Revascularization in Multivessel Disease:

Mediate a Dispute: Summary

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Patient History

- 76 year old male with 10 year history of DM. Extensive smoking history quit 16 years ago, HTN, PVD and OSA.
- 1999: angina, BMS to RCA.
- 10/12: CP on exertion. Nuclear Stress: moderate inferiorapical infarct and moderate ischemia. EF 35%
- Outside hospital cath: unable to access coronary due to extensive iliac disease and tortuous aorta
- Refer for radial approach. Creatinine 1.0.


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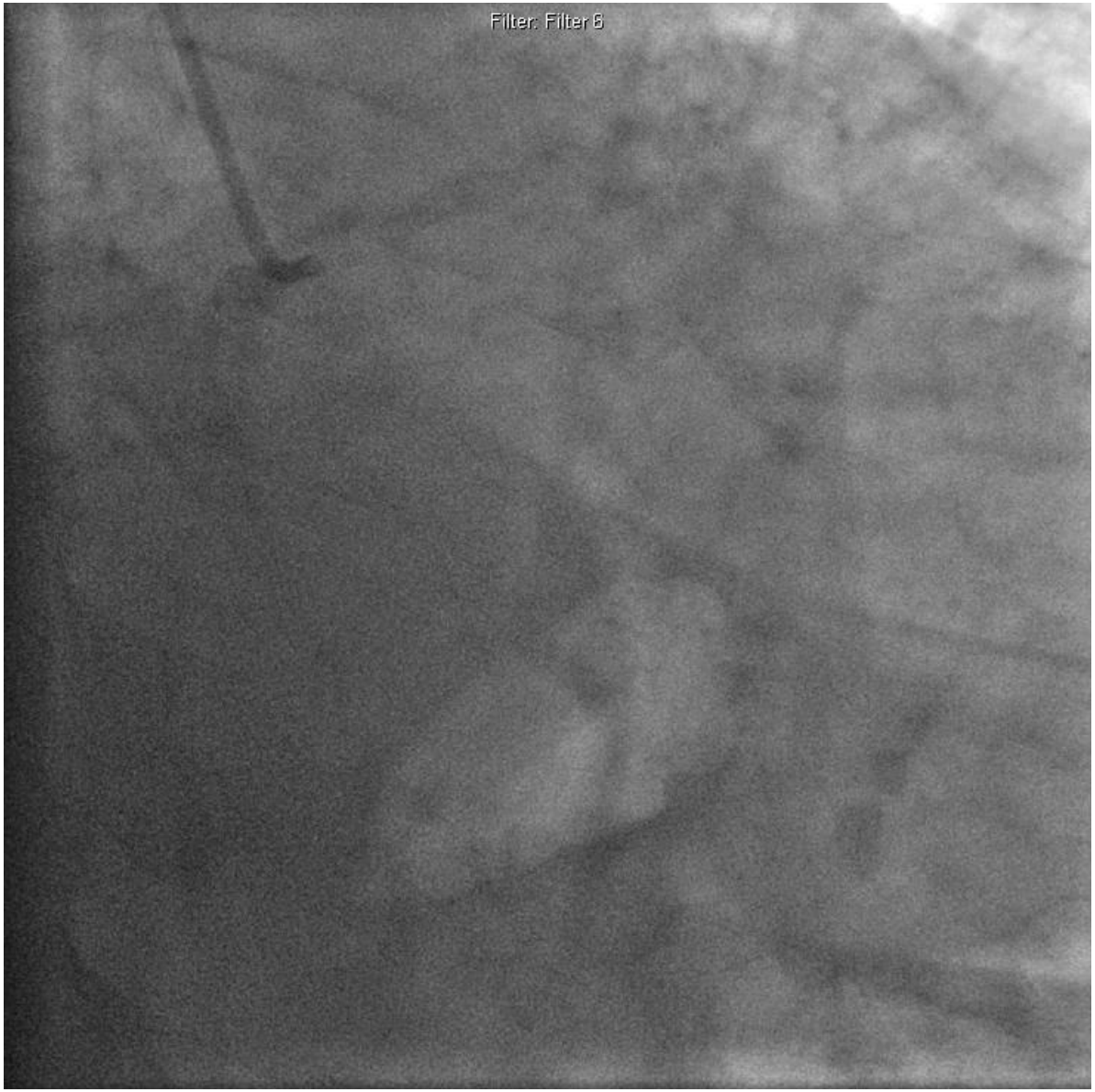
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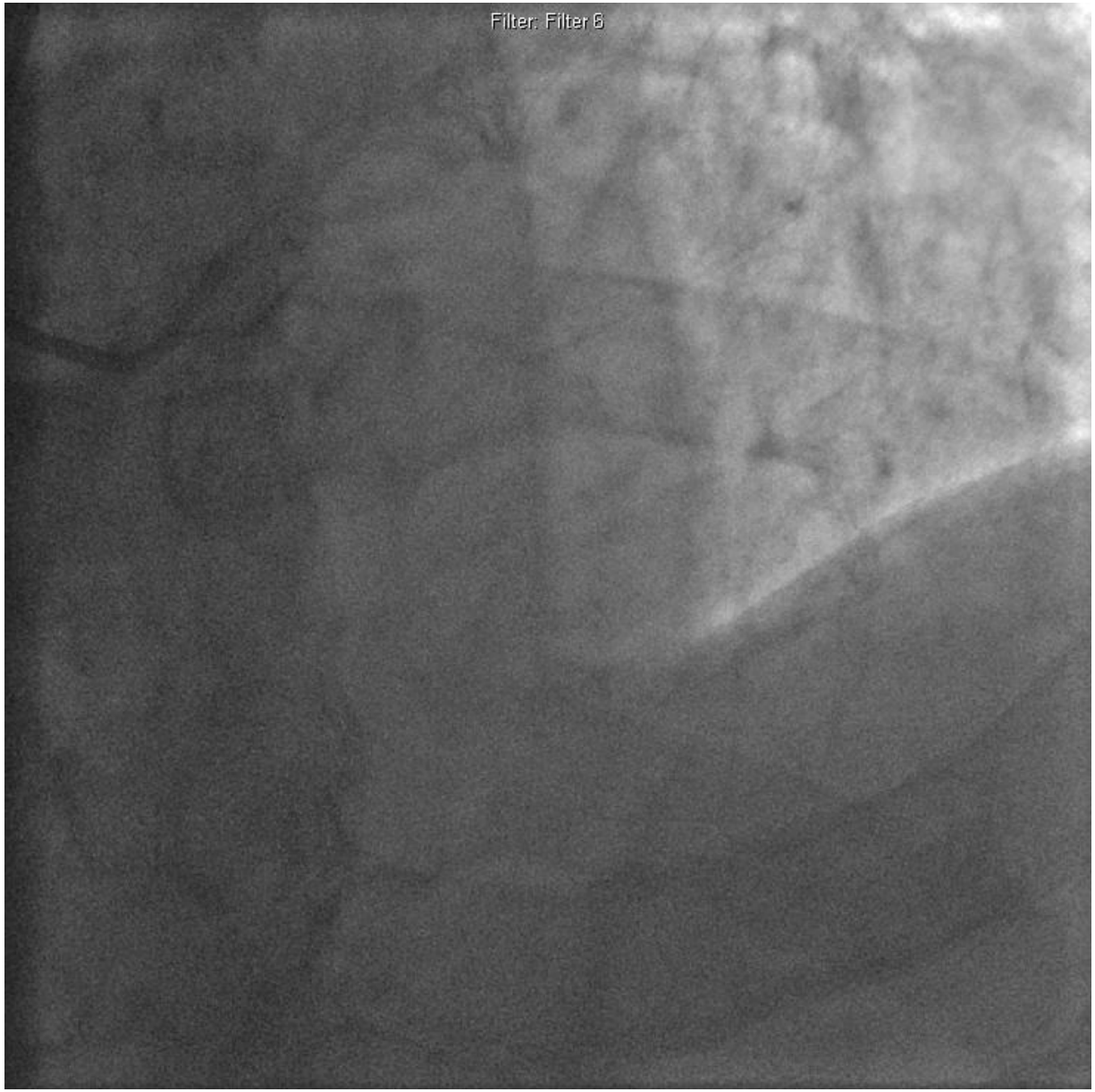
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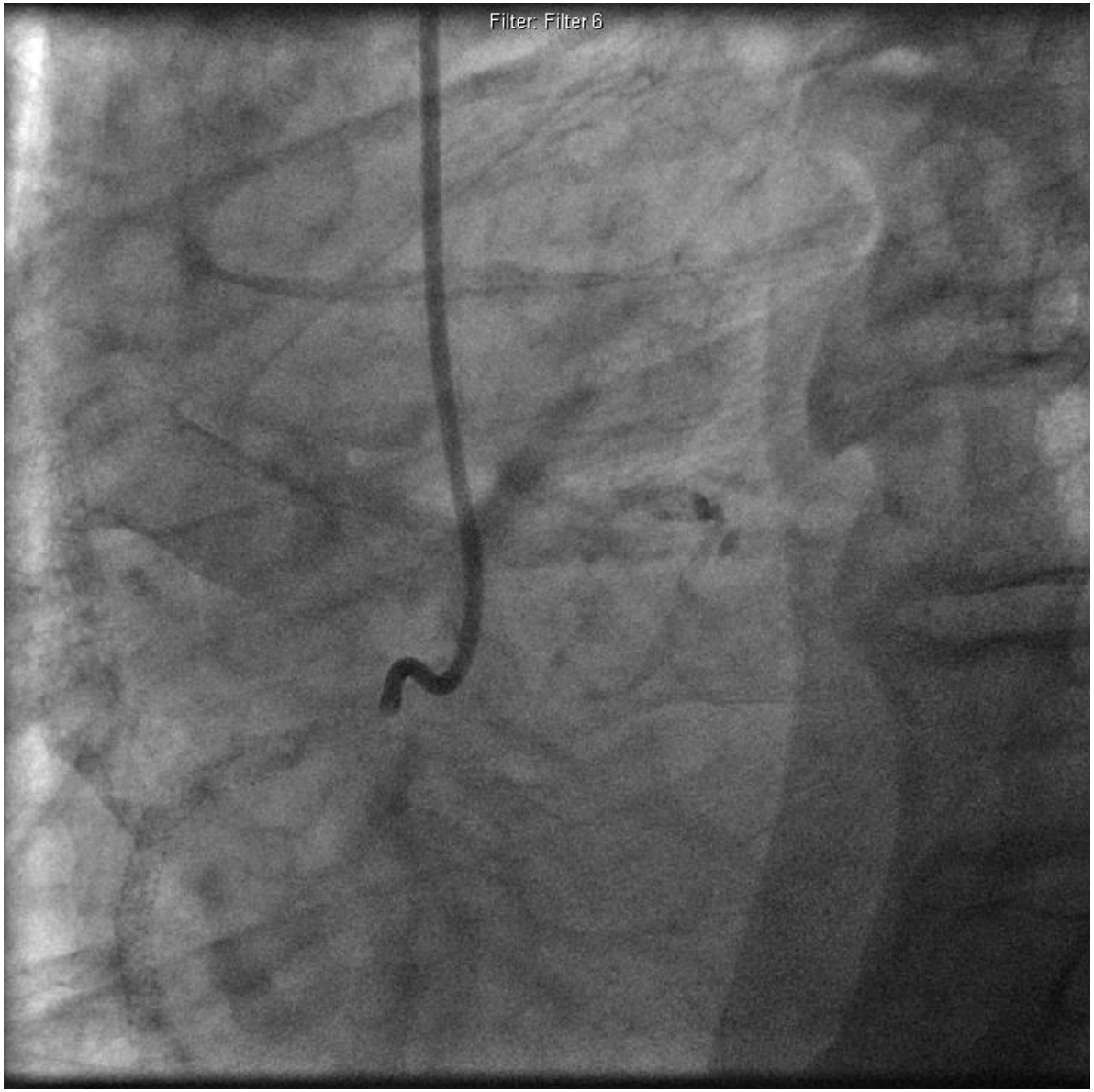
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What are the choices ?

DM, difficult RCA (99% eccentric ostial lesion), calcified LAD and may be left main. Difficult access (femoral or radial), moderately down LV function. FFR is not really an option (difficult wiring)

•Fix RCA (roto), then LAD (roto)

•Fix LAD alone

•Good distal targets, DM, no other major morbidities, creatinine 1.0

How do we choose?

- CABG is always the right answer !
- Patient can choose whatever they want based on…..?
- Data on randomized trial

FREEDOM Design (1)

Eligibility: DM patients with MV-CAD eligible for stent or surgery
Exclude: Patients with acute STEMI

Randomized 1:1

- MV-Stenting With Drug-eluting
- CABG With or Without CPB

All concomitant Meds shown to be beneficial were encouraged, including: clopidogrel, ACE inhib., ARBs, b-blockers, statins

TRIAL SCREENING & ENROLLMENT

32,966 Patients were screened for eligibility

3,309 were eligible (10%)

1,409 did not consent

1,900 consented (57%)

953 Randomized to PCI/DES*
5 underwent CABG
3 withdrew prior to procedure
3 died prior to procedure
3 underwent neither PCI/DES or CABG

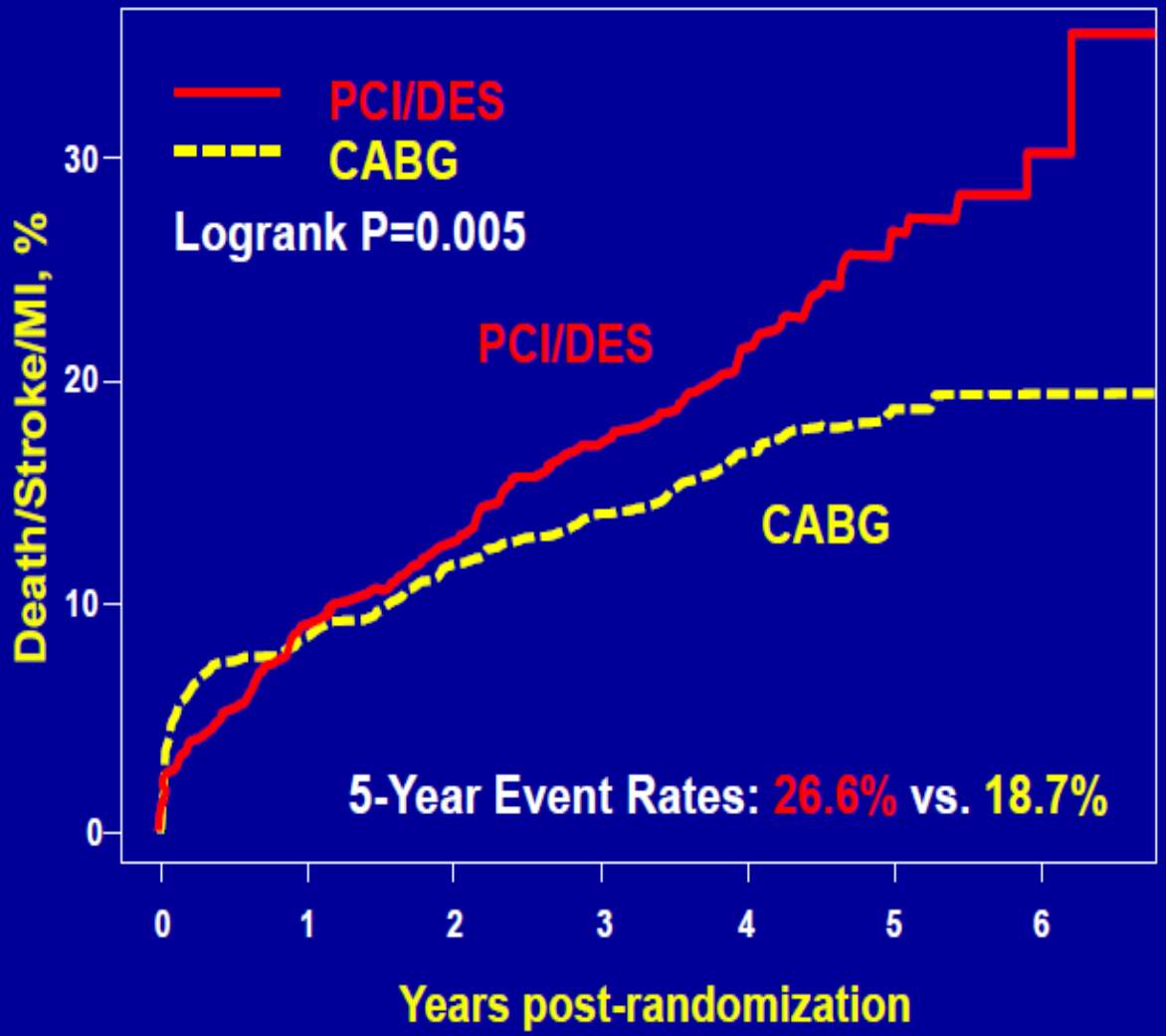
947 Randomized to CABG
18 underwent PCI/DES
26 withdrew prior to procedure
3 died prior to procedure
7 underwent neither PCI/DES or CABG

16 withdrew post-procedure
43 were lost to follow-up

36 withdrew post-procedure
51 were lost to follow-up

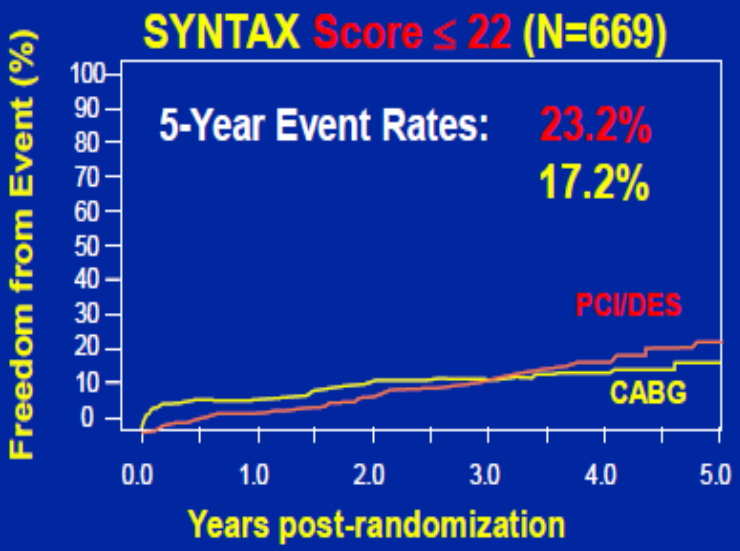
*953 and 947 included ITT analysis using all available follow-up time post-randomization

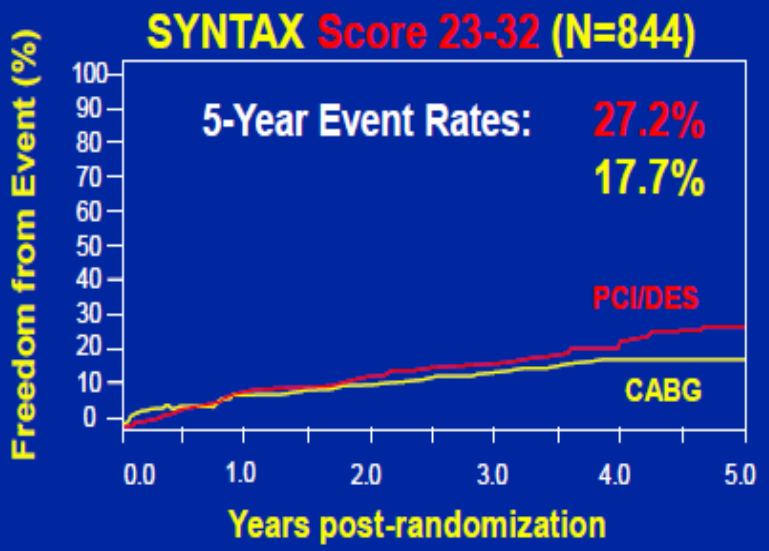
PRIMARY OUTCOME – DEATH / STROKE / MI

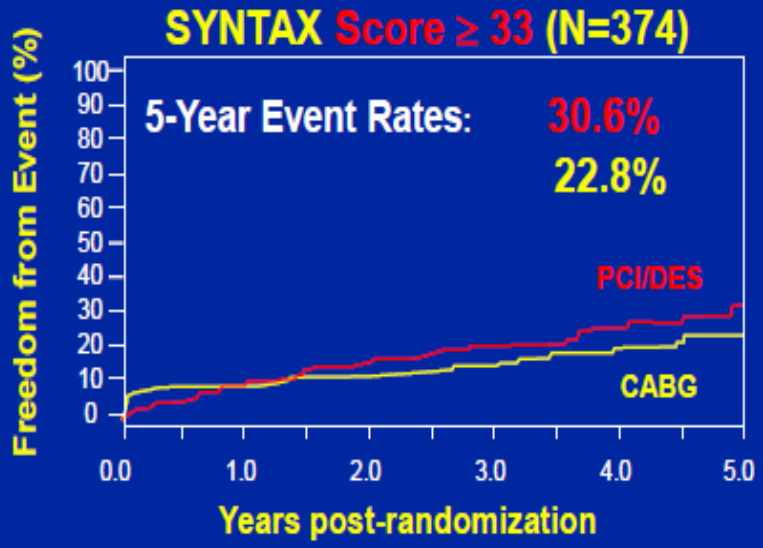


PCI/DES N953	848	788	625	416	219	40
CABG N943	814	758	613	422	221	44

PRIMARY ENDPOINT – DEATH / STROKE / MI
TREATMENT / SYNTAX INTERACTION - p=0.58







Heart Team Revascularization Scorecard

STANFORD HOSPITAL & CLINICS

Mr JP

Age: 76 **Sex:** M **Weight:** 96.2 kg **Height:** 183 cm **BMI:** 28.7

Coronary Disease: 2 or 3 vessel disease

SYNTAX Score 26-38 **Functional Syntax Score** (No FFR)

STS **CABG only** 2/17% **CABG+** **MVR/AVR** N/A

Ischemia: No. Ischemic Segments (Echo) _____

% Ischemic Burden (Nuc/MRI) Moderate size inferoapical infarct with a moderate area of peri-infarct ischemia extending into the basal lateral wall and septum. Inferior and basal septal wall hypokinesis.

LVEF **Nuc or Echo or MRI:** 35%

Other **Diabetes** Y **Treatment:** Oral hypoglycemics (Type 2)

Pulmonary Dx Y **FEV_1** moderate impairment

Renal Dx N **eGFR** 73

Frailty Fully functional