LONG-TERM ALL-CAUSE MORTALITY IN SECOND OPINION CORONARY PATIENTS MANAGED WITH OPTIMAL MEDICAL THERAPY

ACC Moderated Poster Contributions
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As part of a larger cohort study of OMT for chronic CAD patients (pts), we enrolled a subcohort of 118 pts who had sought a second opinion (SO) regarding invasive evaluation and management. Management decisions were based primarily on history, physical and noninvasive data. Coronary anatomy information was not a pre-requisite for a decision to pursue OMT.

The cohort consisted of 2 groups: 1) 55 pts who had sought a SO for revascularization (revsc) and had accepted an OMT strategy and 2) 63 pts seeking a SO for invasive coronary angiography (ICA).

All prior available ICA data (59 pts) was reviewed. For SO pts for ICA, we agreed with the first opinion in 7 pts (11%); Two of the remaining pts did not accept our SO to defer ICA and proceeded. The remainder (86%) accepted the SO to defer ICA and were managed with OMT.

During the follow up period decisions to pursue an invasive evaluation or to pursue revsc for SO pts were based on stability of symptoms, LV function, and exercise duration with hemodynamic stability.

Results: Compared to the entire cohort of CAD pts, SO pts were younger (63.9 yrs), less likely to have a prior MI, and more likely to be on beta-blockers and lipid lowering agents. 42% of SO pts were free of angina; of those with angina, 99% were CCS class 1 or 2. Coronary anatomy from prior ICA was defined in 50% of SO pts; in these the distribution of vessel disease (VD) was: 1VD 25%, 2VD 44%, 3VD disease 20%, Left Main 10%. The mean LVEF in this cohort was 62.6%. Mean exercise treadmill duration was 8.4 min. Over a mean follow-up duration of 12 years, the annual incidence of all-cause mortality was 2.1%. Cox modeling showed mortality in the entire cohort was not significantly associated with SO status. Significant clinical predictors of mortality in SO pts were age and duration on treadmill testing.

In the period of this study, in pts with mild angina and preserved LV function who were advised to undergo invasive evaluation and management and who sought a SO, OMT was well-accepted. In SO pts in whom we recommended OMT based on noninvasive criteria, mortality over a decade of follow-up was similar to the other pts in our chronic CAD cohort who were managed with OMT, and comparable to reported outcomes with invasive management.