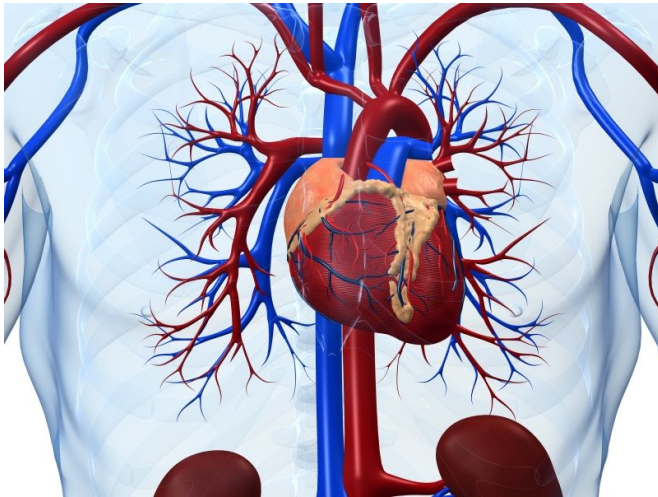


Review finds CABG bests PCI in end-stage renal disease

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a small reduction in mortality (relative risk, 0.92), with considerable heterogeneity ($I^2 = 48.6$ percent). The summary estimate trending toward survival benefit of CABG was confirmed in subgroup analysis categorized by year of study initiation; in addition, after 2004 there was a considerable decrease in heterogeneity ($I^2 = 0$ percent).

"The generalizability of the finding to all patients with ESRD referred for coronary revascularization is limited because of a lack of known indications for [coronary revascularization](#), substantial variation in covariate risk adjustment, and lack of [randomized clinical trial](#) data," the authors write.

More information: [Abstract](#)
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(HealthDay)—For patients with end-stage renal disease (ESRD) referred for coronary revascularization, coronary artery bypass grafting (CABG) is associated with a small decrease in long-term mortality compared with percutaneous coronary intervention (PCI), according to a review published in the May 15 issue of *The American Journal of Cardiology*.

Ashok Krishnaswami, M.D., from the Kaiser Permanente San Jose Medical Center in California, and colleagues performed an updated systematic review and meta-analysis of observational studies comparing CABG and PCI in patients with ESRD for the primary outcome of long-term mortality. Observational studies published after 2011 were included to ensure overlap with previous studies; seven new studies were included for a total of 23. The median sample size was 125 patients (25 to 15,784), with large variation seen in adjustment for covariate risk.

The researchers found that CABG correlated with

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