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THE ROLE OF FEMALE SEX IN THE CONTEMPORARY TREATMENT OF THE LEFT MAIN CORONARY ARTERY INSIGHTS FROM THE W-DELTA (WOMEN-DRUG ELUTING STENT FOR LEFT MAIN CORONARY ARTERY DISEASE) REGISTRY

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Background The optimal revascularization strategy of women with unprotected left main coronary artery (ULMCA) disease is unknown. Therefore, the aim of this study was to evaluate long-term clinical outcomes in this cohort treated with percutaneous coronary intervention (PCI) utilising drug-eluting stents (DES) versus coronary artery bypass grafting (CABG).

Methods All consecutive women from the Drug Eluting stent for Left main coronary Artery disease (DELTA) Registry with ULMCA disease treated by PCI with DES or CABG were analysed. A propensity matching was performed to adjust for baseline differences between the 2 treatment groups.

Results In total, 818 women were included: 489 (59.8%) underwent treatment with PCI with DES versus 329 (40.2%) with CABG. Propensity score matching identified 176 matched pairs of patients, with no differences in the primary study objective of death, myocardial infarction (MI) or cerebrovascular accident (CVA) (HR 0.711; 95% CI 0.387 to 1.308; $p=0.273$), all-cause (HR 0.722; 95% CI 0.357 to 1.461; $p=0.365$) or cardiovascular mortality (HR 1.100; 95% CI 0.455 to 2.660; $p=0.832$), MI (HR 0.362; 95% CI 0.094 to 1.388) or CVA (HR 1.200; 95% CI 0.359 to 4.007; $p=0.767$). However, there was an advantage of CABG over PCI in major adverse cardiovascular and cerebrovascular events (MACCE) (HR 0.429; 95% CI 0.254 to 0.723; $p=0.001$), driven exclusively by target vessel revascularization (TVR) (HR 0.185; 95% CI 0.079 to 0.432; $p<0.001$).

Conclusions In women with significant ULMCA disease, no difference was observed in death, MI and stroke at long term follow-up. However, repeat revascularization remained higher in the PCI cohort.