CABG may be best method to revascularize in diabetes

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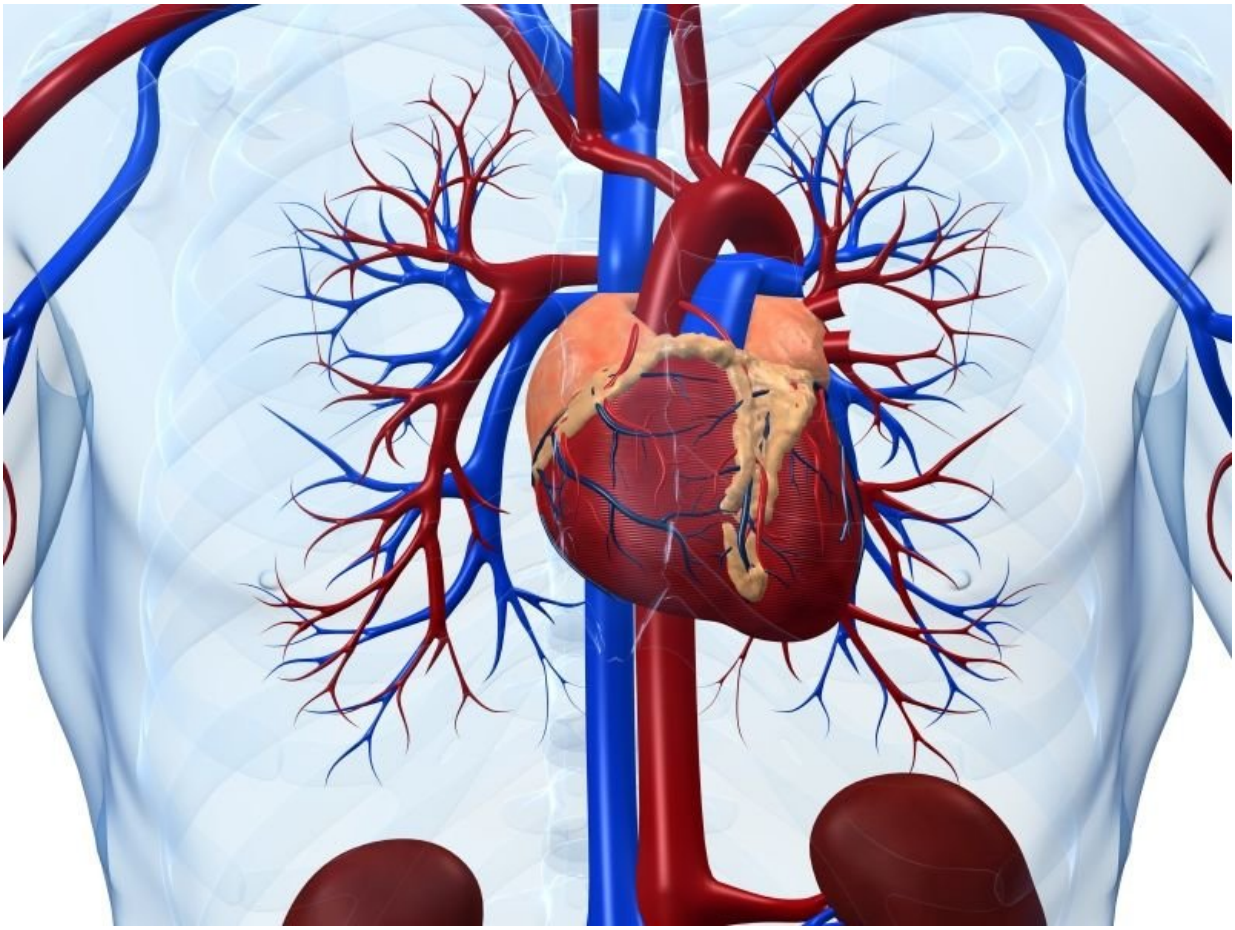

(HealthDay)—In patients with diabetes and multivessel coronary artery

disease (MV-CAD), coronary artery bypass grafting (CABG) may be the preferred method of revascularization, with lower rates of major adverse cardiac or cerebrovascular events (MACCE), according to a study published in the Dec. 19 issue of the *Journal of the American College of Cardiology*.

Krishnan Ramanathan, M.B., Ch.B., from University of British Columbia in Vancouver, Canada, and colleagues assessed the generalizability of results from the FREEDOM (Future Revascularization Evaluation in Patients with Diabetes Mellitus: Optimal Management of Multi-Vessel Disease) trial in real-world practice among patients with diabetes mellitus and MV-CAD by evaluating major cardiovascular outcomes in all patients with diabetes who underwent coronary revascularization between 2007 and 2014 (4,661 patients; 2,947 with ACS).

The researchers found that at 30 days after revascularization, the odds ratio for MACCE for ACS patients favored CABG (odds ratio, 0.49; 95 percent confidence interval [CI], 0.34 to 0.71), whereas among patients with stable ischemic heart disease (SIHD), MACCE was not impacted by revascularization strategy (odds ratio, 1.46; 95 percent CI, 0.71 to 3.01; $P_{\text{interaction interaction}} = 0.28$).

"A well-powered randomized trial of CABG versus PCI in the ACS population is warranted because these patients have been largely excluded from prior trials," the authors write.

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