EXCEL: PCI vs. CABG
pro et contra

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Conflict of interests

Clinical cardiologist = talking-only cardiologist

I don’t perform neither CABG nor PCI
**PRO (CABG)**

CABG — gold standard

**EXCEL — non-inferiority trial**
(not “CABG vs PCI” but “is PCI as good as CABG?”)

**EXCEL: yes, PCI is good enough**
(but please, don’t look at mortality data!)

Hazard ratios were time-dependent (early vs late outcomes), trends continue to diverge
PRO (CABG)

Non-inferiority trials:

End-points should be the same as in trials of active comparator (CABG)

It was not the same in EXCEL and CABG vs. OMT trials:

Mortality in ECSS, Veterans, CASS registry

Periprocedural MIs were 0 in OMT arms, including them in end-point would decrease benefit of CABG vs OMT
PRO (CABG)

Avoid using composite end points that include discordant components in non-inferiority trials (N Engl J Med 2017; 377:1357-1367)

More discordant components — more chances for non-inferiority (noise)
CONTRA (pro PCI)

Difference in mortality is not huge (~3% in 5 years)

Not seen in NOBLE, SYNTAX, registries.

Not truly statistically significant (bad evidence, inconclusive from “p-value” standpoint)

Poor availability and suboptimal performance of CABG in poorer countries
CONTRA (pro PCI)

Waiting time for CABG

6.7 days for CABG in EXCEL

86 days in Tarusa hospital (no surgery)

78 days in CKB UDP (w/surgery, Vasily Kaleda)

Long waiting time (2-3 months), mortality approaches ~1%/month

(Eur J Cardiothorac Surg 2001;19:260-5)
CONTRA (pro PCI)

Availability of CABG (Tarusa hospital)

- 40% of patients get CABG
- 35% of patients get PCI
- 25% of patients get nothing (“candidates for CABG”)

The best treatment is performed one!
Synthesis

No good or bad treatments

Evidence — about difference, not betterness

Don’t compare incomparable

Even mortality not always matters

VS.
# Patient matters

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<tr>
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<th>CABG</th>
<th>PCI</th>
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<tbody>
<tr>
<td>Will I live better?</td>
<td>Yes (angina relief)</td>
<td>Yes (angina relief)</td>
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<tr>
<td>What is a procedure looks like?</td>
<td>Big scar on the chest and few more days in hospital and longer rehab</td>
<td>Just one little prick and you are home other day</td>
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<tr>
<td>Is this once and forever?</td>
<td>Almost. We typically see patients after CABG 1-2 times a year.</td>
<td>You will have a bit more procedures, infarctions and physician in your life.</td>
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<tr>
<td>Will I live longer?</td>
<td>Yes, longer, especially if surgery will go well and fast (and be performed at all)</td>
<td>Yes, longer (but may be slightly less longer than with CABG) (&quot;но это не точно&quot;)</td>
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