

Long-term outcomes of PCI, CABG compared for multivessel CAD

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For patients with multivessel coronary artery disease, the rates of major

adverse cardiac events and safety events do not differ for those receiving percutaneous coronary intervention (PCI) with everolimus-eluting stent or coronary artery bypass grafting (CABG), according to a study published online Sept. 19 in *Circulation* to coincide with the annual Transcatheter Cardiovascular Therapeutics conference, held from Sept. 16 to 19 in Boston.

Jung-Min Ahn, M.D., from the University of Ulsan College of Medicine in Seoul, South Korea, and colleagues conducted a prospective, randomized controlled trial at 27 international heart centers. The trial was designed for 1,776 patients with angiographic multivessel coronary artery disease who were randomly assigned to PCI with everolimus-eluting stent or CABG. The trial was terminated early after inclusion of 880 patients (438 and 442 in the PCI and CABG groups, respectively) due to slow enrollment.

The researchers found that the primary end point—the composite of death from any cause, [myocardial infarction](#), or target-vessel revascularization—occurred in 34.5 percent of patients in the PCI group and 30.3 percent of patients in the CABG group during a median follow-up of 11.8 years. The occurrence of a safety composite of death, myocardial infarction, or stroke did not differ significantly between the groups, nor did occurrence of death from any cause. However, spontaneous myocardial infarction and any repeat revascularization occurred significantly more frequently after PCI than CABG (7.1 versus 3.8 percent and 22.6 versus 12.7 percent, respectively).

"The extended follow-up of the BEST trial provides important long-term insights that could aid in decision-making for the optimal revascularization strategy in patients with multivessel [coronary artery disease](#)," the authors write.

More information: Jung-Min Ahn et al, Everolimus-Eluting Stents or

Bypass Surgery for Multivessel Coronary Artery Disease: Extended Follow-up Outcomes of Multicenter Randomized Controlled BEST Trial, *Circulation* (2022). [DOI: 10.1161/CIRCULATIONAHA.122.062188](https://doi.org/10.1161/CIRCULATIONAHA.122.062188)

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