

PCI noninferior to CABG for left main coronary artery disease

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stroke, or myocardial infarction at three years) had occurred in 15.4 and 14.7 percent of patients in the PCI and CABG groups, respectively (difference, 0.7 percentage points; $P = 0.02$ for noninferiority; hazard ratio, 1.00; 95 percent confidence interval, 0.79 to 1.26; $P = 0.98$ for superiority). The secondary end point event of death, stroke, or myocardial infarction at 30 days occurred in 4.9 and 7.9 percent of patients in the PCI and CABG groups, respectively (P

"PCI with everolimus-eluting stents was noninferior to CABG with respect to the rate of the composite end point of death, stroke, or [myocardial infarction](#) at three years," the authors write.

Several authors disclosed financial ties to biopharmaceutical companies, including Abbott Vascular, which funded the study.

(HealthDay)—For patients with left main coronary artery disease, percutaneous coronary intervention (PCI) with everolimus-eluting stents is noninferior to coronary artery bypass grafting (CABG), according to a study published online Oct. 31 in the *New England Journal of Medicine*. The research was published to coincide with the Cardiovascular Research Foundation's Transcatheter Cardiovascular Therapeutics 2016 meeting, held from Oct. 29 to Nov. 2 in Washington, D.C.

Gregg W. Stone, M.D., from New York Presbyterian Hospital in New York City, and colleagues randomized 1,905 patients with left main [coronary artery disease](#) of low or intermediate anatomical complexity to undergo PCI with fluoropolymer-based cobalt-chromium everolimus-eluting stents (948 patients) or CABG (957 patients).

The researchers found that a primary end point (rate of a composite of death from any cause,

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