



Important Points

CABG vs. Drug Eluting Stents for Multi-Vessel Disease

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- The FDA approval of drug eluting stents (DES) was based on studies of single vessel stenting. Off-label use of DES for multi-vessel disease has NOT been shown to be as good as coronary bypass grafting.
- For patients with multi-vessel disease, coronary bypass grafting leads to superior relief of angina and superior freedom from mortality compared to treatment with stents. In the January 2008, article in the *New England Journal of Medicine*, stenting in multi-vessel disease with drug eluting stents had a 22% to 35% relative higher mortality in 18 months compared to coronary bypass in the State of New York.
- While stent thrombosis is relatively rare in single vessel stenting, it is seven times more common with off-label use of stents in multi-vessel stenting – occurring in about 3% of patients within 12 months. If it occurs, stent thrombosis usually causes a large heart attack and is fatal in about 40% of patients.
- Because coronary bypass grafting is a more invasive procedure than stenting, some patients may still prefer to be treated with stents. However, patients deserve to be fully informed about the relative efficacy of the two procedures before making their decision. Patients with multi-vessel disease should consult a cardiothoracic surgeon as well as an interventional cardiologist and should not be asked to make the decision while sedated in the catheterization laboratory.