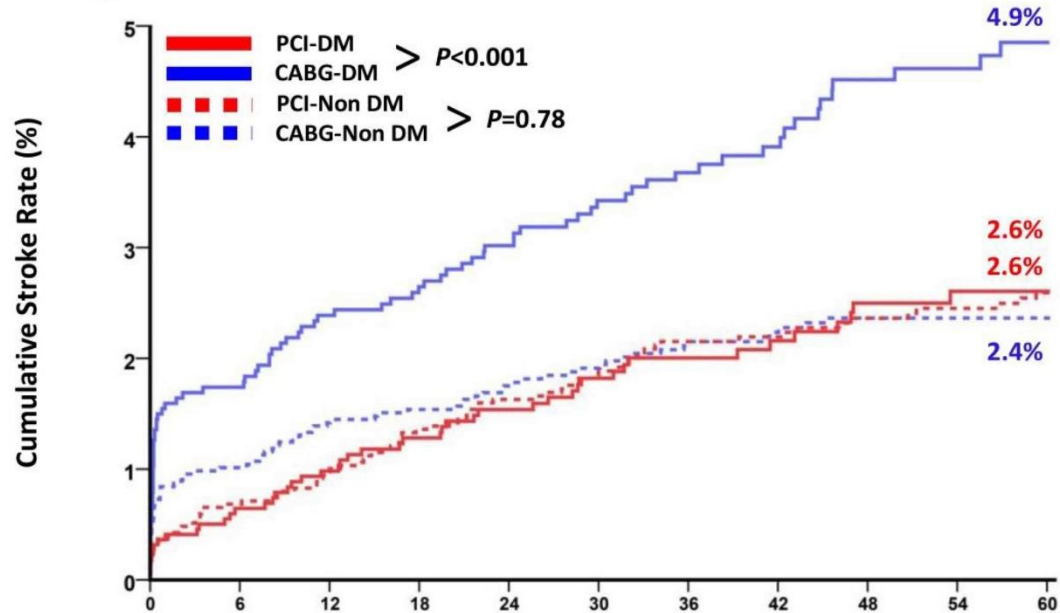


# Stroke after CABG or PCI

## Landmark analysis



# Stroke CABG and PCI Diabetes versus non-Diabetes



Number at risk	Follow-up (Months)										
	0	6	12	18	24	30	36	42	48	54	60
CABG (DM)	2171	1986	1921	1862	1744	1579	1287	1141	1007	846	604
PCI (DM)	2215	2097	2025	1955	1842	1647	1354	1209	1068	890	671
CABG (Non-DM)	3594	3435	3361	3276	3157	2971	2390	2305	2206	2111	1599
PCI (Non-DM)	3536	3448	3390	3310	3202	3006	2434	2345	2252	2148	1690



## Conclusions pooled analysis of 11,518 patients from 11 randomized trials

- Largest analysis of patients randomly assigned to PCI with stents or CABG
- Mortality significantly lower with CABG in patients with multivessel disease and diabetes, and high coronary lesion complexity
- Patients with left main disease and lower coronary lesion complexity have comparable survival with PCI and CABG
- Stroke risk is higher in patients with diabetes undergoing CABG