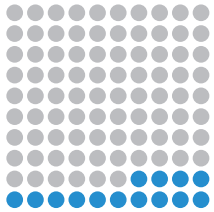


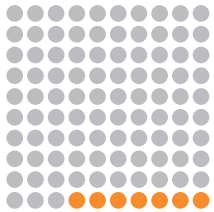
Risks

During the first year after medicines alone or medicines + stents: **Need for a procedure**



Medicines alone

In 100 people:
14 will need a stent,
86 will not.



Medicines + stents

In 100 people:
SEVEN will need another procedure,
93 will not.

*Based upon the benefits and risks,
which choice do you prefer?*

PCI Choice: Class I/II Stable Angina

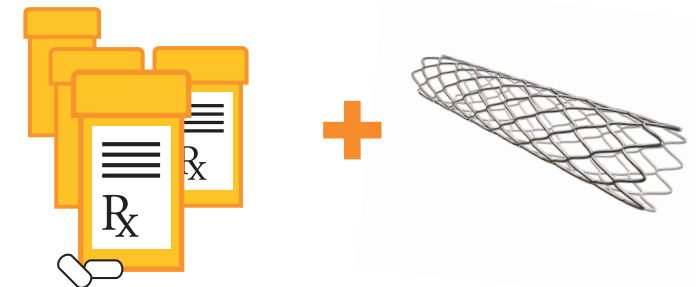
This is a tool for you and your clinician to discuss treatment choices for stable angina. **In stable angina, stents are useful for symptom relief but do not reduce the risk of heart attack or death.** However, stents can reduce the risk of death in other heart diseases, such as unstable angina or heart attack.

Medicines alone



or

Medicines + stents

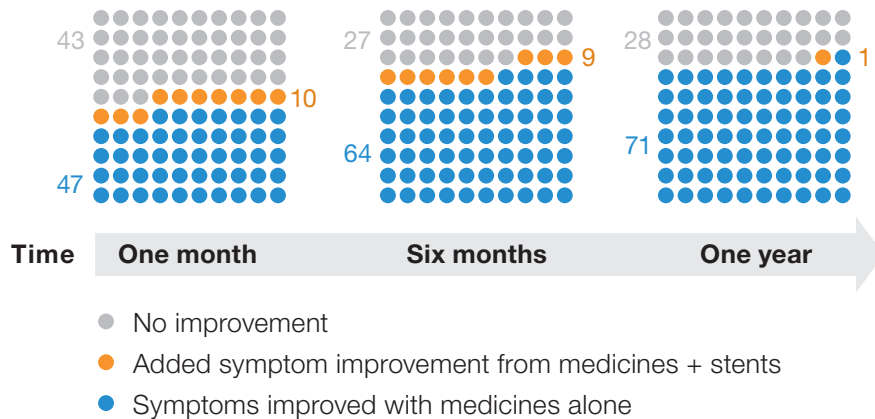


Benefits

Prevention of heart attack or death in stable coronary artery disease with medicines + stents compared to medicines alone:

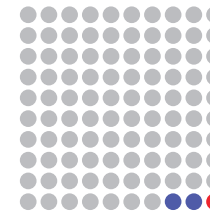
NO DIFFERENCE in heart attack or death.

How symptoms improve in 100 people with medicines + stents compared to medicines alone:



Risks

During the stent procedure:
Bleeding, heart attack, stroke or death



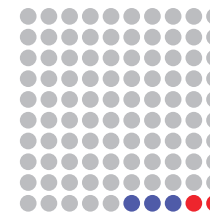
In 100 people:

TWO will have bleeding or damage to a blood vessel; 98 will not.

ONE will have a complication such as heart attack, stroke or death;

99 will not.

During the first year after stent:
Bleeding and heart attack



In 100 people:

THREE will have a bleeding event from the additional blood thinner needed with a stent; 97 will not.

TWO will develop a clot that forms in the stent leading to a heart attack;

98 will not.

Based upon the benefits, which choice do you prefer?