

CABG vs. DES Stenting For Elderly Population: Patient-Level Pooled Analysis from SYNTAX, PRECOMBAT, and BEST Trials

Jung-Min Ahn, MD

Heart Institute, Asan Medical Center, Ulsan
University College of Medicine, Seoul, Korea

Introduction

- Elderly patients often have left main or multivessel CAD that represent a significant portion of patients requiring revascularization.
- These patients are at much greater risk of cardiovascular events after either CABG or PCI because of comorbid conditions and reduced functional capacity.

Introduction

- Little data are available to compare CABG versus PCI with DES in elderly patients with left main or multivessel CAD.
- We investigated the long-term outcomes of CABG versus PCI with DES in elderly patients with left main or multivessel CAD.

Methods

- From a merged data base of SYNTAX, PRECOMBAT, and BEST trials,
- 1,079 patients (32.9% of total cohort) with age ≥ 70 years comprised the study population.

Study Outcome

- Primary Outcome: MACCE
 - Death from any cause
 - MI
 - Stroke
 - Any repeat revascularization
- Previously reported definitions from each study were used for individual clinical outcomes

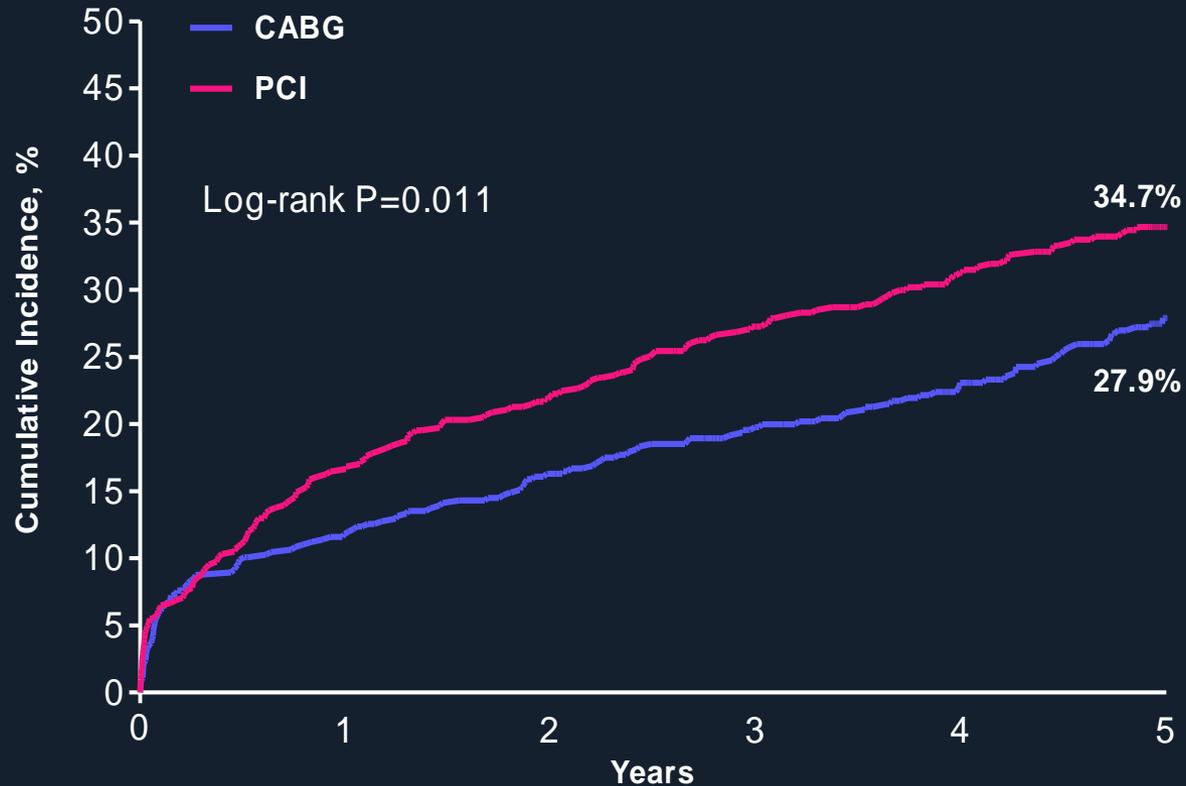
Baseline Characteristics

	CABG (N=550)	PCI (N=529)
Age (years)	74.7±3.7	74.8±3.7
Male sex	367 (66.7)	343 (64.8)
Body mass index	26.0±4.0	25.7±3.9
Current smoker	54 (9.9)	50 (9.5)
Diabetes		
Any	187 (34.0)	155 (29.3)
Requiring insulin	44 (8.0)	32 (6.0)
Hypercholesterolemia	326 (59.4)	310 (58.8)
Hypertension	370 (67.3)	381 (72.0)
Clinical presentation		
Stable angina	315 (57.3)	328 (62.0)
ACS	235 (42.7)	201 (38.0)

Baseline Characteristics

	CABG (N=550)	PCI (N=529)
Previous myocardial infarction	119 (21.8)	109 (20.8)
Previous stroke	32 (6.8)	24 (5.2)
Peripheral artery disease	52 (9.5)	46 (8.7)
CKD (Cr <200 µmol/L)	12 (2.2)	7 (1.3)
Left ventricular dysfunction	26 (5.9)	19 (4.9)
Diseased vessels		
Proximal LAD disease	348 (64.0)	314 (59.6)
Left main disease	212 (38.6)	199 (37.6)
Multivessel disease	338 (61.4)	330 (62.4)
SYNTAX score	29.2±10.8	28.1±10.8
EuroSCORE	5.5±2.1	5.4±2.0

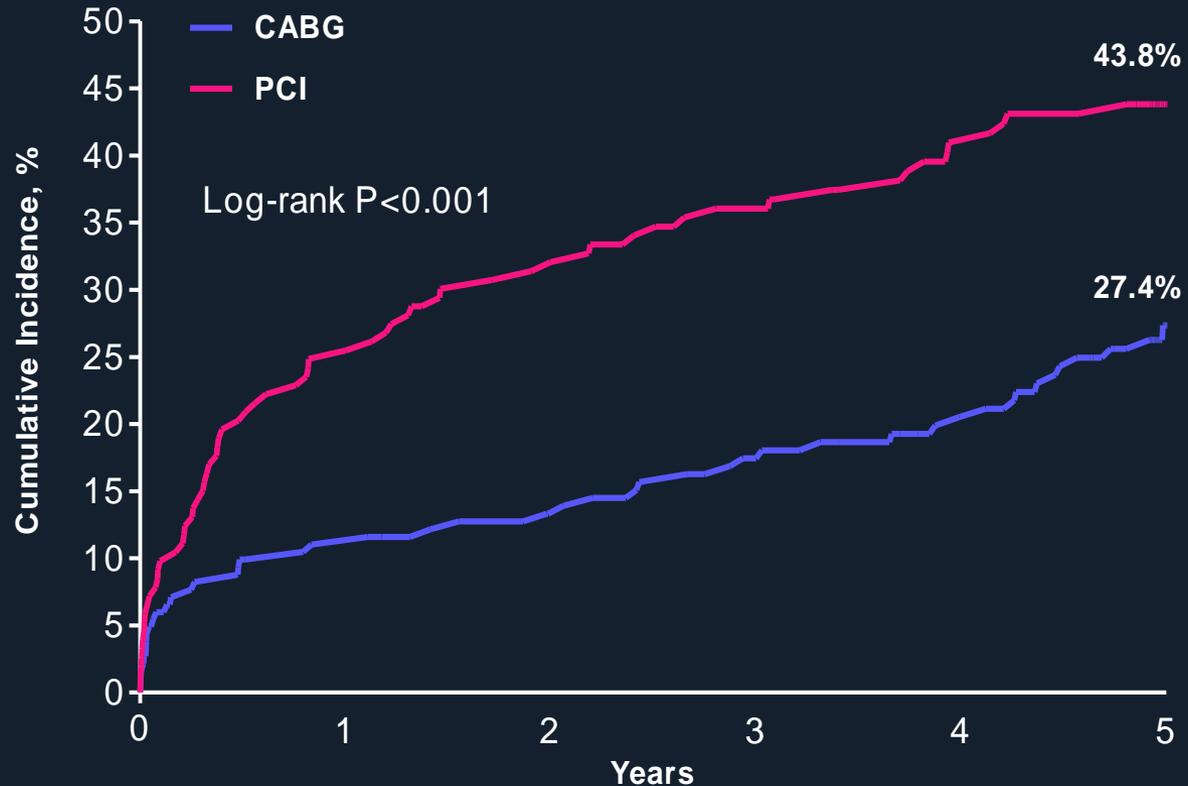
Primary Outcome Death, MI, Stroke, RR



Patient at risk

CABG	550	460	419	381	341	152
PCI	529	436	397	358	314	160

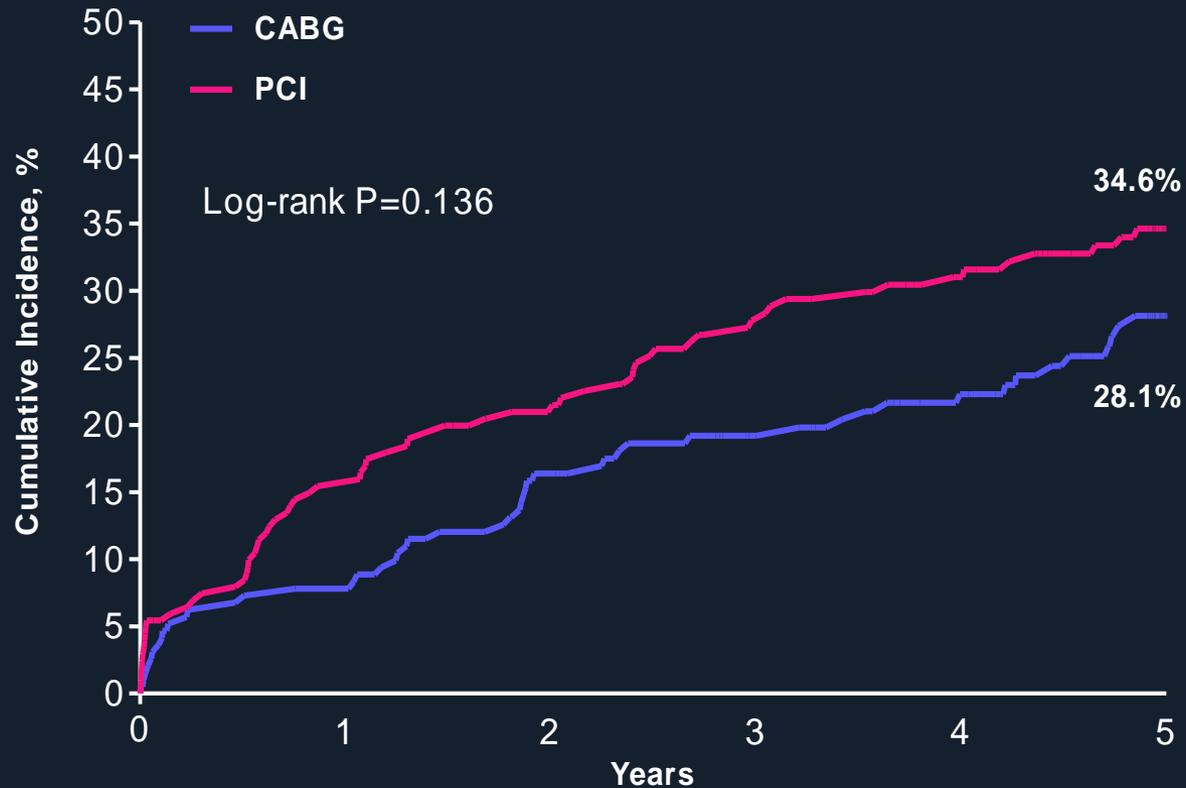
Primary Outcome: High SYNTAX



Patient at risk

CABG	185	159	149	140	128	61
PCI	156	116	105	96	84	44

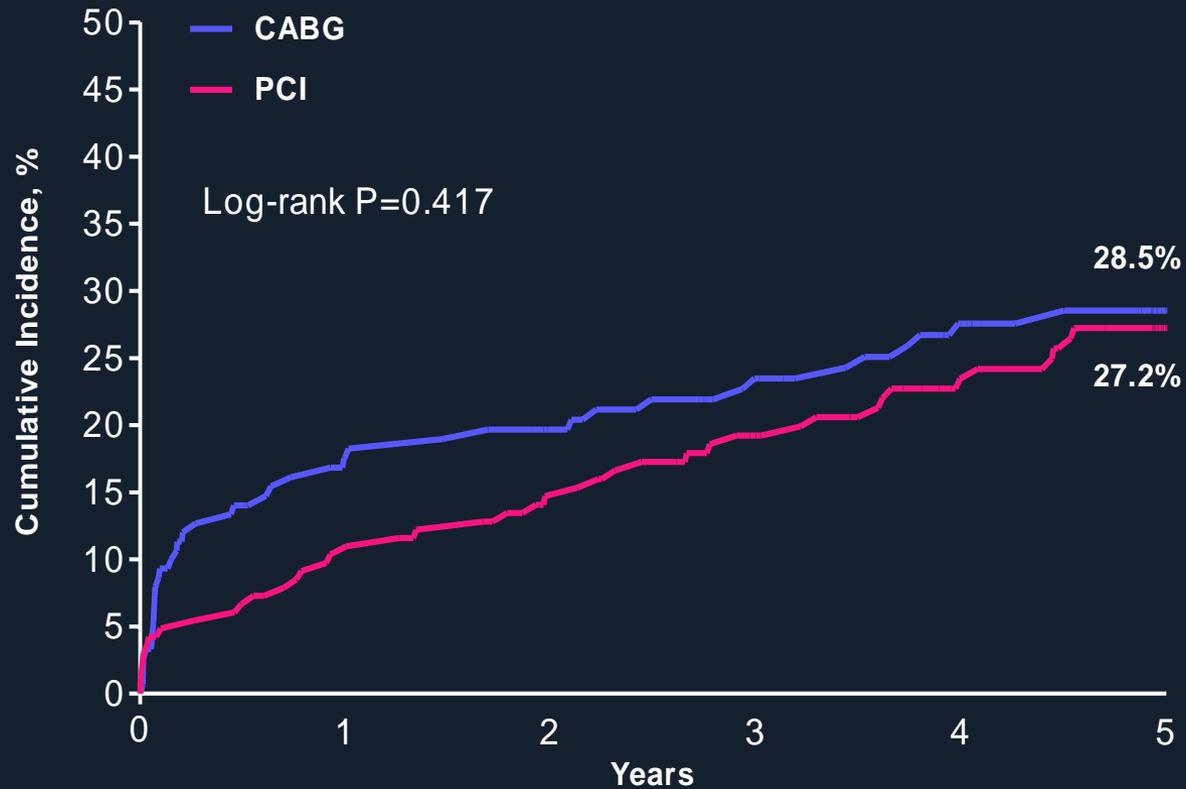
Primary Outcome: Intermediate SYNTAX



Patient at risk

CABG	197	177	154	137	122	45
PCI	203	170	155	137	123	61

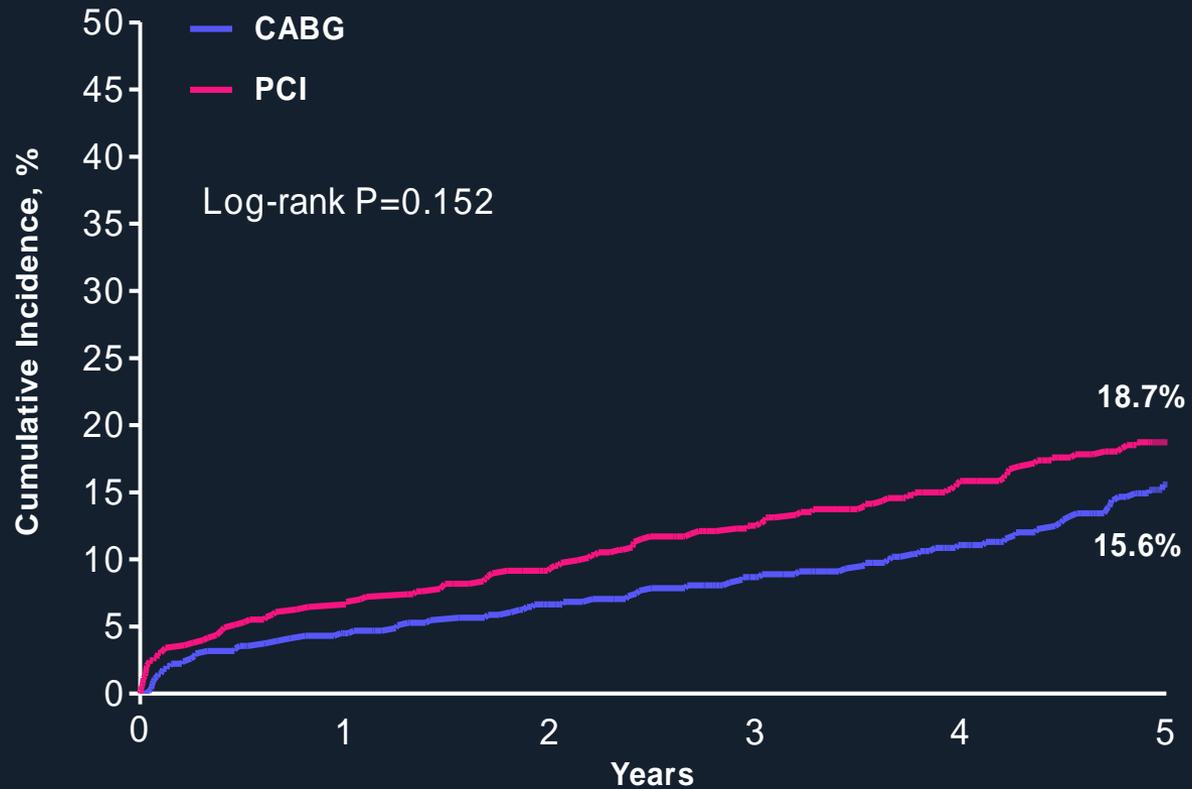
Primary Outcome: Low SYNTAX



Patient at risk

	0	1	2	3	4	5
CABG	153	117	110	99	86	52
PCI	165	147	135	123	104	58

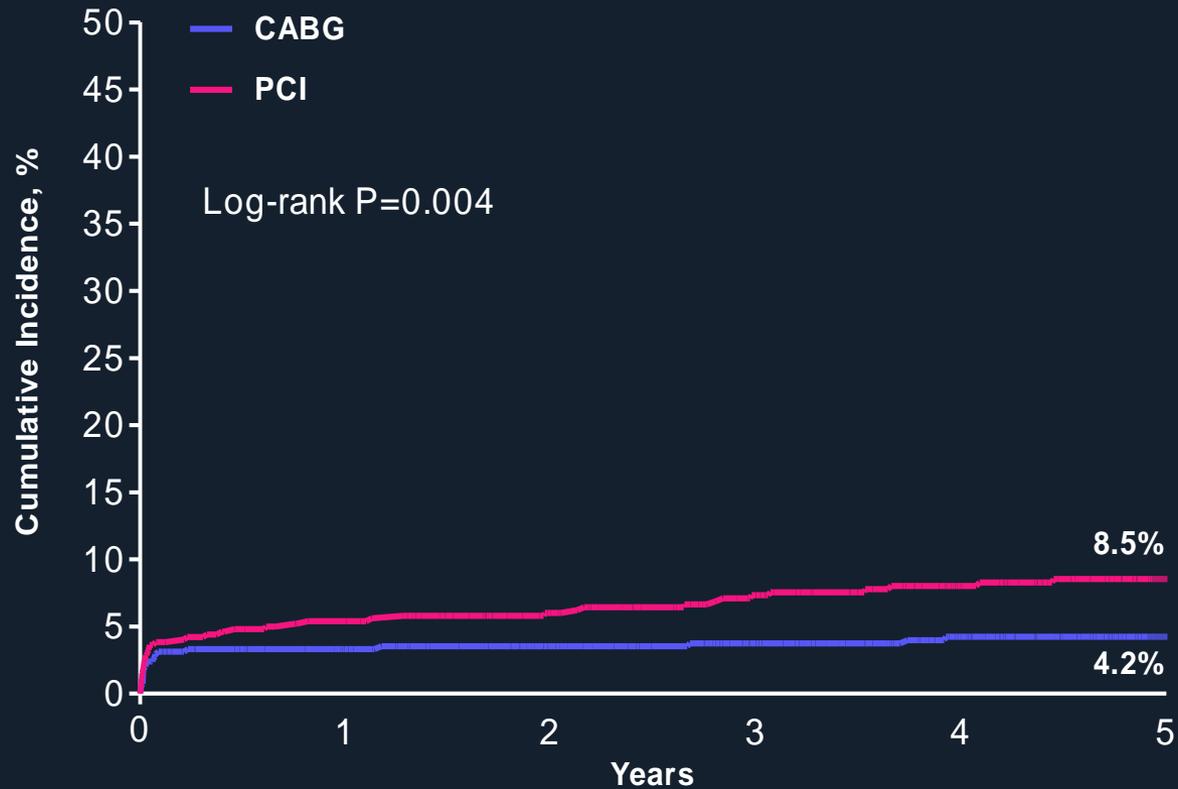
Death From Any Cause



Patient at risk

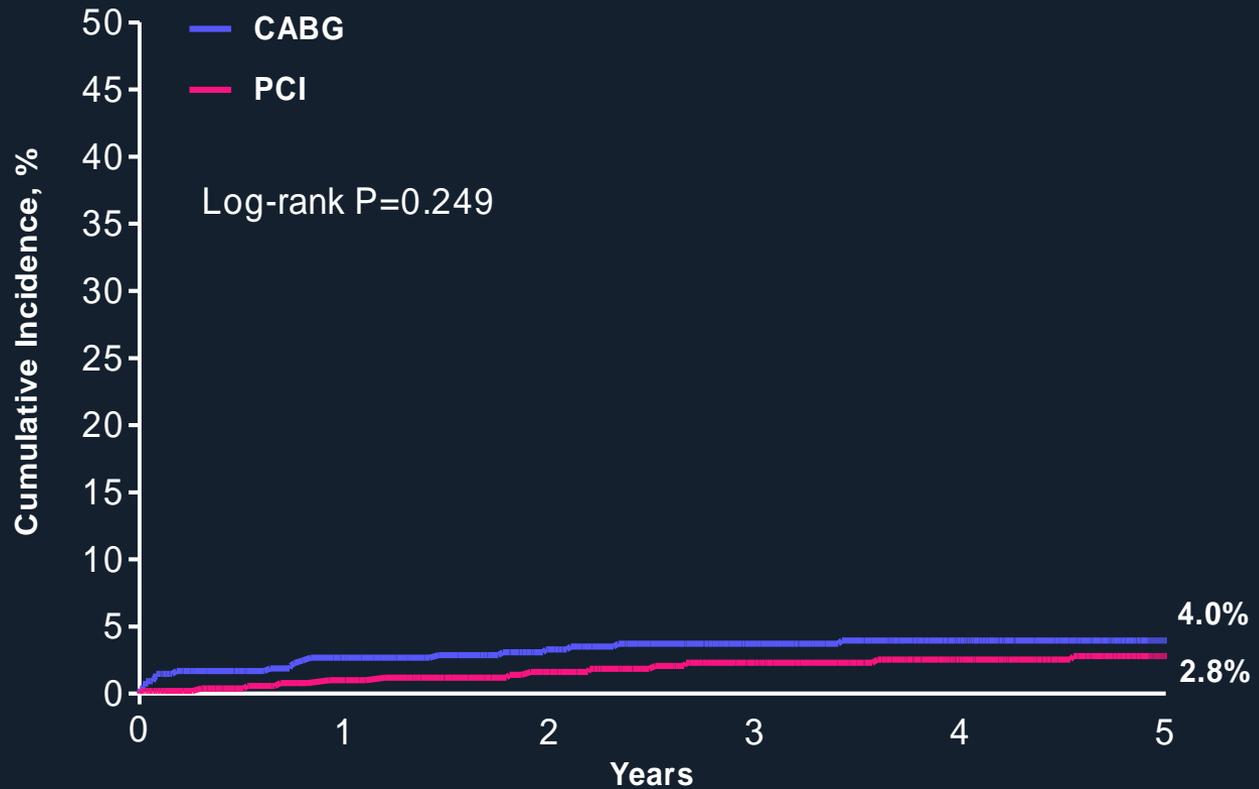
CABG	550	499	469	438	398	185
PCI	529	491	466	434	392	213

Myocardial Infarction



Patient at risk	0	1	2	3	4	5
CABG	550	487	456	424	385	175
PCI	529	476	448	413	370	197

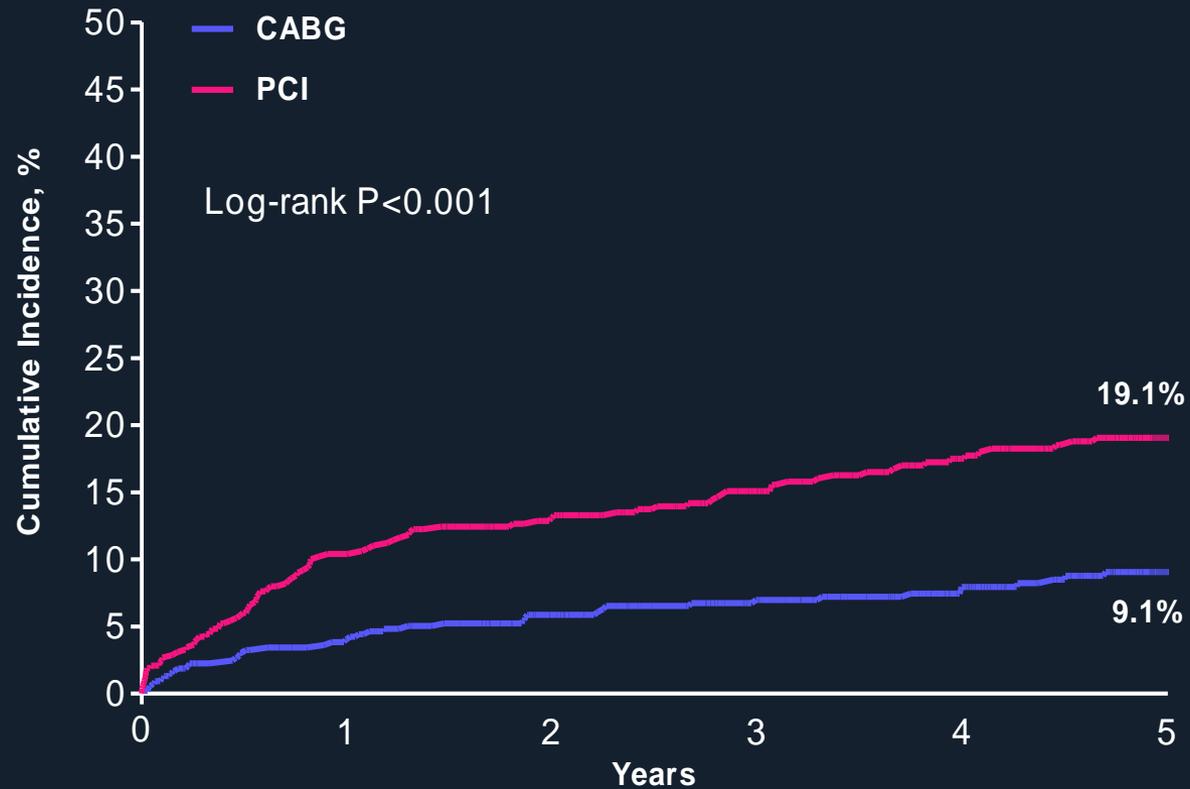
Stroke



Patient at risk

CABG	550	486	454	421	382	178
PCI	529	486	459	426	384	208

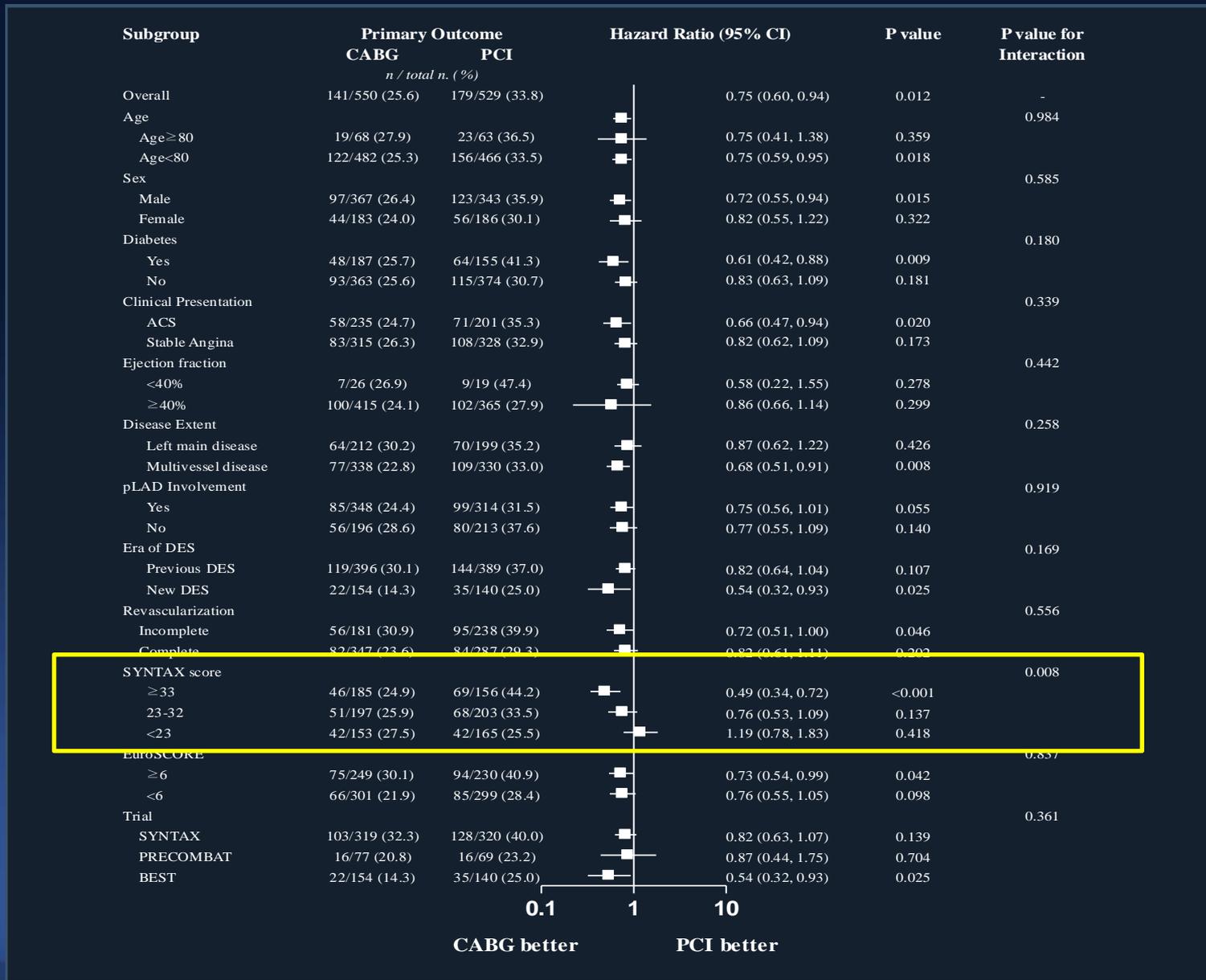
Repeat Revascularization



Patient at risk

CABG	550	482	443	407	366	168
PCI	529	447	409	370	326	172

Subgroup Analysis



Clinical Outcomes

	CABG (N=550)	PCI (N=529)	Hazard ratio (95%CI)	p-value
	no. (%)			
Primary outcome:				
Death, MI, stroke, or RR	141 (25.6)	179 (33.8)	0.75 (0.60-0.94)	0.012
Secondary outcomes				
Death from any causes	77 (14.0)	95 (18.0)	0.80 (0.60-1.09)	0.153
Death from cardiac causes	38 (6.9)	58 (11.0)	0.65 (0.43-0.98)	0.037
MI	22 (4.0)	44 (8.3)	0.48 (0.29-0.80)	0.005
Stroke	21 (3.8)	14 (2.6)	1.49 (0.76-2.92)	0.252
Repeat revascularization	43 (7.8)	91 (17.2)	0.44 (0.31-0.64)	<0.001
Death or MI	92 (16.7)	120 (22.7)	0.75 (0.57-0.98)	0.036

Predictors of Primary Outcome

Variables	HR	95% CI	p-value
CABG (versus PCI)	0.60	0.47-0.76	<0.001
Peripheral artery disease	1.79	1.29-2.48	<0.001
Complete revascularization	0.72	0.58-0.91	0.006
SYNTAX score	1.01	1.00-1.02	0.015
EuroScore	1.07	1.01-1.13	0.022
Discharge medications			
Antiplatelet therapy	0.23	0.15-0.36	<0.001
Statin	0.57	0.44-0.73	<0.001

Summary

- In this pooled patient-level analysis, we found that elderly patients (≥ 70 years) with left main or multivessel CAD had lower rates of MACCE in the CABG group than in the PCI group.
- This difference was largely driven by reduced rates of myocardial infarction and repeat revascularization.

Summary

- The advantage of CABG was particularly pronounced in patients with high SYNTAX scores (≥ 33), but not in those with low-to-intermediate SYNTAX scores (< 33).
- In addition, the two groups had similar rates of death from any causes and stroke.