

CABG plus optimal medical therapy best in T2DM and CAD

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follow-up of 4.5 years, but not for stroke (HR, 1.54; 95 percent CI, 0.96 to 2.48). Compared with OMT alone CABG + OMT was also superior for prevention of the primary end point (HR, 0.79; 95 percent CI, 0.64 to 0.97) and MI (HR, 0.55; 95 percent CI, 0.41 to 0.74). In patients with three-vessel CAD and for those with normal left-ventricular ejection fraction, CABG + OMT was superior to PCI + OMT for the primary end point (HRs, 0.72 [95 percent CI, 0.58 to 0.89] and 0.71 [95 percent CI, 0.58 to 0.87], respectively).

"CABG + OMT reduced the primary end point during long-term follow-up in patients with type 2 diabetes and stable CAD, supporting this as the preferred management strategy," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

(HealthDay)—For patients with type 2 diabetes and coronary artery disease (CAD), coronary artery bypass grafting (CABG) plus optimal medical therapy (OMT) is superior to percutaneous coronary intervention (PCI) plus OMT, according to a study published in the Sept. 6 issue of the *Journal of the American College of Cardiology*.

G.B. John Mancini, M.D., from the University of British Columbia in Vancouver, Canada, and colleagues examined the effect of OMT with or without PCI or CABG on long-term outcomes in [patients](#) with type 2 diabetes and stable CAD. The authors conducted a patient-level pooled analysis in three federally-funded trials.

The researchers found that CABG + OMT was superior to PCI + OMT for the primary end point (composite of death, myocardial infarction [MI], or stroke; hazard ratio [HR], 0.71; 95 percent confidence interval [CI], 0.59 to 0.85), death (HR, 0.76; 95 percent CI, 0.60 to 0.96), and MI (HR, 0.50; 95 percent CI, 0.38 to 0.67) during a median

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