Complete Coronary Artery Bypass Surgery Is Associated With Superior Survival In Multivessel Disease: A Network Meta-Analysis

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INTRODUCTION

- **CABG complete**
- **CABG incomplete**

- **PCI complete**
- **PCI incomplete**

→ Which is better for **survival**?

METHODS

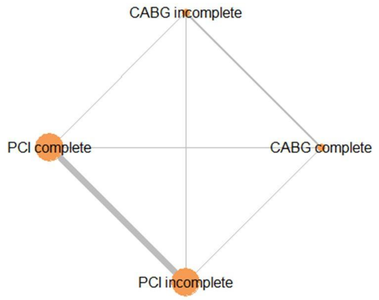
Observational studies and **randomized controlled trials (RCTs)** were searched in:

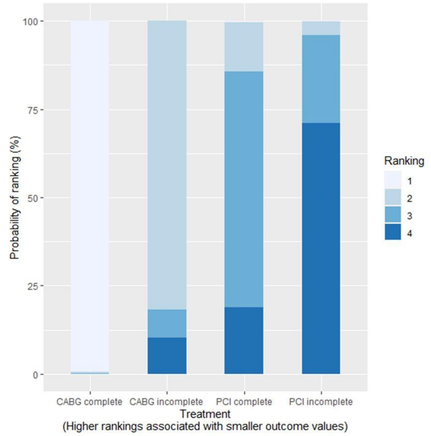
- PubMed / MEDLINE
- Embase
- Cochrane Controlled Trials Register (CENTRAL/CCTR)
- Reference lists of relevant articles

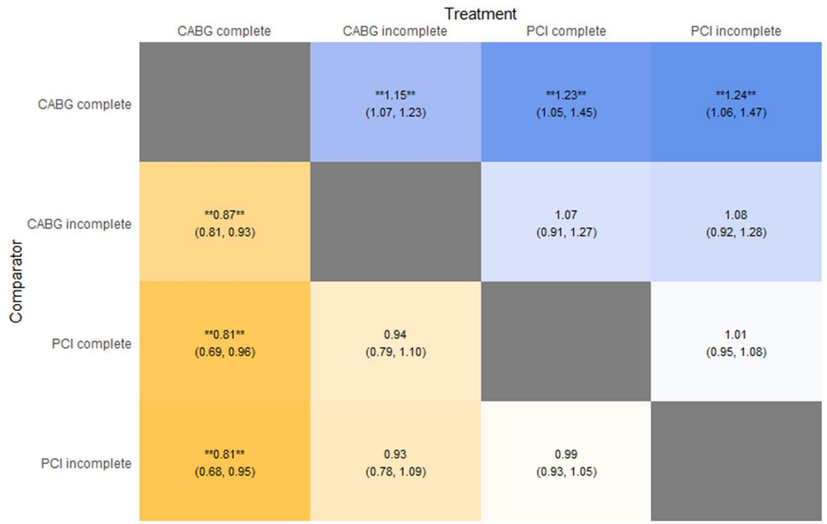
Data collected:

→ **Mortality** at **long-term follow-up** (>12 months).

→ **Bayesian network meta-analysis**.







RESULTS

- **15 studies**
- **66,495 patients** (complete CABG: 6,979 patients; incomplete CABG: 6,192 patients; complete PCI: 17,274 patients; incomplete PCI: 36,050 patients)

Complete CABG was associated with a **significant reduction in mortality** of 13% compared to incomplete CABG, 20% compared to complete PCI, and 22% compared to incomplete PCI.

Complete CABG had the **highest probability of being ranked first with regard to long-term survival**, while incomplete CABG was most likely to be ranked as the second most effective strategy.

CONCLUSION

- **Complete CABG remains superior to incomplete CABG, complete PCI, and incomplete PCI in terms of improved overall survival.**

→ The possibility of complete myocardial revascularization should therefore be a central point of attention in Heart Team discussions.

Take a picture to find the abstract online.

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