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MYOCARDIAL ISCHEMIA AND INFARCTION

PERCUTANEOUS CORONARY INTERVENTION VERSUS MEDICAL THERAPY IN STABLE CORONARY ARTERY DISEASE: A META-ANALYSIS

ACC Poster Contributions Georgia World Congress Center, Hall B5 Monday, March 15, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Stable Ischemic Syndrome--Interventional Strategies

Abstract Category: Stable Ischemic Syndrome

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Background: Controversy persists regarding the role of Percutaneous Coronary Intervention (PCI) versus Medical therapy in the management of stable coronary artery disease.

Methods: We performed a systematic literature search for randomized controlled trials (including patients with/without diabetes mellitus) comparing PCI versus Medical therapy in stable coronary artery disease. We included 20 trials [N= 9881] with the mean follow-up of 47.2 months. Relative risks (RR) across all the studies and 95% confidence intervals (CI) were computed. A two-sided alpha error of less than 0.05 was considered to be statistically significant (p<0.05).

Results: Eighteen trials provided data on the all-cause mortality and cardiac mortality. Twenty trials provided data on nonfatal MI/ACS and twelve trials provided data on revascularization. Meta-analysis revealed that there is no statistically significant difference between PCI versus Medical therapy in terms of all-cause mortality (RR, 0.899; 95% CI 0.789 to 1.025, P= 0.111), cardiac mortality (RR, 1.034; 95% CI 0.877 to 1.219, P= 0.693), development of nonfatal MI/ACS (RR, 0.89; 95% CI 0.725 to 1.092, P= 0.264) and the need for revascularization (RR, 1.77; 95% CI 0.840 to 1.649, P= 0.345).

Conclusions: These findings suggest that in patients with stable coronary artery disease Medical therapy has comparable results with PCI in terms of all-cause mortality, cardiac mortality, non fatal MI/ACS and the need for revascularization.

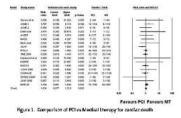




Figure 3. Comparison of PCI vs Medical therapy for

