11:30 am - 12:30 pm   *Grand Floridian Ballroom H*

Adult Cardiac Session: Ischemic – PCI Versus CABG

Moderators: John W. Hammon, Winston-Salem, NC and John D. Puskas, Atlanta, GA

Unless otherwise noted in this Program Book or by the speakers, speakers have no relevant financial relationships to disclose and will only be presenting information relevant on devices, products, or drugs that are FDA approved for the purposes they are discussing.

Unless noted with an asterisk (*), presenting authors are listed first on each abstract.

The physician competencies addressed in this session are patient care and medical knowledge. These physician competencies will be addressed through a series of individual lectures and a brief question and answer session after each topic.

11:30 am   *Grand Floridian Ballroom H*

Patient Preferences in Coronary Revascularization: Redefining Clinical Trial Endpoints

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Purpose: Coronary revascularization trials often use a composite endpoint of major adverse cerebral and cardiovascular events (MACCE): death, stroke, myocardial infarction (MI), revascularization. MACCE elements contribute as if of equal weight, with non-inferiority margins used to offset the effect of presumably less important MACCE components. The magnitude of these margins is not evidence-based and subject to bias. This study is the first to define the relative importance of MACCE elements from a patient perspective.

Methods: A discrete choice experiment was conducted. Survey respondents were presented with a scenario that would make them eligible for the SYNTAX 3-Vessel Disease cohort. Respondents chose among pairs of procedures that differed on the 3-year probability of MACCE based on SYNTAX data, potential for increased longevity, and procedure/recovery time. Conjoint analysis was used to determine the relative weights of the 6 attributes.

Results: In all, 224 respondents (140 men and 84 women) completed the survey. The attributes did not have equal weight. Risk of death was most important (relative weight 0.23), followed by stroke (.18), potential increased longevity and recovery time (each 0.17), MI (0.14) and risk of revascularization (0.11). Applying these weights to the SYNTAX 3-year endpoints strengthened the conclusion that CABG is superior to PCI. When labeled only as "Procedure A" and "B," 13% of respondents chose PCI over CABG. When procedures were labeled as "Coronary Stent" and "Coronary Bypass Surgery," 27% chose PCI over CABG. Procedural preference varied with demographics, gender and familiarity with the procedures.

Conclusions: MACCE elements do not carry equal weight. Patients may be subject to bias by labels when considering coronary revascularization. Use of a weighted composite endpoint militates against utilizing arbitrary non-inferiority margins as a surrogate for presumed patient preferences.

Exhibit Break   New | Special Interest

Gender	
Male	140 (62.5%)
Female	84 (37.5%)
Mean age (years)	65 (range 34-90)
Self-Reported Medical History	
Hypertension	169 (75.4%)
Hypercholesterolemia	174 (77.7%)
Coronary artery disease	103 (46%)
Congestive heart failure	45 (20%)
History of arrhythmia	74 (33.0%)
Angina	73 (32.6%)
History of myocardial infarction	103 (46%)
Peripheral vascular disease	13 (5.8%)
Prior Procedures	
Stress test	200 (89.3%)
EKG	192 (85.7%)
Cardiac Catheterization	134 (60.0%)
Prior PCI with stent placement	98 (43.8%)
Prior CABG	63 (28.1%)
Prior valve replacement	11 (4.9%)

MONDAY MORNING

Notes