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## REVASCULARIZATION AND SURVIVAL IN MULTIVESSEL CORONARY ARTERY DISEASE IN ISCHEMIA

### To the Editor:

We read with interest the commentary by Sabik and colleagues<sup>1</sup> regarding their reasons for not endorsing the 2021 American College of Cardiology/American Heart Association/Society for Cardiovascular Angiography and Interventions Coronary Revascularization Guidelines.<sup>2</sup> As ISCHEMIA (International Study of Comparative Health Effectiveness with Medical and Invasive Approaches) trial investigators, we write to place some of their statements into context and to correct a factual error related to ISCHEMIA. First, while it is true that only 24% of patients who were revascularized underwent coronary artery bypass grafting (CABG), this translates to 530 patients who underwent CABG, more than any previous randomized controlled trial comparing revascularization with medical therapy.<sup>3</sup> Second, while the choice of percutaneous coronary intervention versus CABG was left to local heart teams, sites and cardiovascular surgeons were required to meet stringent CABG volume and quality metrics established by the trial's Optimal Revascularization Therapy Committee, of which Dr Sabik was a member. Third, there were clear recommendations for CABG detailed in the protocol developed and approved by the trial's Optimal Revascularization Therapy Committee. Fourth, contrary to the statement by Sabik and colleagues, ISCHEMIA did not demonstrate a trend toward improved survival with multivessel coronary artery disease in the initial invasive strategy group.<sup>3,4</sup>



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