ISCHEMIA
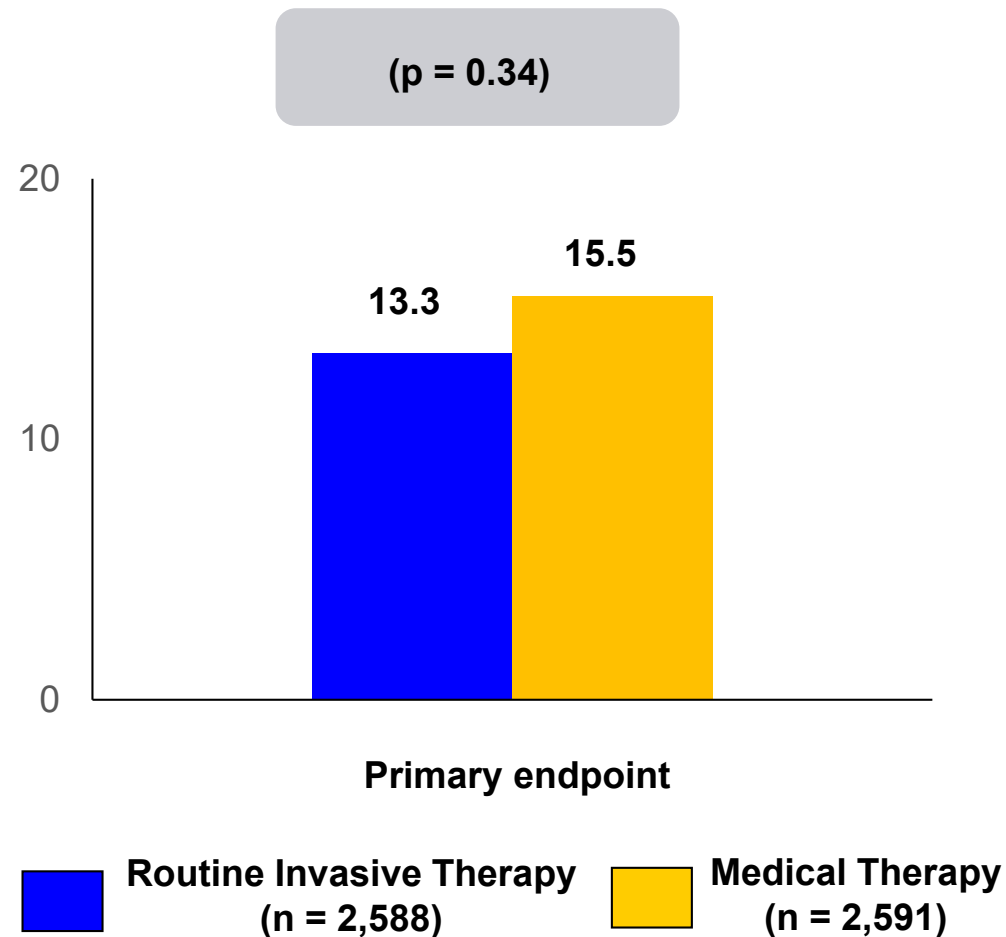## #AHA19

American COLLEGE of CARDIOLOGY

Trial Description: Patients with stable ischemic heart disease and moderate to severe ischemia were randomized to routine invasive therapy vs. medical therapy.

(p = 0.34)

13.3

15.5

%

20

10

0

Primary endpoint

Routine Invasive Therapy (n = 2,588)   Medical Therapy (n = 2,591)

RESULTS
- Primary efficacy endpoint: CV death, MI, resuscitated cardiac arrest, or hospitalization for unstable angina or HF at 3.3 years occurred in 13.3% of the routine invasive group vs. 15.5% of the medical therapy group (p = 0.34)
- Invasive therapy was associated with harm (~2% absolute increase) within the first 6 months and benefit within 4 years (~2% absolute decrease)
- Improvement in symptoms was observed among those with daily/weekly/monthly angina, but not in those without angina

CONCLUSIONS
- Among patients with stable ischemic heart disease and moderate to severe ischemia on stress testing, invasive therapy failed to reduce major adverse cardiac events vs. medical therapy. Invasive therapy was associated with increase in periprocedural MI at 6 months and a reduction in spontaneous MI at 4 years.

Presented by Drs. Judith Hochman and John Spertus at AHA 2019