

# SYNTAX

## The Cardiologist view



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# SYNTAX

- Bottom line:

PCI failed to be non-inferior =

CABG better !?

- Primary endpoint: MACCE

Combined: Death, Stroke, AMI, **Re-intervention**

## The Cardiologist as Gatekeeper

### 1. Is revascularisation necessary?

Yes: if prognostic (or symptomatic) indication

### 2. Can I do it with PCI?

Yes: Technically feasible

### 3. Can I do it as good than the surgeon?

SYNTAX ????

### 4. Should I do it?

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# Good News !



- Both techniques have improved.
- The techniques are complementary.
- The doctor is still needed to decide.

# SYNTAX Lessons

## Pro Stent

- Less stroke  
(0.6% vs. 2.2%)
- Shorter hospitalisation  
(7 vs. 14 days)
- Isolated LM (+ 1VD)

## Pro CABG

- Less reintervention  
(5.9 vs. 13.7%)
- Complete Revasc.  
(63% vs 57%)
- LM + 2/3-vessel

Symptomatic Graft Occlusion & Stent Thrombosis identical !

# Impact for Real Life ?

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## Informed consent

Doctor: This looks serious

Patient: What can we do about it?

Doctor: First choice: surgery

Patient: What is second choice?

Doctor: Stents, but you may have to see me again



Patient A: Let's do stents first

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# SYNTAX

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## ♪ Take home message:

- Reintervention still limiting PCI
  - The main stem mystery abandoned!
  - The doctor's choice is best!
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**Thank you !**

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