CORONARY STENTS

QUESTIONS FOR YOUR DOCTOR

WILL A STENT HELP YOU LIVE LONGER?

FOR STABLE HEART DISEASE, BIG TRIALS SAY NO.

19.0% had a death or heart attack with a stent added to the best medical treatment, vs. 18.5% without, over about 4.6 years in stable heart disease (COURAGE, 2,287 people).

Boden et al. · New England Journal of Medicine · 2007 [1]

WHAT DID THEY COMPARE?

- **Stent plus best medical treatment**
- **Best medical treatment alone**
- **Stable heart disease, not emergencies**

During a heart attack it is different: opening the artery saves lives.

WHAT SHOULD YOU ASK YOUR CARDIOLOGIST?

1. **Is my heart disease stable, or is this an emergency?** [2]
2. **What will this stent do for me: help me live longer, prevent a heart attack, or ease chest pain?** [1,3]
3. **What would happen if I tried medicine and lifestyle changes first?** [1,3]

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4 **Am I a candidate for an intensive cardiac rehab program like Ornish or Pritikin?** [4]

5 **Can I get a second opinion?** [5]

25.8% vs 26.9% died after 11 years with procedures first vs. medicine first in ISCHEMIA (5,179 people): not a significant difference.

ISCHEMIA-EXTEND Research Group. JAMA, 2026 [6]

! **Work with your doctor, not around them. Never stop a medication on your own.**

BOTTOM LINE A stent opens a pipe. It does not cure the disease. In an emergency, it saves lives.

MORE OF THE EVIDENCE

- COURAGE: in 2,287 people with stable heart disease, adding a stent to the best medical treatment did not lower death or heart attack over about 4.6 years (19.0% vs. 18.5%). [1]
- ISCHEMIA: in 5,179 people with stable heart disease and reduced blood flow, procedures first did not lower heart attacks or deaths. After 11 years, 25.8% vs. 26.9% had died, a difference that was not statistically significant. [3,6]
- ORBITA: 200 people with chest pain got a real stent or a fake procedure. After 6 weeks, how long they could exercise was not significantly different. [7]
- During a heart attack it is different: across 23 trials, opening the artery lowered short-term deaths compared with clot-busting drugs, 7% vs. 9%. [2]

Keep in mind: Stents can relieve chest pain for many people. If you have chest pain or heart attack symptoms right now, call 911.

WE TAKE ZERO PRESCRIPTIONS.

That's our choice, not a rule for you. Some prescriptions save lives, like antibiotics for an infection. If you are not changing your diet, stay on the medications your doctor prescribes. If you go plant-based, keep up with your blood work. That way your doctor can safely reduce your medications or take you off them altogether.

I'm not anti-medicine. I'm pro-health.

Don't take my word for any of this. Check it with your favorite AI, read the original studies, then bring them to your doctor.

NOTES FROM MY APPOINTMENT

DATE AND DOCTOR

WHAT WE AGREED TO TRY

WHEN WE WILL RECHECK

SOURCES

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[3] Maron DJ, et al. New England Journal of Medicine, 2020. Initial invasive or conservative strategy for stable coronary disease (ISCHEMIA). https://pubmed.ncbi.nlm.nih.gov/32227755/

[4] Centers for Medicare & Medicaid Services. Intensive Cardiac Rehabilitation (ICR) Programs. https://www.cms.gov/medicare/coverage/approved-facilities-trials-registries/cardiac-rehab-programs

[5] Agency for Healthcare Research and Quality. Step 3: Talk With Your Doctor. https://www.ahrq.gov/questions/resources/diagnosis/step3.html

[6] ISCHEMIA-EXTEND Research Group. JAMA, 2026. Long-term survival after initial invasive or conservative management of stable coronary disease in ISCHEMIA-EXTEND. https://pubmed.ncbi.nlm.nih.gov/42998244/

[7] Al-Lamee R, et al. The Lancet, 2018. Percutaneous coronary intervention in stable angina (ORBITA). https://pubmed.ncbi.nlm.nih.gov/29103656/

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