

Beyond the Divide: Weighing the Pros and Cons of PCI and CABG in LM Disease

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CRF[®] Launches Scientific Excellence Top-10 (SET-10)

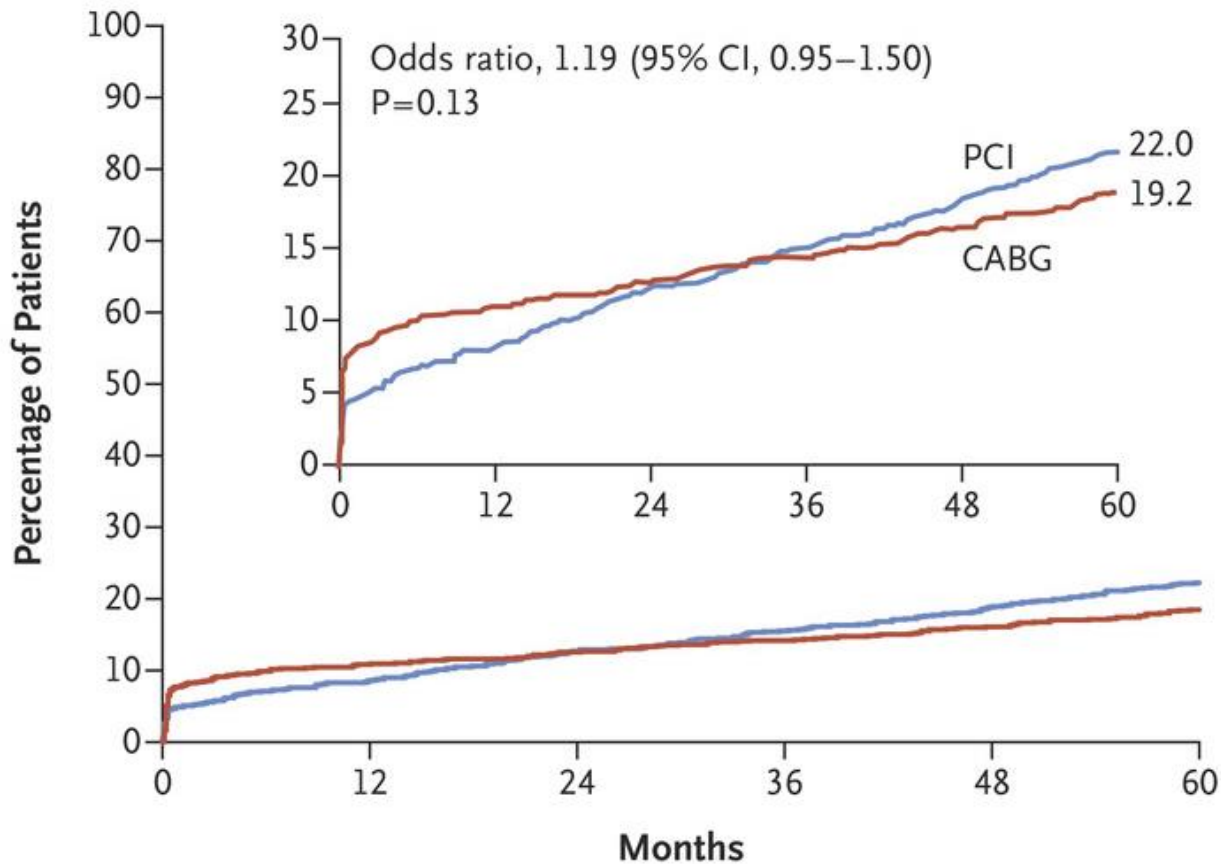
A New Annual Ranking of Global Academic and Medical Institutions Based on Academic Contribution at TCT[®] 2023

CRF[®] SET-10: Coronary Ranking

Rank	Center	City	Country
1	Thoraxcenter, Erasmus University Medical Center	Rotterdam	Netherlands
2	Samsung Medical Center	Seoul	South Korea
3	Mount Sinai Hospital, Icahn School of Medicine	New York	USA
4	Minneapolis Heart Institute	Minneapolis	USA
5	Asan Medical Center	Seoul	South Korea

<https://tct2023.crfconnect.com/set-10#global> accessed 11/22/23

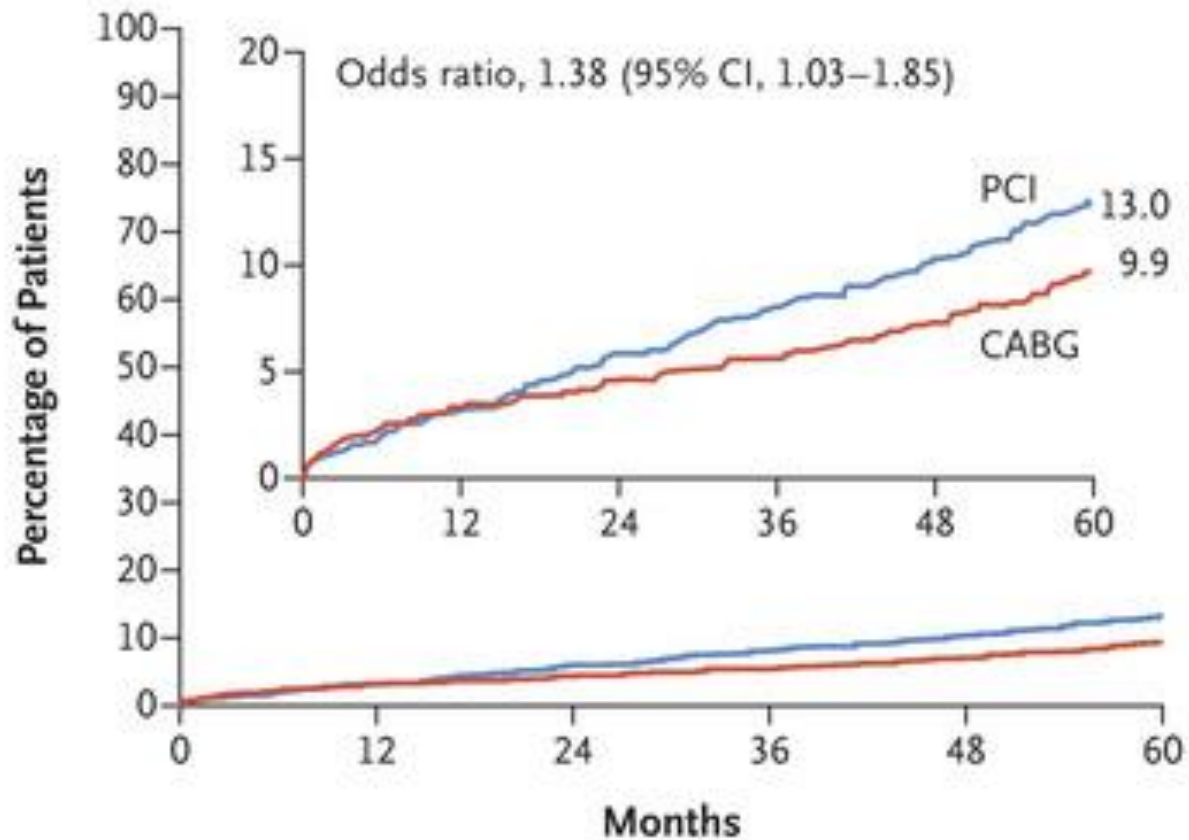
Death, Stroke or Myocardial Infarction



No. at Risk

PCI	948	854	809	778	738	486
CABG	957	818	789	763	734	532

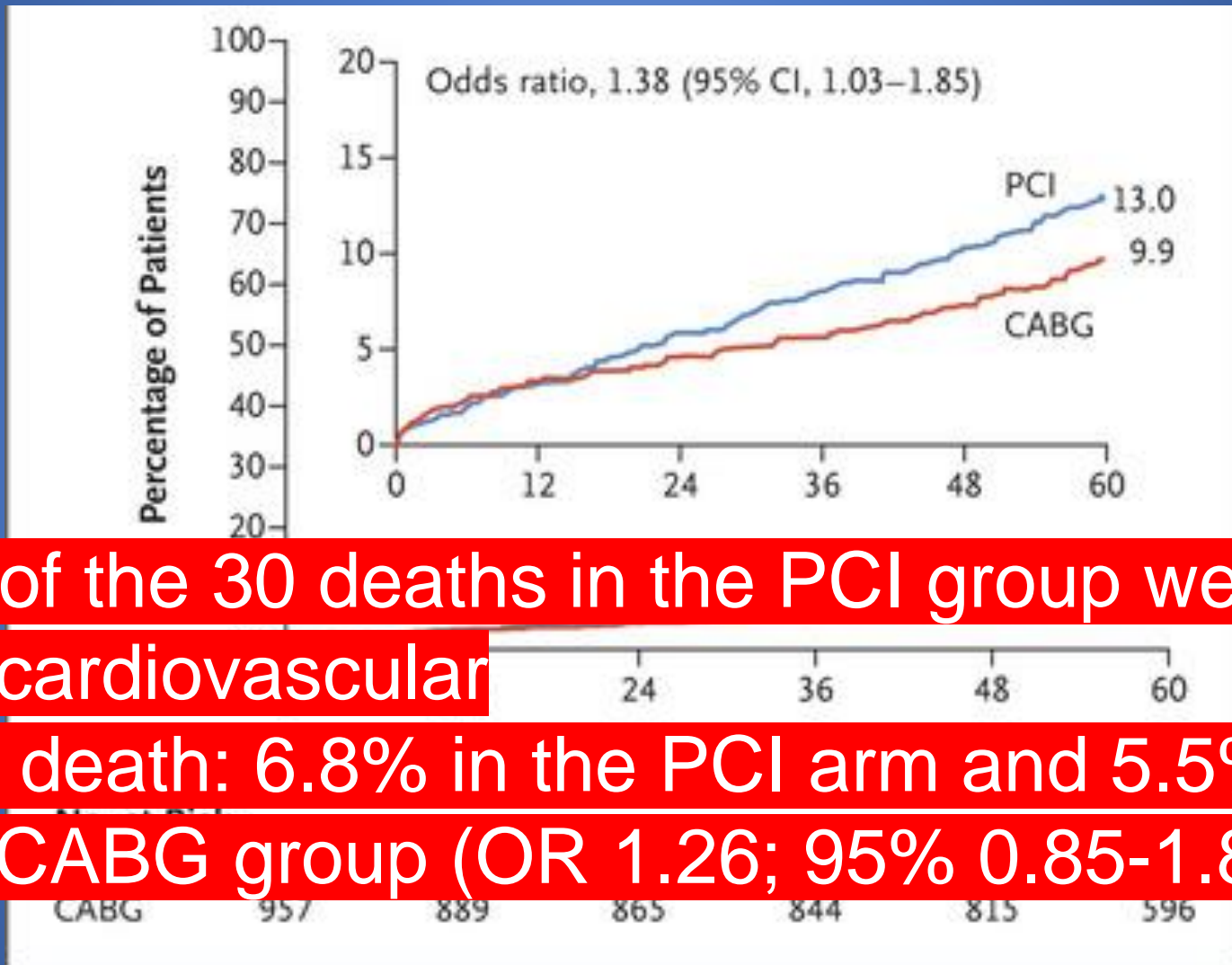
All-Cause Mortality



No. at Risk

PCI	948	902	868	841	810	545
CABG	957	889	865	844	815	596

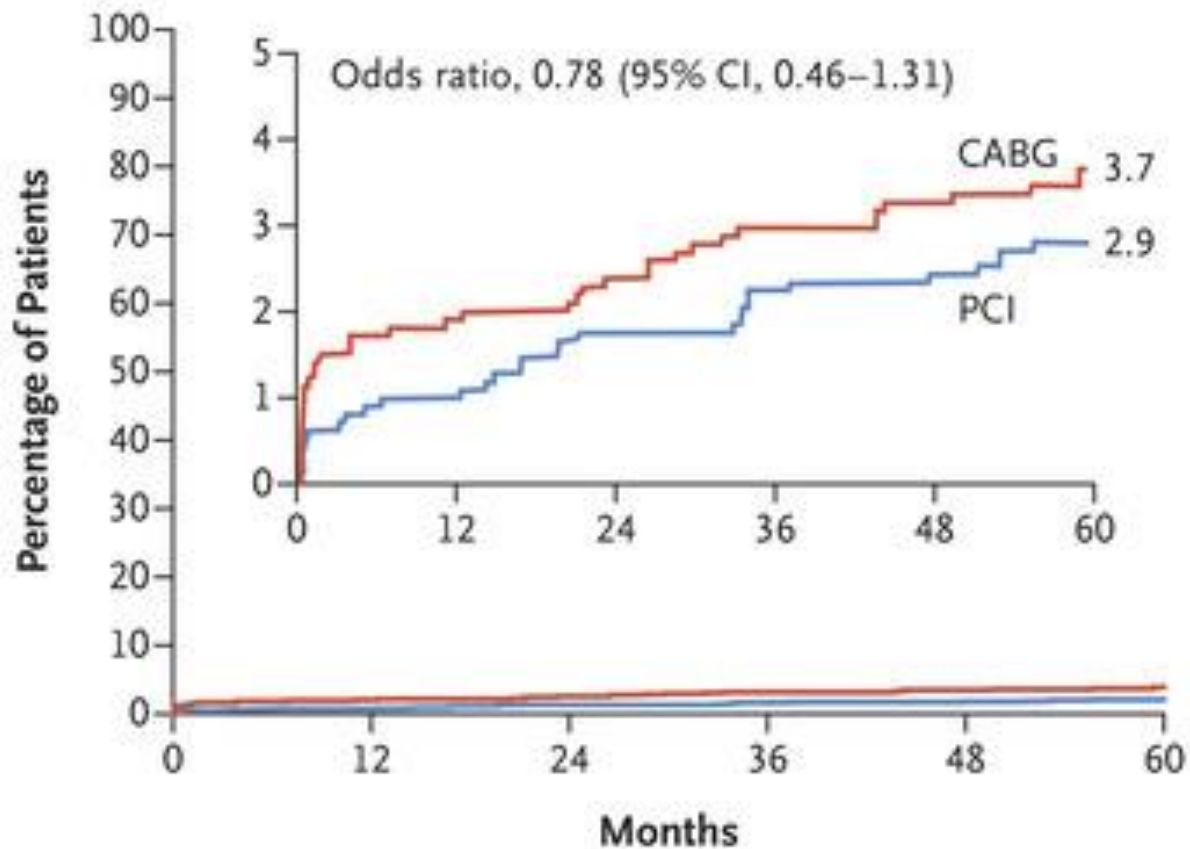
All-Cause Mortality



-18 of the 30 deaths in the PCI group were noncardiovascular

-CV death: 6.8% in the PCI arm and 5.5% in the CABG group (OR 1.26; 95% 0.85-1.85)

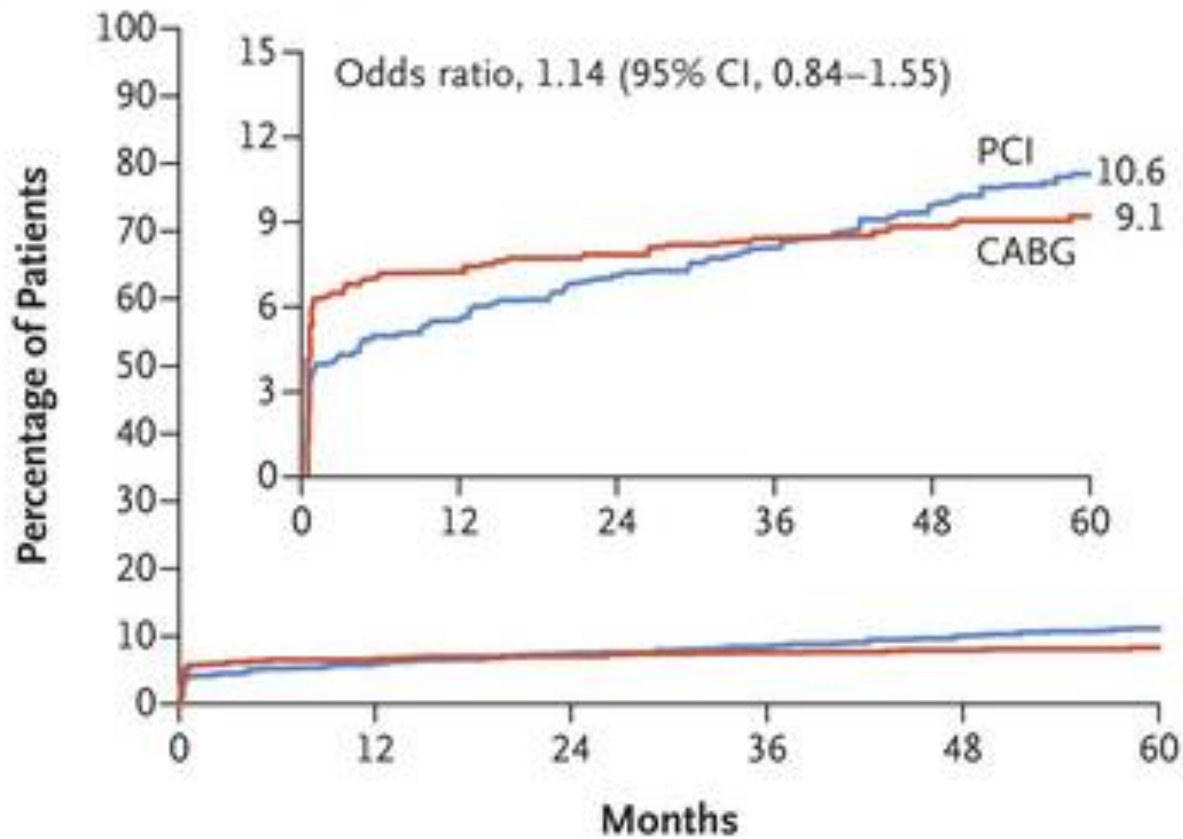
Stroke



No. at Risk

PCI	948	896	858	831	799	534
CABG	957	879	851	828	799	583

Myocardial Infarction

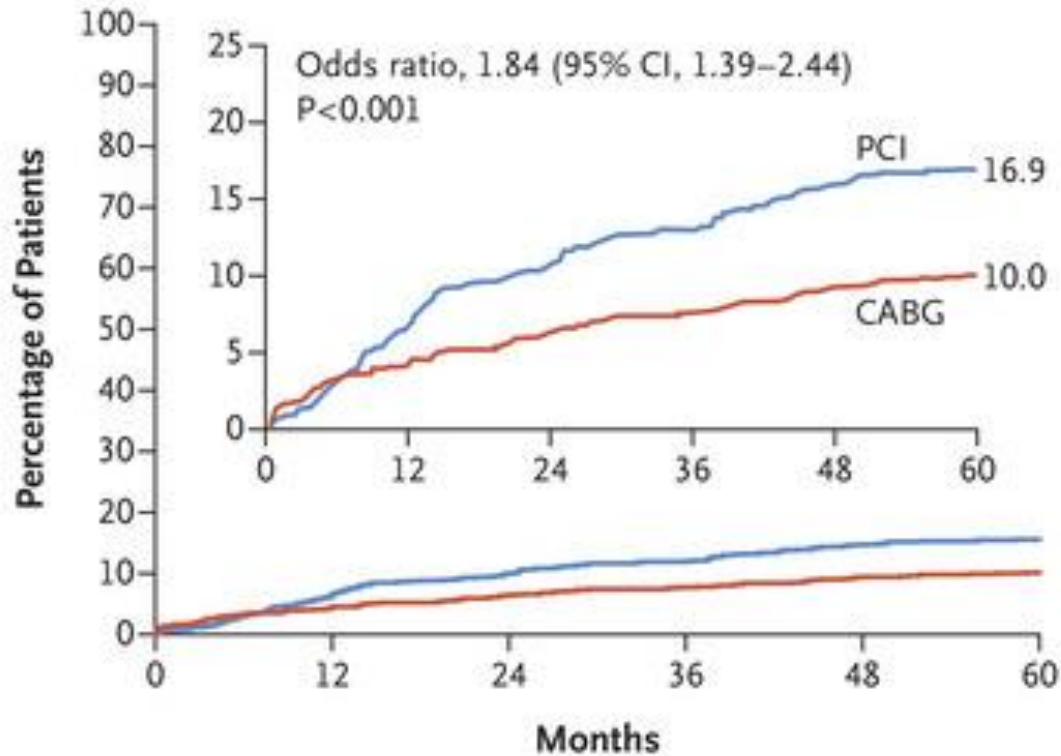


No. at Risk

PCI	948	860	819	788	750	496
CABG	957	827	801	778	749	543

Ischemia-Driven Revascularization

D Ischemia-Driven Revascularization

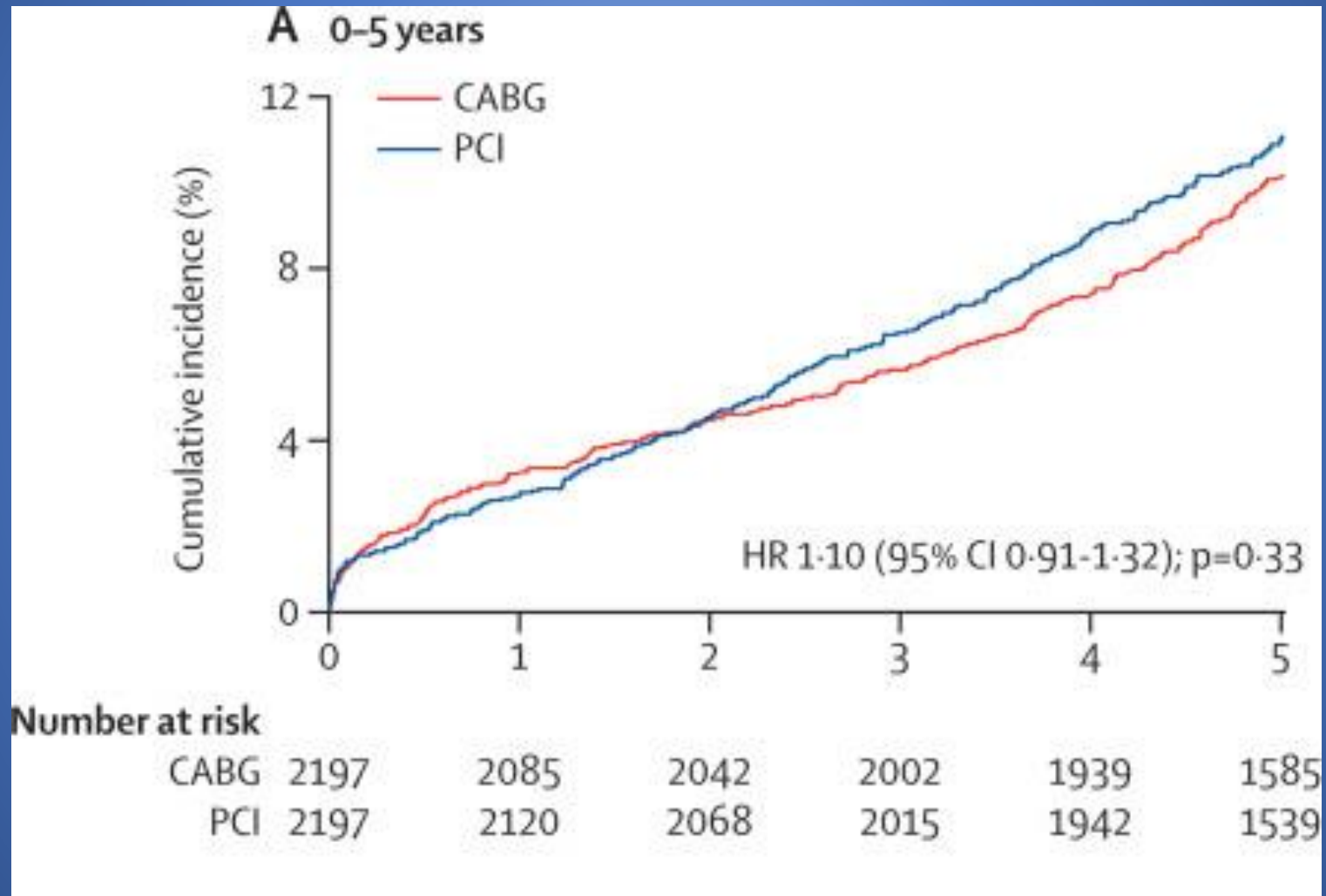


No. at Risk

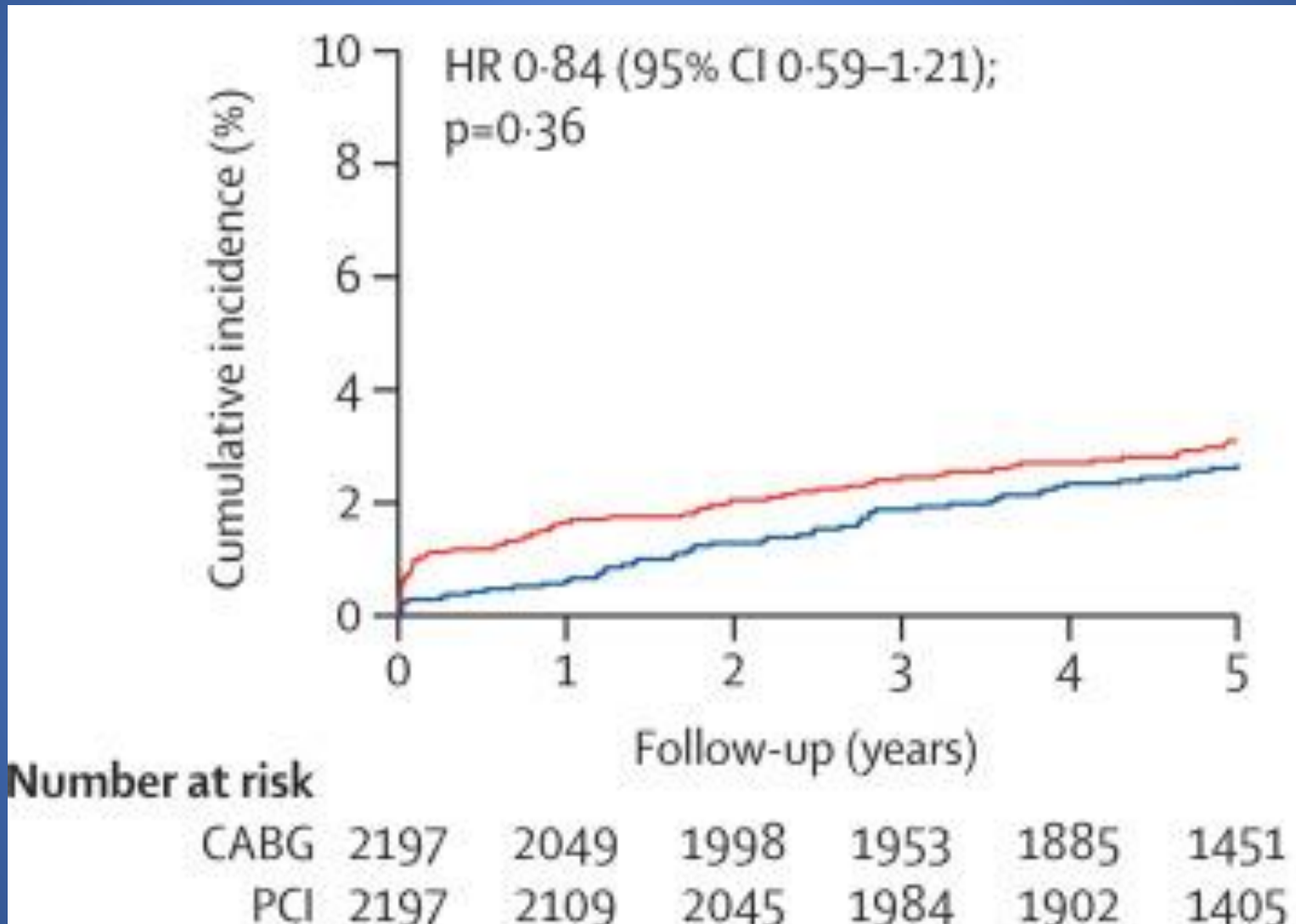
PCI	948	847	781	741	690	457
CABG	957	853	814	785	744	542

Primary Endpoint: 5-Year All-Cause Mortality

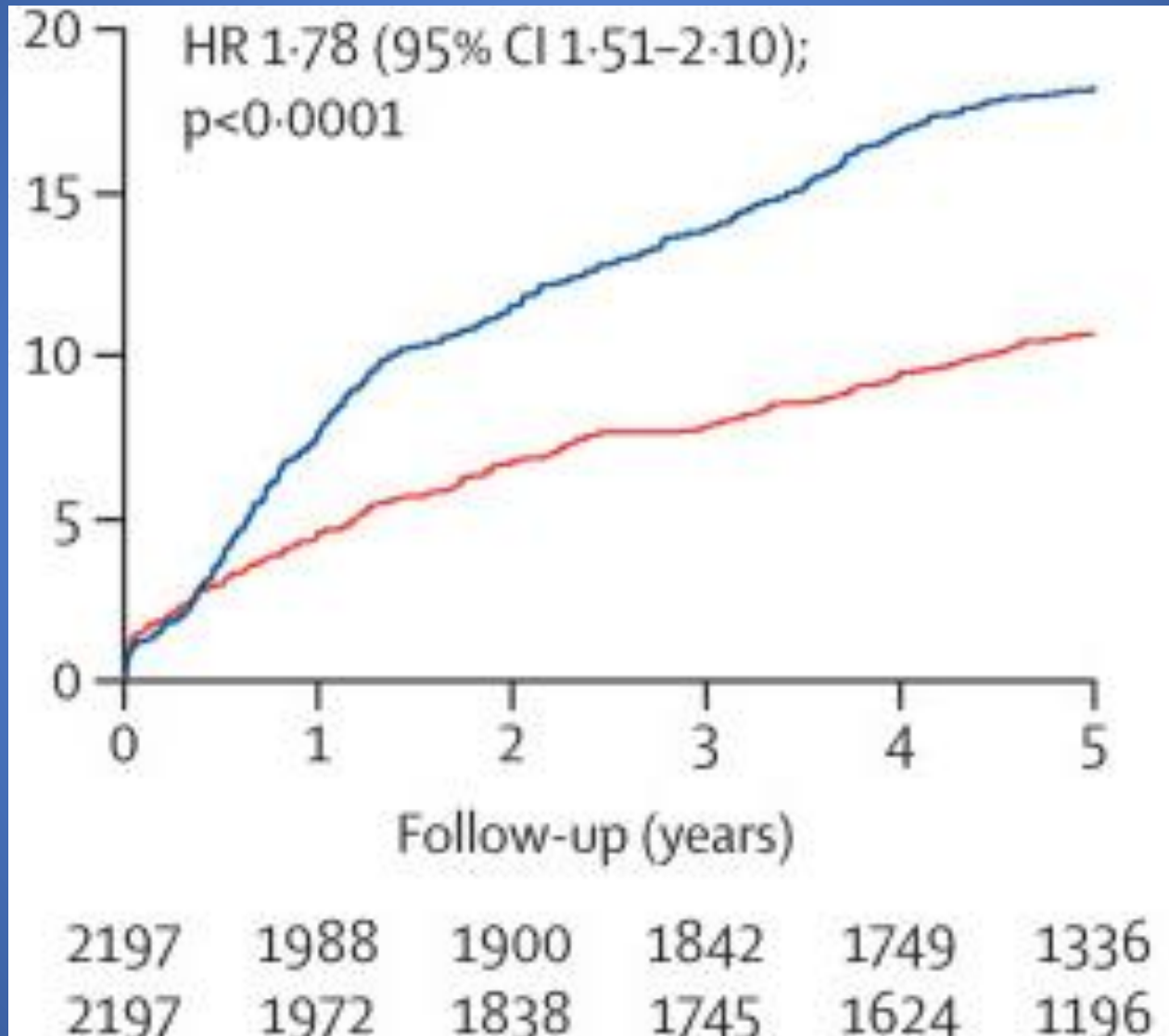
EXCEL, PRE-COMBAT, SYNTAX, NOBLE



Stroke



Repeat Revascularization

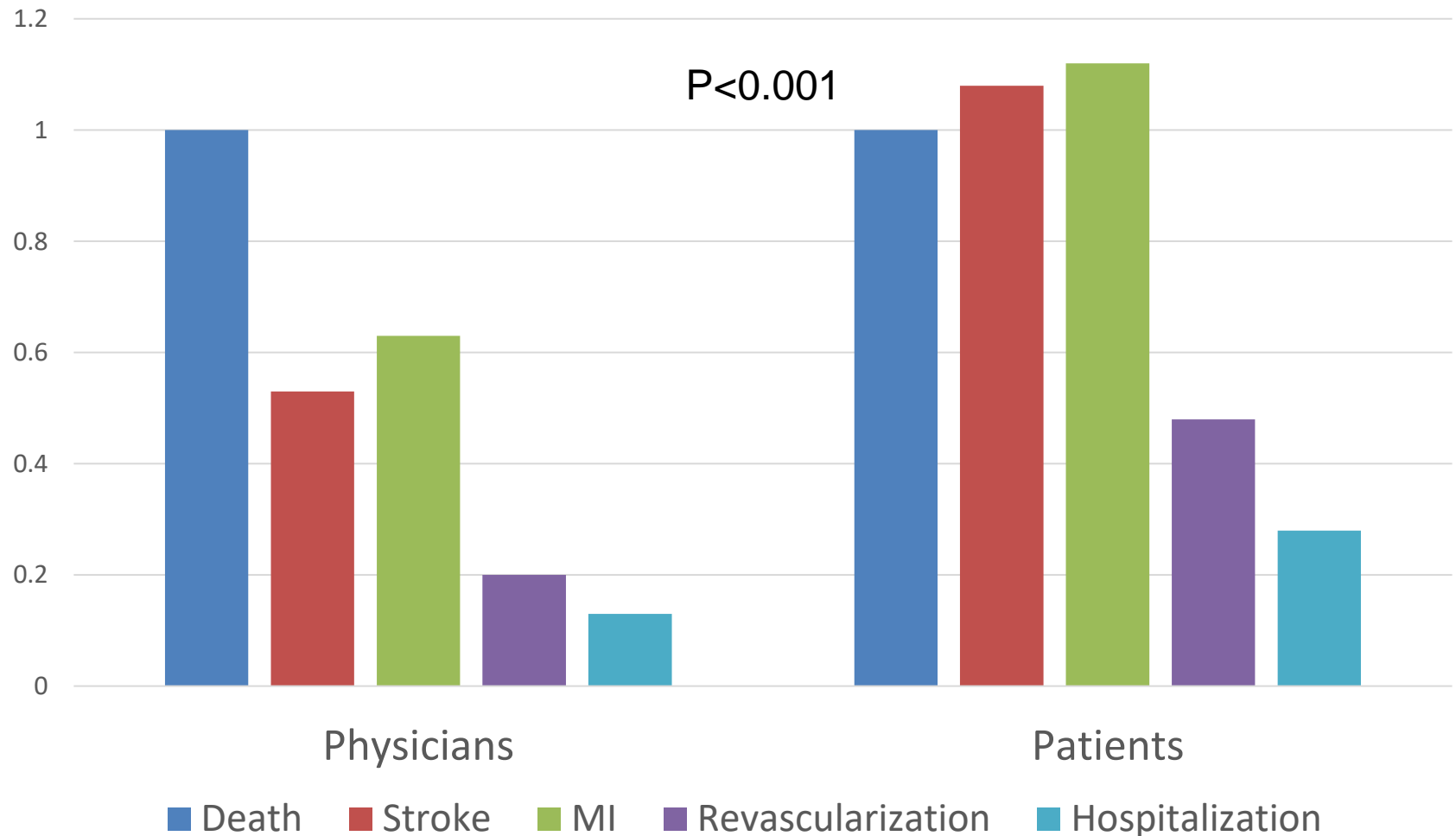


Patient Autonomy

Right of competent adults to make informed decisions about their own medical care.

What Outcomes Matter Most to Physicians and Patients

164 clinical trialists and 785 CV patients weighed the relative importance of CV endpoints



Clinical Judgement

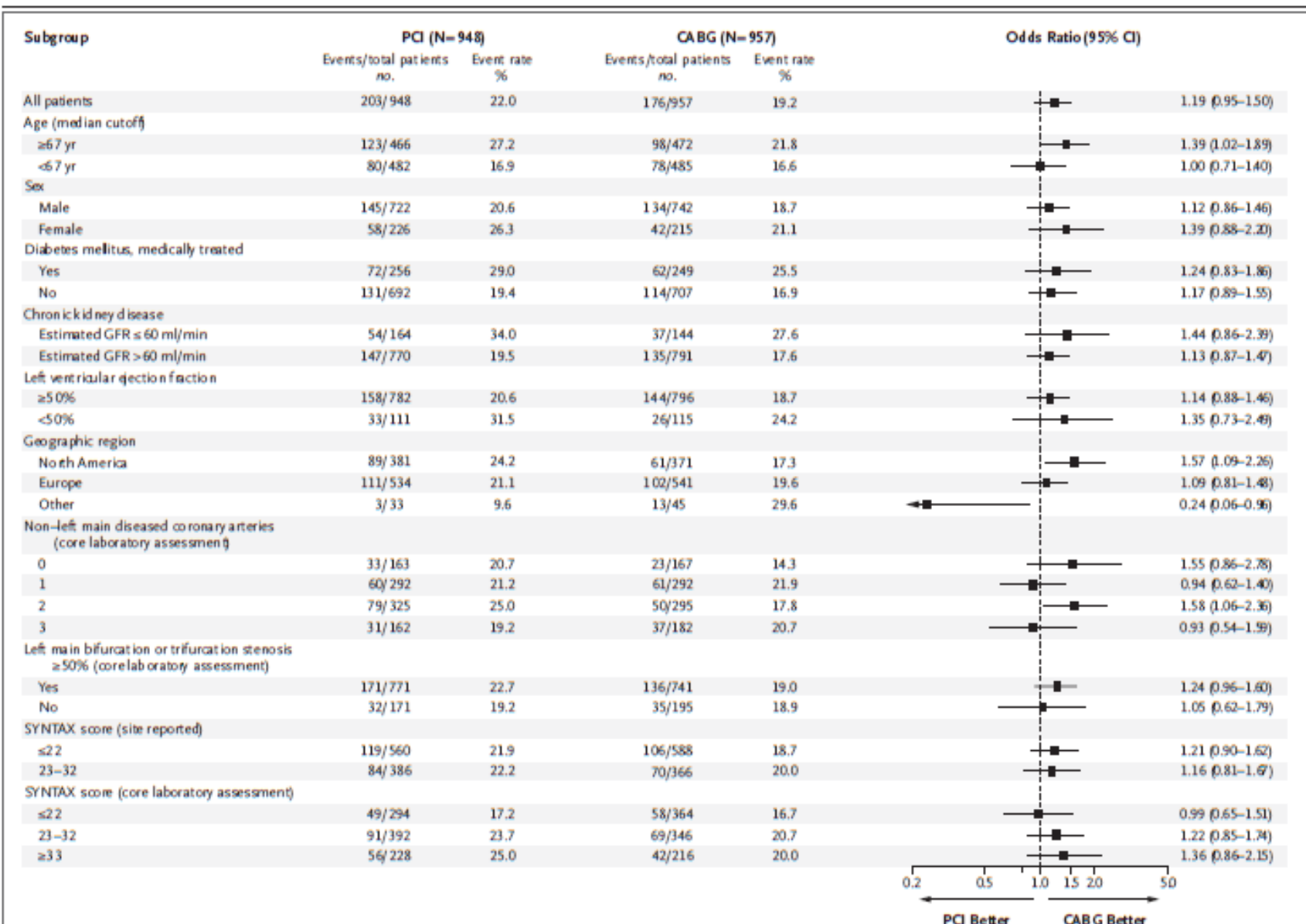
- **Complex bifurcation disease**
- **Calcified left main disease**
- **Multi-vessel diffuse CAD**
- **Diabetes**
- **CTO**
- **Good distal targets**
- **Age**

Favorable Features for PCI

- **Ostial or midshaft lesions**
- **Large diameter left main**
- **Non-calcified left main disease**
- **Single-vessel CAD**
- **No bifurcation disease**
- **Complete revascularization**
- **No CTO**
- **Small LCX**
- **Age**
- **Frailty**
- **Poor surgical candidates**

Other Considerations

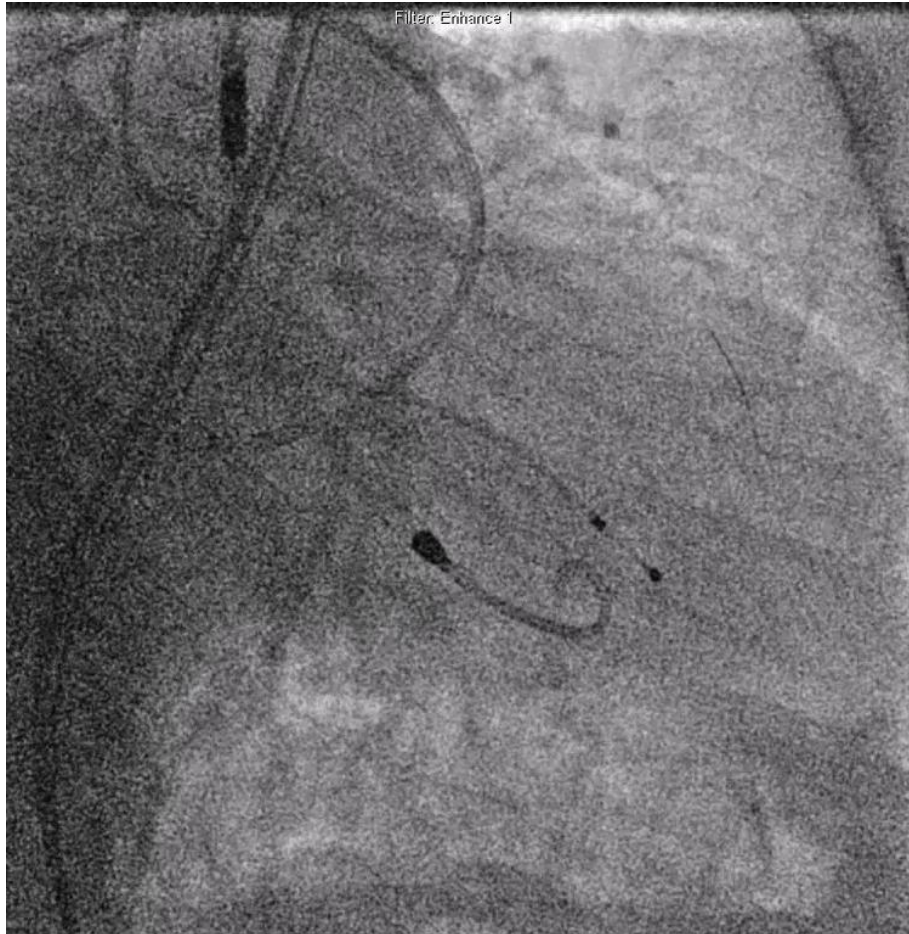
- **NNT**
- **Soft clinical endpoints**
- **If cardiac surgeon had LM disease, would he choose CABG or PCI**
- **Choice of hospital and operator**



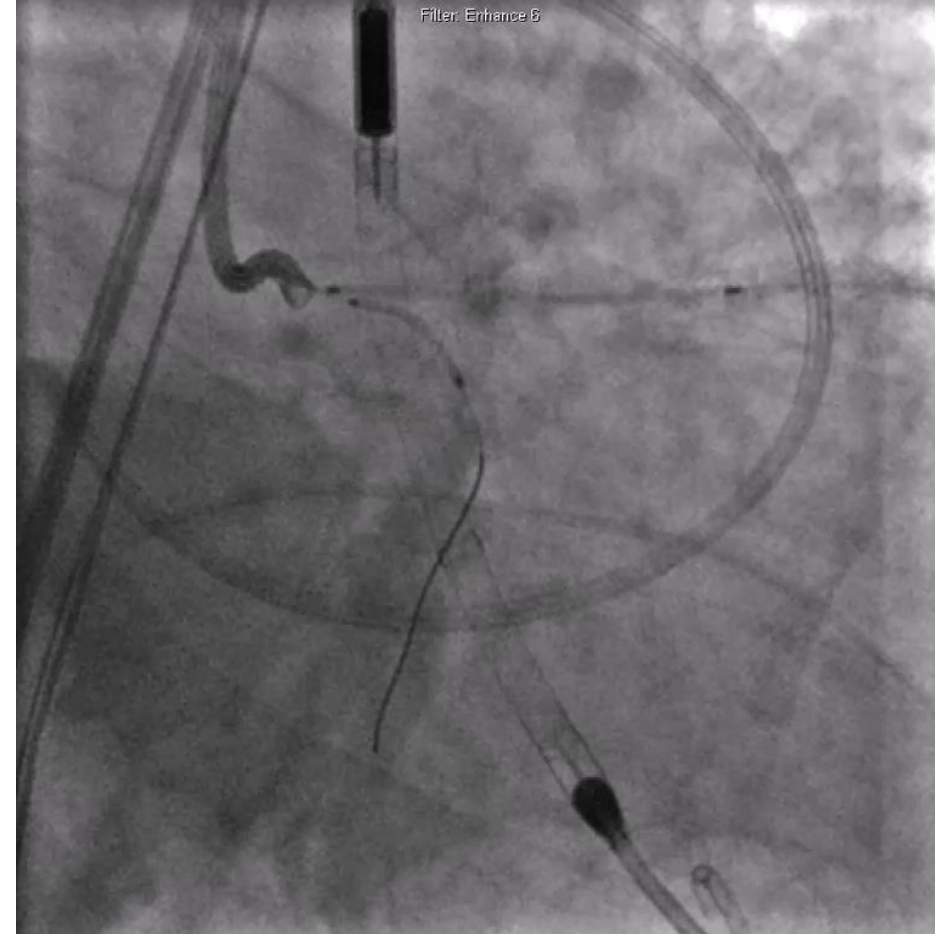
ULMCA PCI With Impella



ULMCA PCI With Impella

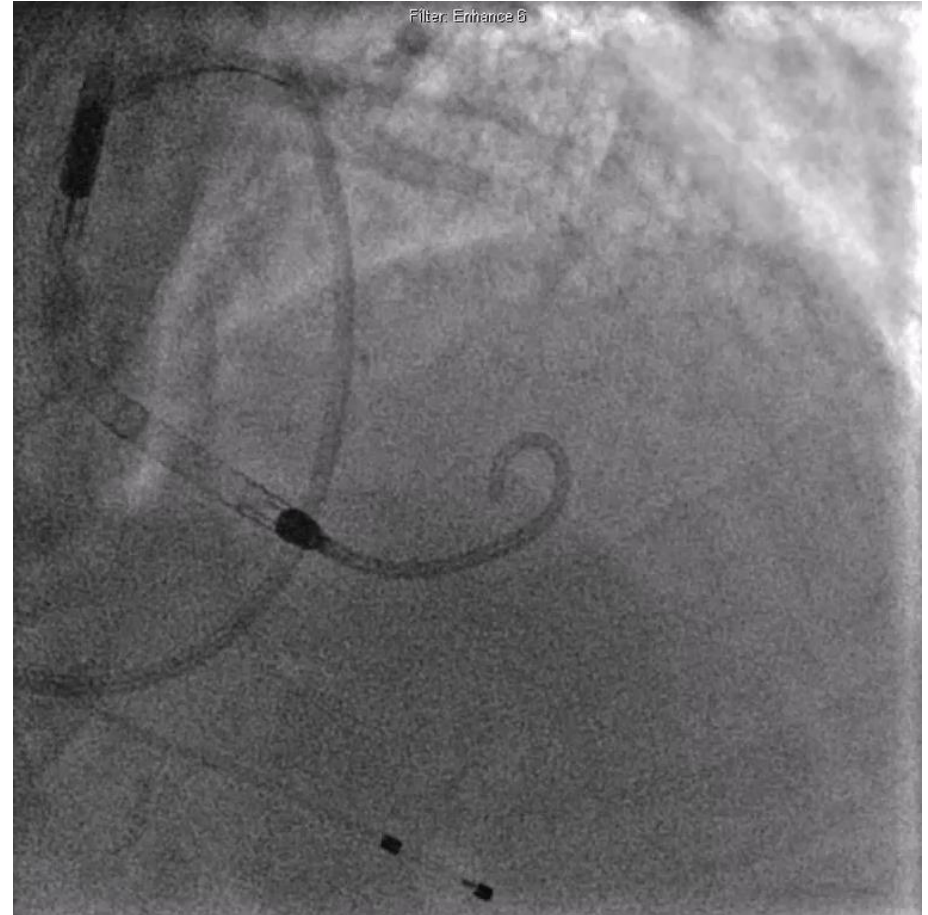


Rotational atherectomy



Crush technique

ULMCA PCI With Impella



Final angiography

Conclusions

- **No difference in the 5-year composite endpoint in low/intermediate risk patients**
- **No difference in 5-year mortality**
- **Higher rates of repeat revascularization with PCI**
- **Lower rates of soft clinical endpoints with PCI**

Thank you