

RESULTS CABG was performed in 923 of the 957 assigned pts. Of these, 593 (67%) survived to discharge and were prescribed aspirin alone, while 288 (33%) also received a P2Y12 inhibitor (98% clopidogrel). Pts discharged on DAPT were likelier to be in North America (53.1% vs 33.1%, $p < 0.0001$), to be current smokers (25.8% vs 19.1%, $p = 0.02$), and to have a history of CVA/TIA (10.4% vs 5.2%, $p = 0.004$). There were no differences in the rates of ACS at presentation or of prior MI, PCI, or anemia. Pts on DAPT were likelier to have had off-pump CABG (41.0% vs 23.1%, $p < 0.0001$) and less likely to have ≥ 2 arterial grafts (25.3% vs 34.1%, $p = 0.008$) or BARC 2-5 bleeding during the index hospitalization (8.3% vs 13.0%, $p = 0.04$). There were no significant differences in the primary endpoint, its components, graft stenosis/occlusion, or bleeding at 3 years (Table). By multivariable analysis, DAPT at discharge did not predict the primary outcome at 3 years ($p = 0.77$).

3-year event rates	DAPT at discharge (n=288)	Aspirin only at discharge (n=593)	P value
Primary Endpoint (Death, Stroke, MI)*	13.7% (38)	13.8% (79)	0.92
Death*	3.5% (9)	4.9% (27)	0.35
Stroke/TIA*			
MI*	9.2% (26)	7.8% (45)	0.42
Ischemia-Driven Revascularization*	8.3% (22)	6.7% (38)	0.48
Graft Stenosis or Occlusion*	5.9% (16)	5.5% (31)	0.83
BARC 2-5 bleeding**	10.4% (30)	14.7% (87)	0.08

*Adjudicated events reported as KM estimates (n) and compared using log-rank test. **Non-adjudicated event reported as proportions (n) and compared using chi-squared test.

CONCLUSION In the EXCEL trial, discharging pts with LMCAD on DAPT after CABG did not have a major effect on long-term adverse ischemic or bleeding events, including symptomatic graft occlusion.

CATEGORIES CORONARY: Cardiac Surgery

TCT-77

Abstract Withdrawn



OUTCOMES AFTER TREATMENT OF LMCA DISEASE

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TCT-78

Outcomes of Left Main Revascularization in the Elderly and Younger Patients: The EXCEL trial

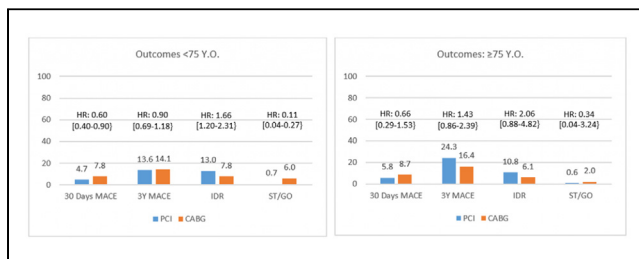


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BACKGROUND In the large-scale international, multicenter randomized EXCEL trial, PCI with everolimus-eluting stents (EES) was non-inferior to CABG in pts with left main coronary artery disease (LMCAD) and SYNTAX scores ≤ 32 at median 3-year (3Y) follow-up. Given the impact of age on outcomes after revascularization, a pre-specified analysis of PCI vs. CABG in pts age < 75 or ≥ 75 years was performed in EXCEL.

METHODS The primary endpoint was 3Y major adverse cardiac events (MACE), a composite of death, stroke or MI. Secondary endpoints included 30-day (30D) MACE, 3Y ischemia-driven revascularization (IDR), and stent thrombosis or symptomatic graft occlusion (ST/GO).

RESULTS 1905 LM pts were randomized to EES (n=948) or CABG (n=957), including 1586 pts (83.3%) < 75 and 319 (16.7%) ≥ 75 years old. Each group was equally distributed between PCI and CABG, with balanced baseline demographics. 3Y rates of MACE were lower in pts < 75 vs. ≥ 75 years old (14.0% vs. 20.4%, $p = 0.008$). Results in the < 75 and ≥ 75 year old groups are shown in the Figure. The results of PCI on 30D MACE, 3Y MACE, 3Y IDR, and 3Y ST/GO were consistent in elderly and younger pts (P values for interaction = 0.84, 0.12, 0.63 and 0.36 respectively).



CONCLUSION In the EXCEL trial, PCI resulted in lower rates of 30D MACE and 3Y ST/GO, similar rates of 3Y MACE, and higher rates of 3Y IDR in younger pts, results which were consistent in elderly and younger pts. Age need not be a major factor in heart team deliberations when selecting PCI vs. CABG in pts with LMCAD and SYNTAX scores ≤ 32 .

CATEGORIES CORONARY: Complex and Higher Risk Procedures for Indicated Patients (CHIP)

TCT-79

What Biomarker Threshold for Periprocedural Myocardial Infarction Following PCI and CABG in Left Main Disease is Prognostically Relevant? Analysis from the EXCEL Trial



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BACKGROUND The prognostic implications of periprocedural MI (Mlpp) in pts undergoing PCI and CABG remain controversial and vary based on the threshold for biomarker elevations used in the definition. The EXCEL trial enrolled 1905 pts with left main (LM) disease and low or intermediate SYNTAX scores to PCI with everolimus-eluting stents vs. CABG. CK-MB was routinely collected at 12 ± 2 and 24 ± 2 hrs post procedure.

METHODS We compared 3-year cardiovascular (CV) and total mortality in pts with vs. without Mlpp by varying peak CK-MB thresholds: $> 3 \times$ ULN, $> 5 \times$ ULN, and $> 10 \times$ ULN. KM curves were constructed for different cut-offs and by treatment (all, CABG, PCI).

RESULTS Mlpp was associated with 3-year CV and all-cause mortality if peak CK-MB was $> 10 \times$ ULN (CV mortality with vs. without Mlpp 11.9% vs. 3.8%; HR 3.47 [95% CI 1.58, 7.61]; $p < 0.001$; all-cause mortality 15.0% vs. 6.9% respectively; HR 2.48 [95% CI 1.25, 4.90]; $p < 0.001$). CK-MB $> 10 \times$ ULN was also associated with CV mortality in the PCI and CABG groups individually (HR 5.07 [95% CI 1.55, 16.6] and