

23 December 2021

Dear Members,

We would like to congratulate the American Heart Association, American College of Cardiology and Society for Cardiovascular Angiography and Interventions for the work and efforts involved in producing their recent Coronary Artery Revascularization guidelines. We appreciate the evaluation of recent trials and meta-analyses, and advances on key topics, and acknowledge that there can be divergent views regarding the interpretation of the evidence. After careful review, we are however extremely concerned regarding 2 issues:

1. Chapter 7.1 arbitrarily downgraded coronary artery bypass grafting (CABG) from a class of recommendation (COR) I to IIb in patients with stable multivessel coronary artery disease. No new randomized controlled trials are cited to support this downgrade and to reject the previously held supporting evidence¹⁻³ showing a convincing mortality benefit for CABG. The guidelines imply the results may not have been favorable for the CABG subgroup in ISCHEMIA. This subgroup analysis has not been published to date. Furthermore, this COR is the same (IIb) for PCI, while the recommendation states that “the usefulness of PCI to improve survival is uncertain”. The downgrading of CABG, and placing PCI at the same COR, does not meet our interpretation of the evidence, and may lead to avoidable loss of life. These guidelines also have implications on patient care: a COR IIb entails that CABG may not be reimbursable in some countries.
2. It is additionally astonishing that no surgical association was involved, co-authored or endorsed these guidelines. The collaborative Heart Team is central to the management of heart disease; it is difficult to understand how key members of the Heart Team are not involved in guidelines which play an essential role in our Heart Team discussions. It is unfathomable that guidelines on subjects key to the Heart Team, would include only one side of the Heart Team.

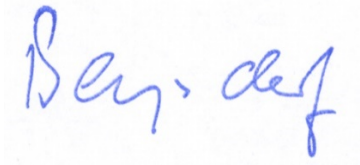
EACTS does not support the conclusions of Chapter 7.1 and recommend that treatment decisions for multivessel coronary artery disease take into account information from 2018 EACTS and ESC Guidelines on Myocardial Revascularization exclusively. We encourage the AHA, ACC and SCAI to review the evidence accordingly.

EACTS House, Madeira Walk, Windsor, Berkshire, SL4 1EU, UK

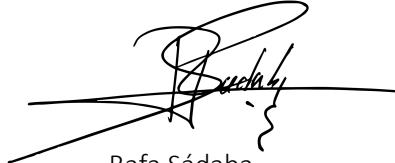
Tel: +44 (0) 1753 832166 Email: info@eacts.co.uk Web: www.eacts.org
Registered Office: EACTS House, Madeira Walk, Windsor, Berkshire, SL4 1EU, UK
Registered in England and Wales No: 07401765 Charity No: 1140274

We hope these comments will be received as a constructive call to include all voices in the Heart Team, and to ensure rigorous methods of reviewing the evidence to update recommendations.

Yours sincerely,



Friedhelm Beyersdorf
President



Rafa Sádaba
Secretary General



Milan Milojevic
Chair, Clinical Practice Guidelines Committee



Patrick Myers
Secretary General elect

References

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