TCTAP Workshops Left Main and Bifurcation PCI



# **Gender in EXCEL**

# Patrick W. Serruys, MD PhD

### Imperial College London, United Kingdom Norihiro Kogame, MD Yoshinobu Onuma, MD PhD

Imperial College London







THE UNIVERSITY OF

**MELBOURNE** 

Imperial College Healthcare NHS



cardiovascular summit TCTAP 2018

Sunday, April 29, 2018, 8:54 AM – 9:02 AM, Room 104, Level 1

#### **Coronary Artery Disease**

#### Geographical Difference of the Interaction of Sex With Treatment Strategy in Patients With Multivessel Disease and Left Main Disease

A Meta-Analysis From SYNTAX (Synergy Between PCI With Taxus and Cardiac Surgery), PRECOMBAT (Bypass Surgery Versus Angioplasty Using Sirolimus-Eluting Stent in Patients With Left Main Coronary Artery Disease), and BEST (Bypass Surgery and Everolimus-Eluting Stent Implantation in the Treatment of Patients With Multivessel Coronary Artery Disease) Randomized Controlled Trials

Yohei Sotomi, MD; Yoshinobu Onuma, MD, PhD; Rafael Cavalcante, MD, PhD; Jung-Min Ahn, MD; Cheol Whan Lee, MD; David van Klaveren, MSc;
Robbert J. de Winter, MD, PhD; Joanna J. Wykrzykowska, MD, PhD; Vasim Farooq, MD, PhD; Marie-Claude Morice, MD, PhD; Ewout W. Steyerberg, PhD; Seung-Jung Park, MD, PhD; Patrick W. Serruys MD, PhD

#### All-cause 5-year death in women and men by 3trials



Sotomi Y, et al. Circ Cardiovasc Interv. 2017 May; 10(5)

### SYNTAX trial – Correlates of 4y Mortality

PCI ( $n = 903$ ) independent correlates of 4-year mortality (variables with a P- value >0.05 italicized)	Hazard ratio	95% CI	P-value
No post-procedural anti-platelet therapy <sup>a</sup>	152.16	53.57-432.22	< 0.001
Amiodarone therapy on discharge	4.49	1.36-14.83	0.014
Pre-procedural poor LVEF	3.31	1.03-10.64	0.045
History of GI bleeding or peptic ulcer disease	2.93	1.41-6.12	0.004
Peripheral vascular disease	2.13	1.26-3.60	0.005
Age per increase in 10 years	1.62	1.26-2.09	< 0.001
Female gender	1.6	1.01-2.56	0.048
Serum creatinine	1.28	0.95-1.72	0.11
Diabetes	1.28	0.83-2.00	0.27
SYNTAX score per increase in 10 points	1.25	1.06-1.47	0.007
CABG ( $n = 897$ ) independent correlates of 4-year mortality	Hazard ratio	95% CI	P-value
(variables with a P-value >0.05 italicized)			
(variables with a P-value >0.05 italicized) Lack of discharge aspirin	3.56	2.04-6.21	<0.001
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease	3.56 2.65	2.04–6.21 1.49–4.72	<0.001 0.001
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease Chronic obstructive pulmonary disease	3.56 2.65 2.44	2.04-6.21 1.49-4.72 1.30-4.60	<0.001 0.001 0.006
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease Chronic obstructive pulmonary disease History of GI bleeding or peptic ulcer disease	3.56 2.65 2.44 2.14	2.04-6.21 1.49-4.72 1.30-4.60 0.90-5.07	<0.001 0.001 0.006 0.085
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease Chronic obstructive pulmonary disease History of GI bleeding or peptic ulcer disease Age per increase in 10 years	3.56 2.65 2.44 2.14 1.95	2.04–6.21 1.49–4.72 1.30–4.60 0.90–5.07 1.41–2.69	<0.001 0.001 0.006 0.085 <0.001
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease Chronic obstructive pulmonary disease History of GI bleeding or peptic ulcer disease Age per increase in 10 years Pre-procedural poor LVEF	3.56 2.65 2.44 2.14 1.95 1.86	2.04-6.21 1.49-4.72 1.30-4.60 0.90-5.07 1.41-2.69 0.65-5.33	<0.001 0.001 0.006 0.085 <0.001 0.25
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease Chronic obstructive pulmonary disease History of GI bleeding or peptic ulcer disease Age per increase in 10 years Pre-procedural poor LVEF Amiodarone therapy on discharge	3.56 2.65 2.44 2.14 1.95 1.86 1.79	2.04-6.21 1.49-4.72 1.30-4.60 0.90-5.07 1.41-2.69 0.65-5.33 0.95-3.35	<0.001 0.001 0.006 0.085 <0.001 0.25 0.07
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease Chronic obstructive pulmonary disease History of GI bleeding or peptic ulcer disease Age per increase in 10 years Pre-procedural poor LVEF Amiodarone therapy on discharge Serum creatinine (mg/dL)	3.56 2.65 2.44 2.14 1.95 1.86 1.79 1.47	2.04-6.21 1.49-4.72 1.30-4.60 0.90-5.07 1.41-2.69 0.65-5.33 0.95-3.35 1.17-1.84	<0.001 0.001 0.006 0.085 <0.001 0.25 0.07 0.001
(variables with a P-value >0.05 italicized) Lack of discharge aspirin Peripheral vascular disease Chronic obstructive pulmonary disease History of GI bleeding or peptic ulcer disease Age per increase in 10 years Pre-procedural poor LVEF Amiodarone therapy on discharge Serum creatinine (mg/dL) Hypertension	3.56 2.65 2.44 2.14 1.95 1.86 1.79 1.47 1.28	2.04–6.21 1.49–4.72 1.30–4.60 0.90–5.07 1.41–2.69 0.65–5.33 0.95–3.35 1.17–1.84 0.62–2.67	<0.001 0.001 0.006 0.085 <0.001 0.25 0.07 0.001 0.51

Farooq V, et al. Eur Heart J (2012) 33, 3105–3113



# RESULTS

# Baseline Characteristics in EXCEL



	Ma	ale (n=1464)		Female (n=44)	1)	p value
Age (years)	(+)	65.6 ± 9.4		67.1 ± 10.2	(-)	0.002
Hyperlipidemia	(+)	68.8%		74.1%	(-)	0.03
Hypertension	(+)	72.4%		78.7%	(-)	0.008
Medically treated Diabetes	(+)	25.2%		30.8%	(-)	0.02
Congestive heart failure	(+)	5.5%		10.5%	(-)	<0.001
Prior history of anemia	(+)	8.4%		13.9%	(-)	<0.001
Mitral regurgitation (mild/moderate)	(+)	27.7%		35.2%	(-)	0.004
Creatinine Clearance (ml/min)	(+) 9	91.6 ± 31.6		82.3 ± 34.0	(-)	<0.001
Never smoked	(-)	33.1%		50.2%	(+)	<0.001
Family history of premature CAD	(-)	69.4%		54.6%	(+)	<0.001
Prior TIA or CVA		6.4%	=	5.9%		0.72
Peripheral Vascular Disease		9.7%	=	9.1%		0.72
COPD		7.2%	=	9.8%		0.08
Stable angina at presentation		53.1%	=	53.0%		0.94
Ejection Fraction (%)	(-)	56.8 ± 9.2		58.1 ± 9.8	(+)	0.002



#### **Anatomic and Procedural Characteristics**

	Male (n=1464)		Female (n=441)	)	p value
SYNTAX score (Corelab)	27.2 ± 9.3		24.2 ± 9.0		<0.001
0-22	(-) 32.6%	<	46.2%	(+)	<0.001
23-32	40.9%	=	37.1%		0.16
≥ 33	<b>(-)</b> 26.5%	>	16.8%	(+)	<0.001
Lesion location					
Ostial lesion	<b>(-)</b> 33.6%	<	46.6	(+)	<0.001
Mid shaft	41.7	=	41		0.80
Distal lesion	<b>(-)</b> 79.3%	>	71.1%	(+)	0.0004
Bifurcation lesion	<b>(-)</b> 35.8%		30.8%	(+)	0.05
IVUS use	<b>(-)</b> 75.1%	<	83.9%	(+)	0.007
Minimal lumen area (mm²)	4.7 ± 1.1	=	4.6 ± 0.9		0.51
Minimum lumen area ≤ 6.0 mm <sup>2</sup>	<b>(+)</b> 17.2%		23.8%	(-)	0.003
FFR use	9.3%		8.1%		0.58
FFR	$0.72 \pm 0.07$		$0.71 \pm 0.08$		0.59
FFR ≤ 0.80	6.3%		6.0%		0.82 7

## **Procedural Characteristics**



p value

**Female (n=441)** 

(-) 1.9±1.1	>	$1.8 \pm 1.1$	(+)	0.01
2.5 ± 1.5	=	2.3 ± 1.6		0.051
<b>(+)</b> 4.4%	<	7.9%	(-)	0.03
<b>(+)</b> 8.9%	<	14.9%	(-)	0.007
<b>(-)</b> 25.4%	<	37.4%	(+)	0.001
$2.3 \pm 0.5$	=	2.2 ± 0.6		0.07
<b>(+)</b> 31.1%	>	20.7%	(-)	0.004
<b>(+)</b> 2.6 ± 0.8	>	$2.4 \pm 0.8$	(-)	0.002
<b>(+)</b> 1.4 ± 0.6	>	$1.2 \pm 0.5$	(-)	<0.001
$1.2 \pm 1.0$	=	$1.2 \pm 0.9$		0.66
<b>(+)</b> 8.5%	<	13.2%	(-)	0.04
	(-) $1.9 \pm 1.1$ $2.5 \pm 1.5$ (+) $4.4\%$ (+) $8.9\%$ (-) $25.4\%$ (-) $25.4\%$ (+) $31.1\%$ (+) $2.6 \pm 0.8$ (+) $1.4 \pm 0.6$ $1.2 \pm 1.0$ (+) $8.5\%$	(-) $1.9 \pm 1.1$ > $2.5 \pm 1.5$ = (+) $4.4\%$ < (+) $8.9\%$ < (+) $8.9\%$ < (-) $25.4\%$ < (-) $25.4\%$ < (+) $31.1\%$ > (+) $2.6 \pm 0.8$ > (+) $1.4 \pm 0.6$ > $1.2 \pm 1.0$ = (+) $8.5\%$ <	(-) $1.9 \pm 1.1$ > $1.8 \pm 1.1$ $2.5 \pm 1.5$ = $2.3 \pm 1.6$ (+) $4.4\%$ < $7.9\%$ (+) $8.9\%$ < $14.9\%$ (-) $25.4\%$ < $37.4\%$ 2.3 $\pm 0.5$ = $2.2 \pm 0.6$ (+) $31.1\%$ > $20.7\%$ (+) $2.6 \pm 0.8$ > $2.4 \pm 0.8$ (+) $1.4 \pm 0.6$ > $1.2 \pm 0.5$ $1.2 \pm 1.0$ = $1.2 \pm 0.9$ (+) $8.5\%$ < $13.2\%$	(-) $1.9 \pm 1.1$ > $1.8 \pm 1.1$ (+) $2.5 \pm 1.5$ = $2.3 \pm 1.6$ (+) $4.4\%$ < $7.9\%$ (-) (+) $8.9\%$ < $14.9\%$ (-) (-) $25.4\%$ < $37.4\%$ (+) $2.3 \pm 0.5$ = $2.2 \pm 0.6$ (+) $31.1\%$ > $20.7\%$ (-) (+) $2.6 \pm 0.8$ > $2.4 \pm 0.8$ (-) (+) $1.4 \pm 0.6$ > $1.2 \pm 0.5$ (-) $1.2 \pm 1.0$ = $1.2 \pm 0.9$ (+) $8.5\%$ < $13.2\%$ (-)

Male (n=1464)

No other significant differences regarding procedural characteristics and technique



# Graft occlusion and Stent thrombosis in Men vs. Women

	Male	Female	p value
Graft stenosis or occlusion	2.6%	3.0%	0.67
Stent thrombosis (ARC definite/probable)	0.7%	0.5%	0.62

All-cause death, MI or stroke at 30 days



EXCEL

#### EXCEL All-cause death, MI, stroke or ischemia-driven revascularization at 30 days

Male-PCI



11

All-cause death, MI or stroke at 3 years





#### **EXCEL** All-cause death, MI, stroke or ischemia-driven revascularization at 3 years



13



## Individual 3-year Outcomes



<sup>14</sup> 



# Death, MI, stroke at 30 days

Multivariable analysis

PCI arm	HR (95% CI)	p value
Female	2.30 (1.26, 4.21)	0.007
CrCl ≤ 60 ml/min	1.20 (0.54, 2.66)	0.66
COPD	1.57 (0.62, 4.00)	0.35
Age (years)	1.01 (0.97, 1.04)	0.77
Diabetes Mellitus	1.05 (0.56 <i>,</i> 1.97)	0.87
CABG arm	HR (95% CI)	p value
Female	0.66 (0.35, 1.24)	0.19
CrCl ≤ 60 ml/min	1.27 (0.64, 2.49)	0.50
COPD	2.61 (1.42, 4.77)	0.002
Age (years)	0.99 (0.97, 1.02)	0.59
Diabetes Mellitus	1.41 (0.87, 2.29)	0.17



# Death, MI, stroke at 3 years

Multivariable analysis

PCI arm	HR (95% CI)	p value
Female	1.39 (0.96, 2.01)	0.08
CrCl ≤ 60 ml/min	1.33 (0.85, 2.07)	0.21
COPD	2.07 (1.27, 3.38)	0.003
Age (years)	1.02 (1.00, 1.04)	0.06
Diabetes Mellitus	1.51 (1.07, 2.13)	0.020
CABG arm	HR (95% CI)	p value
Female	0.83 (0.54, 1.28)	0.40
CrCl ≤ 60 ml/min	1.47 (0.92, 2.36)	0.11
COPD	2.49 (1.57, 3.95)	<0.001
Age (years)	1.00 (0.98, 1.02)	0.75
Diabetes Mellitus	1.57 (1.10, 2.24)	0.013



# Conclusions (1)

- As compared to men, women were older and showed worse baseline risk profile with:
  - higher prevalence of Hypertension, diabetes, hyperlipidemia, heart failure, mitral regurgitation and anemia
  - Worse renal function
- Women had less anatomic complexity and fewer coronary lesions treated
- IVUS use during PCI was more frequent in women
- No other significant differences in procedural technique were observed



# Conclusions (2)

- The rate of the primary endpoint of death, MI or stroke at 3 years was numerically higher in women treated with PCI (19.7%) as compared to women treated with CABG (14.6%) and men treated with either strategy (14.7% CABG, 13.8% PCI) (p=0.10)
- At 30 days, death, MI or stroke occurred more frequently in women treated with PCI and men treated with CABG as compared to men treated with PCI
- An interaction effect between sex and CABG vs. PCI was observed for the primary endpoint, with borderline statistical significance
- This data is consistent with the finding of worse prognosis of women treated with PCI observed in the SYNTAX trial

# **EXCEL** 3-Year Death, Stroke or MI

	PCI	CABG		Favors	Favors	
Subgroup	(N=948)	(N=957)	HR [95% CI]	PCI	CABG	P (Int)
All patients	15.4%	14.7%	1.00 [0.79, 1.26]	_	-	
<u>Gender</u>						
- Male	14.0%	14.9%	0.87 [0.66, 1.14]		-	0.056
- Female	19.7%	14.1%	1.48 [0.93, 2.41]	-	-	0.000
				←∎		
			۲ 0.	1 0.5 0.8 1	1.5 2	<b>1</b> 5

Hazard Ratio [95% CI]

# Backup

#### Cumulative risk of all-cause 5-year death in women and men by 3trials



Sotomi Y, et al. Circ Cardiovasc Interv. 2017 May; 10(5)

### SYNTAX trial (n=1800) All-cause death at 5 years





Sotomi Y, et al. Circ Cardiovasc Interv. 2017 May; 10(5)



### BEST and PRECOMBAT trials (n=1480) All-cause death at 5 years



## **Procedural Characteristics**



	Male (n=1464)	Female (n=441)	p value
Lesions treated by PCI	$1.9 \pm 1.1$	$1.8 \pm 1.1$	0.01
Stents implanted	2.5 ± 1.5	2.3 ± 1.6	0.05
Vessels bypassed	$2.3 \pm 0.5$	2.2 ± 0.6	0.07
BITA use	31.1%	20.7%	0.004
Number of total conduits	$2.6 \pm 0.8$	$2.4 \pm 0.8$	0.002
Number of arterial conduits	$1.4 \pm 0.6$	$1.2 \pm 0.5$	<0.001
Number of venous conduits	$1.2 \pm 1.0$	$1.2 \pm 0.9$	0.66

No other significant differences regarding procedural characteristics and technique