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COMPARISON OF PERCUTANEOUS CORONARY INTERVENTION VERSUS CORONARY ARTERY BYPASS GRAFTING STRATIFIED BY GLOBAL RISK CLASSIFICATION SCORE FOR UNPROTECTED LEFT MAIN DISEASE IN PATIENTS WITH DIABETES MELLITUS

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Background Clinical outcomes of percutaneous coronary intervention (PCI) with drug eluting stent (DES) versus coronary artery bypass grafting (CABG) for unprotected left main (UPLM) disease in patients with diabetes according to the Global Risk Classification (GRC) score has not been evaluated.

Methods The clinical outcomes of 184 patients with diabetes undergoing PCI with DES for UPLM lesions were compared with the outcomes of 184 age-matched (± 5 years) patients with diabetes undergoing CABG for UPLM during the same study period. Patients were followed up either by telephone or by outpatient visits. And in further analysis, we calculated the GRC score for each patient and reclassified the patients into low, medium, and high risk tertile.

Results Median clinical follow-up duration was 13 months. Baseline comorbidities and discharge medications were similar between two groups, except that the CABG group had more patients with bifurcation and multivessel disease, and less

proportion of antiplatelet therapy at discharge. There were no major difference in all cause mortality (1.1% vs 2.2%; $p=0.410$) and myocardial infarction (4.3% vs 3.8%; $p=0.792$) between the two groups during clinical follow-up, despite a trend was seen in favour of the CABG group in target lesion revascularisation rate (5.4% vs 2.7%; $p=0.187$). However, there was a borderline significant increase in the incidence of stroke in CABG group (0 vs 1.6%; $p=0.082$). In further analysis, the overall major adverse cardiac and cerebral event (MACCE) rate was comparable between PCI and CABG group in GRC low and medium risk tertile (7.1% vs 6.8%; $p=0.937$), but a trend towards increased MACCE for patients in GRC high risk tertile undergoing PCI (23.3% vs 13.5%; $p=0.154$). After adjustment for baseline clinical characteristics, GRC risk tertile was an independent predictor of overall MACCE event for both PCI and CABG group.

Conclusion Clinical outcomes of PCI with DES on UPLM disease for diabetic patients are comparable to CABG in low or medium GRC risk tertile. And it also indicates the GRC score may be useful in selection of the optimal revascularisation strategy in patients with UPLM and diabetes.