



Lecture Notes

American College of Cardiology 60th Annual Scientific Session & i2 Summit

Medical Therapy With or Without CABG Surgery in Patients with Ischemic Cardiomyopathy: Results of the Surgical Treatment of Ischemic Heart Failure Trial (STITCH)

Trial Sponsors: the National Heart, Lung, and Blood Institute and Abbott Laboratories

Clinical Trial #: NCT00023595

Summary

No significant difference exists between medical therapy alone and medical therapy plus coronary artery bypass grafting (CABG) in patients with coronary disease and heart failure.

Background

- The role of coronary-artery bypass grafting (CABG) in the treatment of patients with coronary artery disease and heart failure has not been clearly established
- The STITCH trial sought to determine whether surgery plus medical management or medical management alone improved patient outcomes

Study Design

Between July 2002 and May 2007, a total of 1212 patients with an ejection fraction of 35% or less and coronary artery disease amenable to CABG were randomly assigned to medical therapy alone (n=602 patients) or medical therapy plus CABG (n=610 patients).

Primary and Secondary Outcomes

- The primary outcome was the rate of death from any cause
- Major secondary outcomes included the rates of death from cardiovascular (CV) causes and of death from any cause or hospitalization for CV causes

Results

- The primary outcome occurred in 244 patients (41%) in the medical-therapy group and 218 (36%) in the CABG group (HR with CABG, 0.86; 95% CI, 0.72 to 1.04; p=0.12)
- A total of 201 patients (33%) in the medical therapy group and 168 (28%) in the CABG group died from an adjudicated CV cause (HR with CABG, 0.81; 95% CI, 0.66 to 1.00; p=0.05)



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- Death from any cause or hospitalization for CV causes occurred in 411 patients (68%) in the medical-therapy group and 351 (58%) in the CABG group (HR with CABG, 0.74; 95% CI, 0.64 to 0.85; $p < 0.001$)
- By the end of the follow-up period (median, 56 months), 100 patients in the medical-therapy group (17%) received CABG, and 555 patients in the CABG group (91%) received CABG.

Conclusions

In this randomized trial, there was no significant difference between medical therapy alone and medical therapy plus CABG with respect to the primary endpoint of death from any cause. Patients assigned to CABG compared with those assigned to medical therapy alone had lower rates of hospitalization for cardiovascular causes, death from CV causes, and death from any cause.

Further Reading

Velazquez EJ et al. *N Engl J Med* 2011.