

Drugs as effective as PCI for stable CAD patients, study finds  
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For patients with stable coronary artery disease (CAD), percutaneous coronary intervention (PCI) offers no improvement in the risk of death, heart attack, or other major cardiovascular events compared with intensive drug treatment alone, according to a study presented yesterday at the **American College of Cardiology (ACC)** meeting in New Orleans. Noting that the study-which was also published in the *NEJM*-reinforces a growing body of research suggesting that cardiac stents are being overused in stable, asymptomatic patients, several analysts say that the findings will spur changes in clinicians' initial management of such patients. For the study, researchers from **Buffalo General Hospital** in New York randomized 2,287 patients being treated at 50 U.S. and Canadian hospitals for significant but stable CAD to receive either PCI with medical therapy or medical therapy alone. After approximately 4.5 years, 19% of PCI patients had died, compared with 18.5% of medical-therapy patients-a non-significant difference. In addition, there were no significant differences between the two groups' incidence of death, heart attack, stroke, or hospitalization for acute coronary syndrome or heart attack. Patients who underwent PCI were more likely to experience quick and sustained relief from chest pain, and two-thirds were angina-free after one year, compared with 58% in the medical therapy group. However, the discrepancies in angina relief narrowed considerably by the second year and virtually disappeared at year five. The researchers conclude that PCI can be "safely deferred" in patients with stable CAD who are capable of complying with "intensive, multifaceted medical therapy" regimens-a finding that holds true even among CAD patients with extensive, multi-vessel blockages and inducible ischemia. Despite the safety of foregoing initial PCI, the researchers note that clinicians should be aware that approximately one-third of patients may require subsequent revascularization.

Comments on study report from Sanger Cardiologists:

- 1) No study in the past has ever suggested that PCI with bare metal stents (as in this trial) and medical therapy have reduced the risk of death and MI compared to medical therapy alone in a follow-up of 2.5 to 7 years. (There is nothing new here.)
- 2) More importantly, the study reconfirmed that PCI is better than medical therapy alone at significantly reducing angina, which has always been the primary reason for doing PCI in patients with stable coronary disease.
- 3) As noted above, this trial provided a comparison of best medical therapy in a population with high compliance rates with bare metal stents, an older PCI technology. (Actually the study was done from 1999-2004 and only 3% received DES.)

4) Assuming that the higher use of drug-eluting stents would have reaped the same results is ignoring the large body of clinical evidence showing significant benefits of drug-eluting over bare metal stents.

5) Finally, both therapies are complimentary as medical therapy cannot reverse critical blockages contributing to lifestyle limiting angina, and PCI cannot reduce the progression of atherosclerosis elsewhere in the coronary arteries as occurred in this study.

The proper choice of treatment for our patients has always and will continue to be a combination of what is best for their health and situation.