

Multicenter, randomized clinical trial



Objective: To assess whether percutaneous coronary intervention (PCI) of the nonculprit lesion reduces the risk of CV death or myocardial infarction (MI) in patients with STEMI and multivessel coronary artery disease (CAD).

4,041
patients

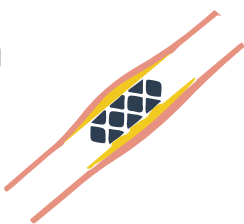
Inclusion criteria: patients with STEMI and multivessel CAD who had undergone successful culprit-lesion PCI were randomized.



**Complete
revascularization
(n=2,016)**



**Culprit-lesion
PCI only
(n=2,025)**



PRIMARY OUTCOME

7.8

CV death or MI %
HR 0.74; 95% CI, 0.60 to 0.91, P=0.004

10.5

8.9

**CV death, MI or ischemia-
driven revascularization %**
HR 0.51; 95% CI, 0.43 to 0.61, P<0.001

16.7

SECONDARY OUTCOME

13.5

**CV death, MI, ischemia-driven PCI,
UA or NYHA class IV heart failure %**
HR 0.62; 95% CI, 0.53 to 0.72

21.0

Conclusion: Among patients with STEMI and multivessel CAD, complete revascularization was superior to culprit-lesion-only PCI in reducing the risk of CV death or MI.