



Background



- **Advantages of PCI for ULM**
 - ✓ **Psychological influence on patients**
 - ✓ **Shorter admission**
 - ✓ **Repeatable procedure**



Background

- **Indication began to be widely expanded from high-risk to low-risk candidates;**
 - ✓ with adequate consideration of indication
 - ✓ with proper device and procedures
 - ✓ by experienced operators



Prognosis of Percutaneous Coronary Intervention for Unprotected Left Main Disease in **Elderly Cases**: Compared with **CABG**



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Purpose

- **The purpose of present study is to evaluate the short and long-term outcome of PCI for ULM in elderly patients (over 70 y.o.) comparing with the cases of**
 - ✓ under 70 y.o.
 - ✓ CABG



Subjects

- Among 254 ULM cases who underwent revascularization therapy between May 1999 and December 2002, patients who were **over 70 years old** :
 - ◆ 131 consecutive cases
 - ✓ PCI: **54**
 - ✓ CABG: **77**
 - ◆ Acute myocardial infarction containing both LAD and LCX occlusion was excluded.



Comparison with
under 70 y.o.



Pt. Characteristics: **Elderly vs. Non-elderly Cases**

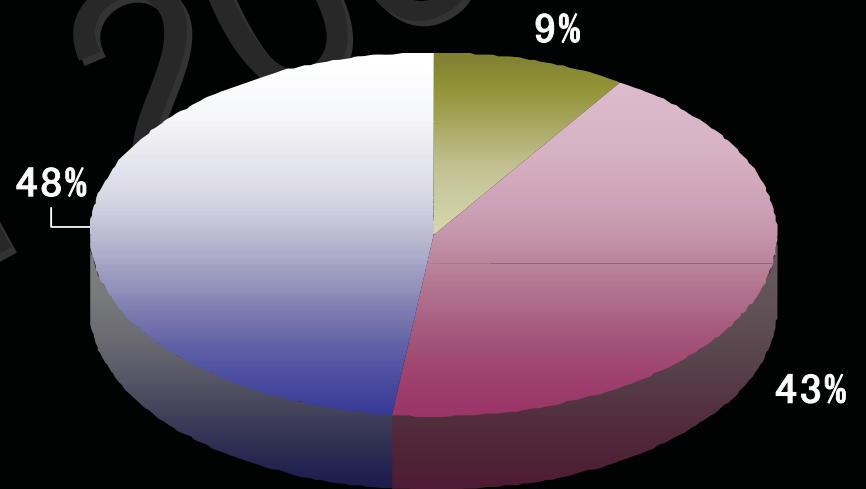
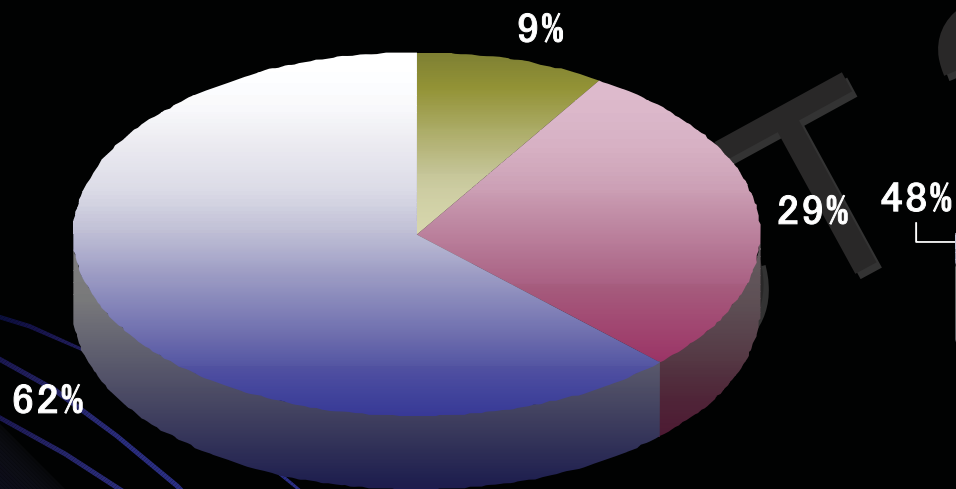
	< 70 y.o. (n=55)	≥ 70 y.o. (n= 54)
Male gender, n	46 (84%)	39 (72%)
DM, n	16 (24%)	20 (37%)
Cerebrovascular disease, n	3 (5%)	3 (6%)
Previous CABG, n	4 (7%)	5 (9%)
CCS class	2.0 ± 0.9	2.1 ± 1.0
LVEF (%)	53.9 ± 7.9	51.2 ± 11.9
Clinical presentation at arrival		
AMI, n	5 (9%)	5 (9%)
UAP, n	16 (29%)	23 (43%)
Elective, n	34 (62%)	26 (48%)
No. of diseased vessels		
0-vessel (ULM alone)	3 (5%)	4 (7%)
1-vessel	13 (24%)	9 (17%)
2-vessel	20 (36%)	14 (26%)
3-vessel	19 (35%)	27 (50%)



Status at arrival (PCI group)

< 70 y.o. (n=55)

≥ 70 y.o. (n=54)



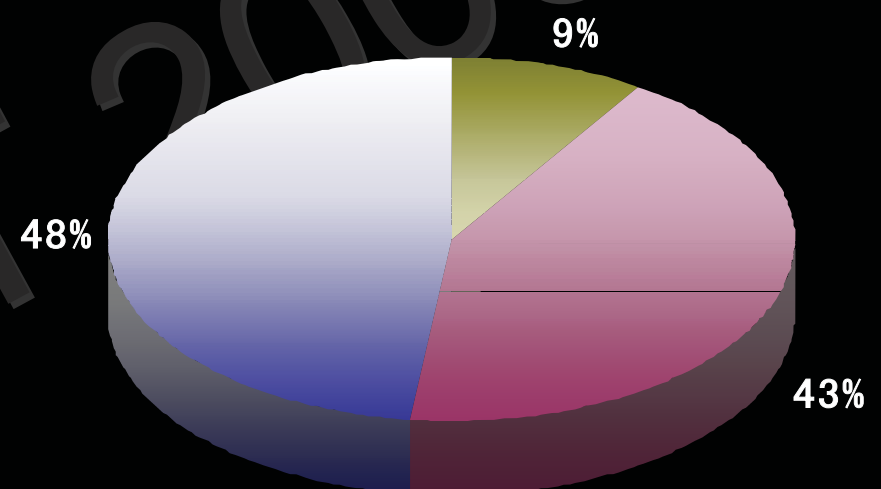
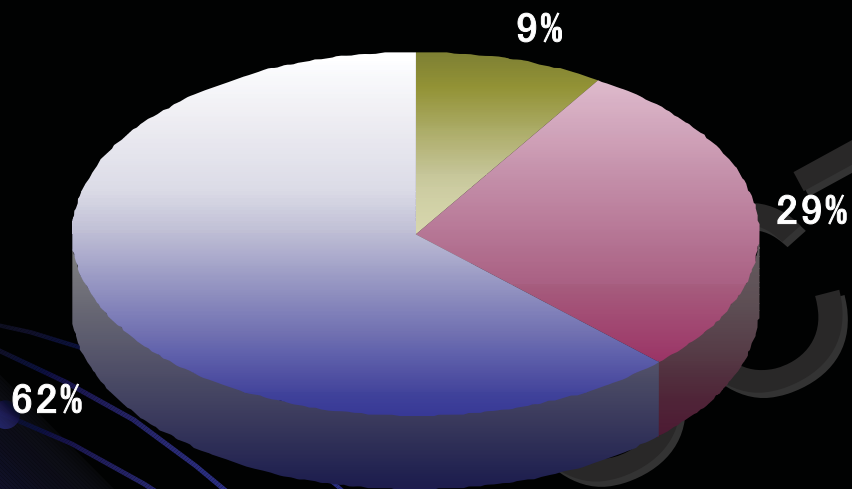
- AMI
- UAP
- Elective



Lesion Location

< 70 y.o. (n=55)

≥ 70 y.o. (n=54)



- Ostium
- Body
- Bifurcation

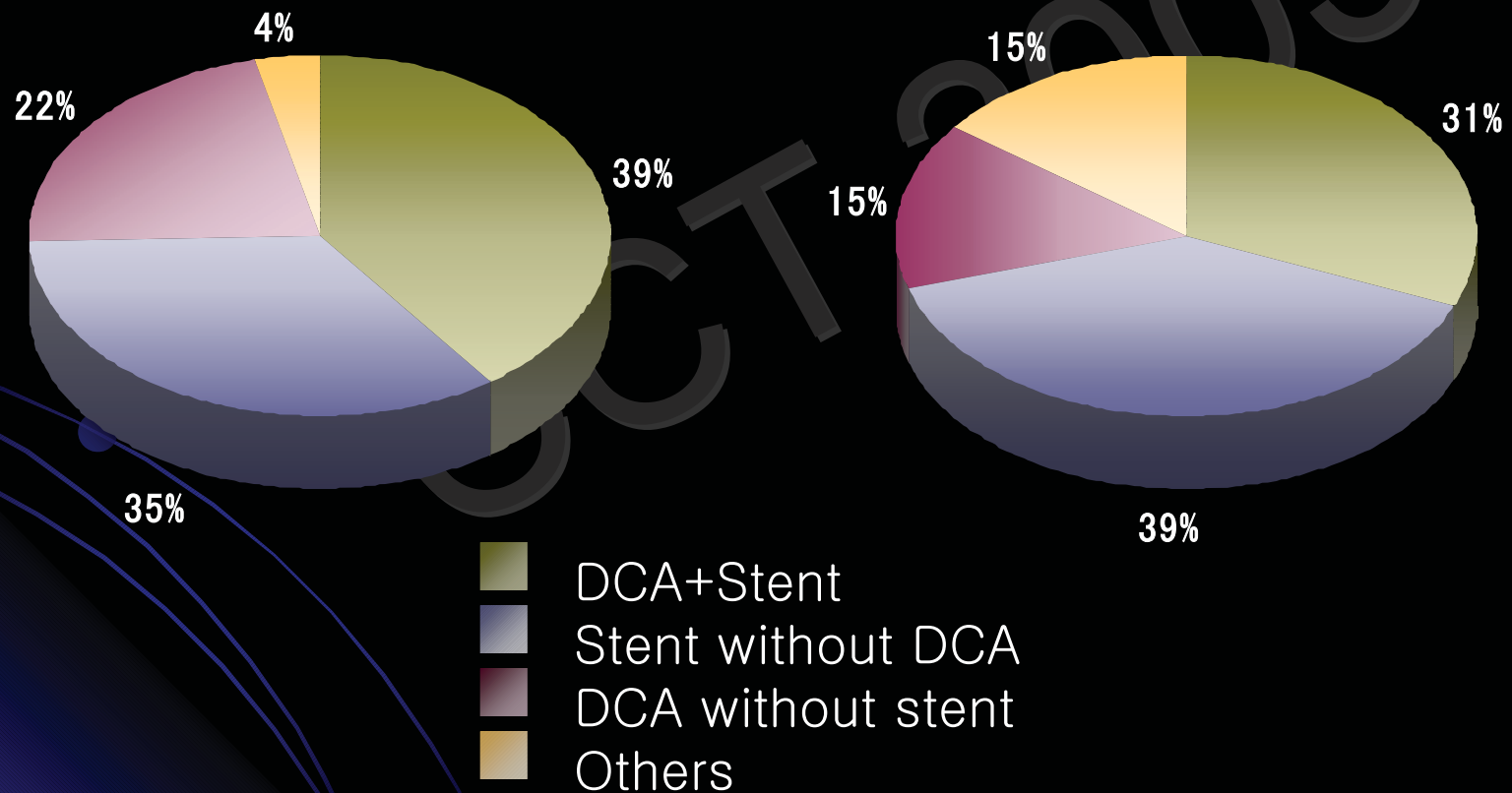


Strategy



< 70 y.o. (n=55)

≥ 70 y.o. (n=54)





In-hospital Outcome

	< 70 y.o. (n=55)	≥70 y.o. (n=54)	p
In-hospital stay, days	3.9_±3.9	7.2_±10.4	0.0402
Lesion success, n	55 (100%)	54 (100%)	ns.
Clinical success, n	55 (100%)	53 (98%)	ns.
Complications, n	1 (1.8%)	1 (1.9%)	ns.
Cardiac death, n	1 (1.8%) *	0 (0%)	ns.
Non-cardiac death, n	0 (0%)	1 (1.9%) **	ns.
Q-myocardial infarction, n	0 (0%)	0 (0%)	ns.
Re-PCI or CABG, n	1 (1.8%) *	0 (0%)	ns.

*Low output syndrome with severe diffuse calcified lesion, rejected CABG.

**Peripheral hemorrhage.



Late Phase Outcome within 6 months

	< 70 y.o. (n=55)	≥ 70 y.o. (n=54)	p
Death in any causes, n	1 (1.8%)	1 (1.9%)	0.9896
Cardiac death, n	1 (1.8%)	0 (0%)	0.3195
Non-cardiac death, n	0 (0%)	1 (1.9%)	0.3106
Q-MI, n	0 (0%)	0 (0%)	-
TVR, n	10 (18.1%)	7 (13.0%)	0.4527



Late Phase Outcome within 4 Years

	< 70 y.o. (n=55)	≥ 70 y.o. (n=54)	p
Death in any causes, n	4 (7.2%)	7 (13.0%)	0.3215
Cardiac death, n	2 (1.8%)	1 (0%)	0.5691
Non-cardiac death, n	2 (1.8%)	6 (11.1%)	0.1614
Q-MI, n	0 (0%)	0 (0%)	-
TVR, n	10 (18.1%)	7 (13.0%)	0.4527



Cardiac Death and TVR rate



Cardiac Death Rate

	< 70 y.o. (n=55)	≥70 y.o.(n=54)	p
In-hospital, n	1 (1.8%)	0 (0%)	ns.
6 months, n	1 (1.8%)	0 (0%)	ns.
4 years, n	2 (1.8%)	1 (0%)	ns.

TVR Rate

	< 70 y.o. (n=55)	≥70 y.o. (n=54)	p
In-hospital, n	1 (1.8%)	0 (0%)	ns.
6 months, n	10 (18.1%)	7 (13.0%)	ns.
4 years, n	10 (18.1%)	7 (13.0%)	ns.



Comparison with CABG



Baseline Characteristics: **Over 70 y.o.**

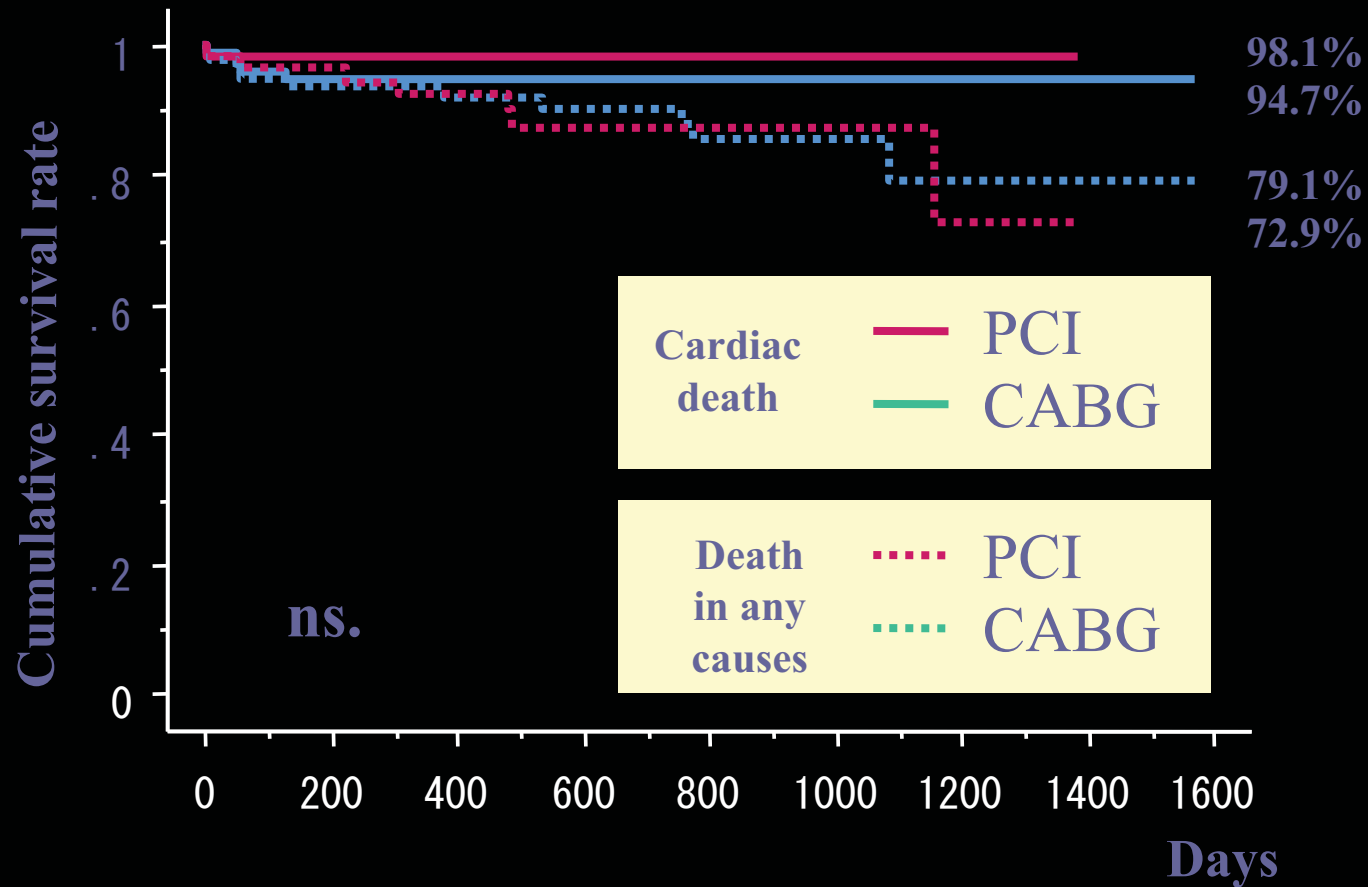
	CABG (n=77)	PCI (n=54)	p value
Age (yrs)	74.9 ± 4.1	76.7 ± 5.5	0.0273
Male gender, n	51 (66%)	39 (72%)	0.4689
DM, n	27 (35%)	20 (37%)	0.8168
Cerebrovascular disease, n	10 (13%)	3 (6%)	0.1614
LVEF (%)	50.1 ± 11.1	-	
Clinical status			<0.0001
AMI, n	0 (0%)	5 (1%)	
UAP, n	6 (8%)	23 (43%)	
Elective, n	71 (92%)	26 (48%)	
No. of diseased vessel			0.0131
0 (ULM alone)	1	3	
1-vessel	8	9	
2-vessel	9	15	
3-vessel	59	27	



Cumulative Survival Rate: Over 70 y.o.

(Cardiac death-free)

Kaplan-Meier method

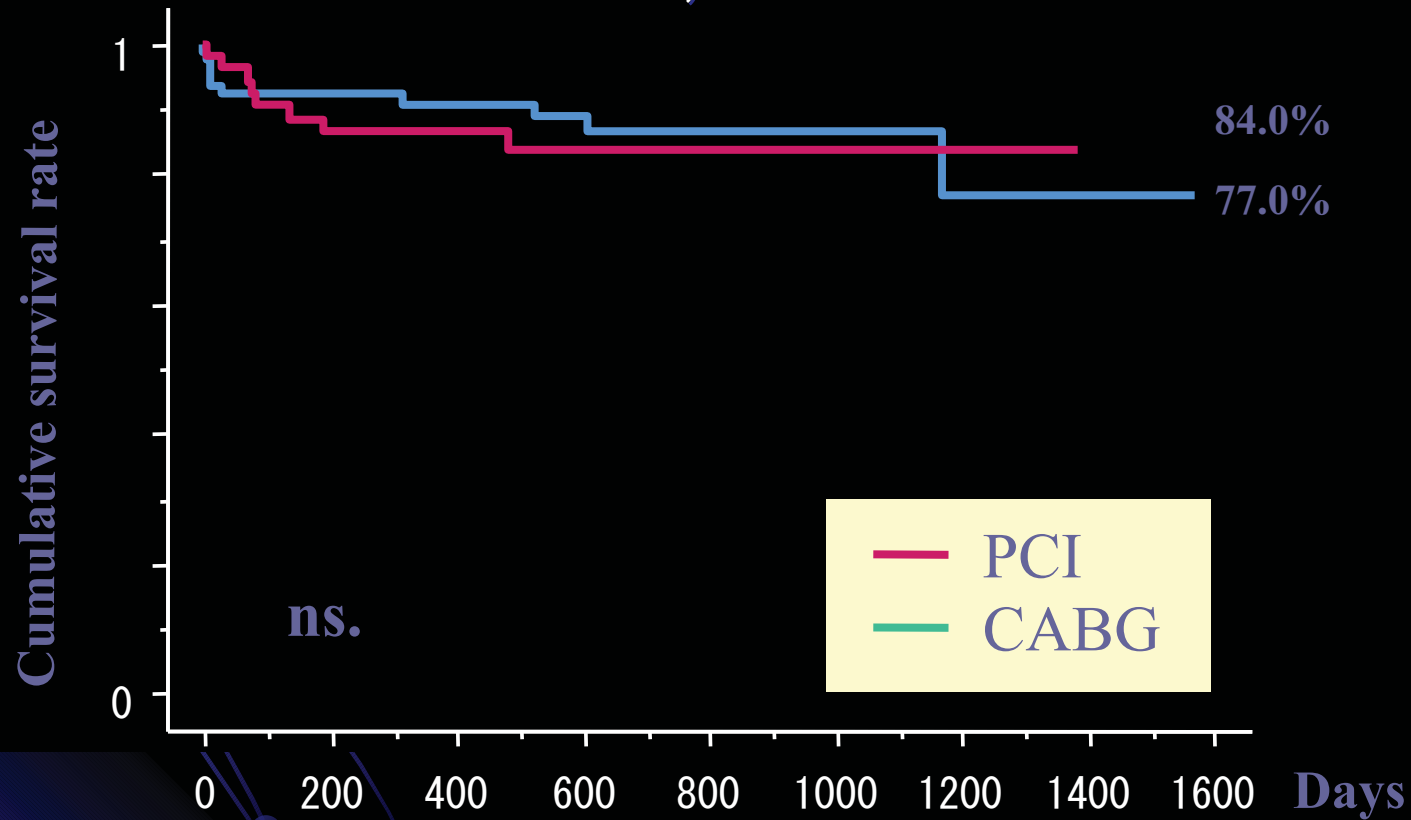




Cumulative MACE-free Rate: Over 70 y.o.

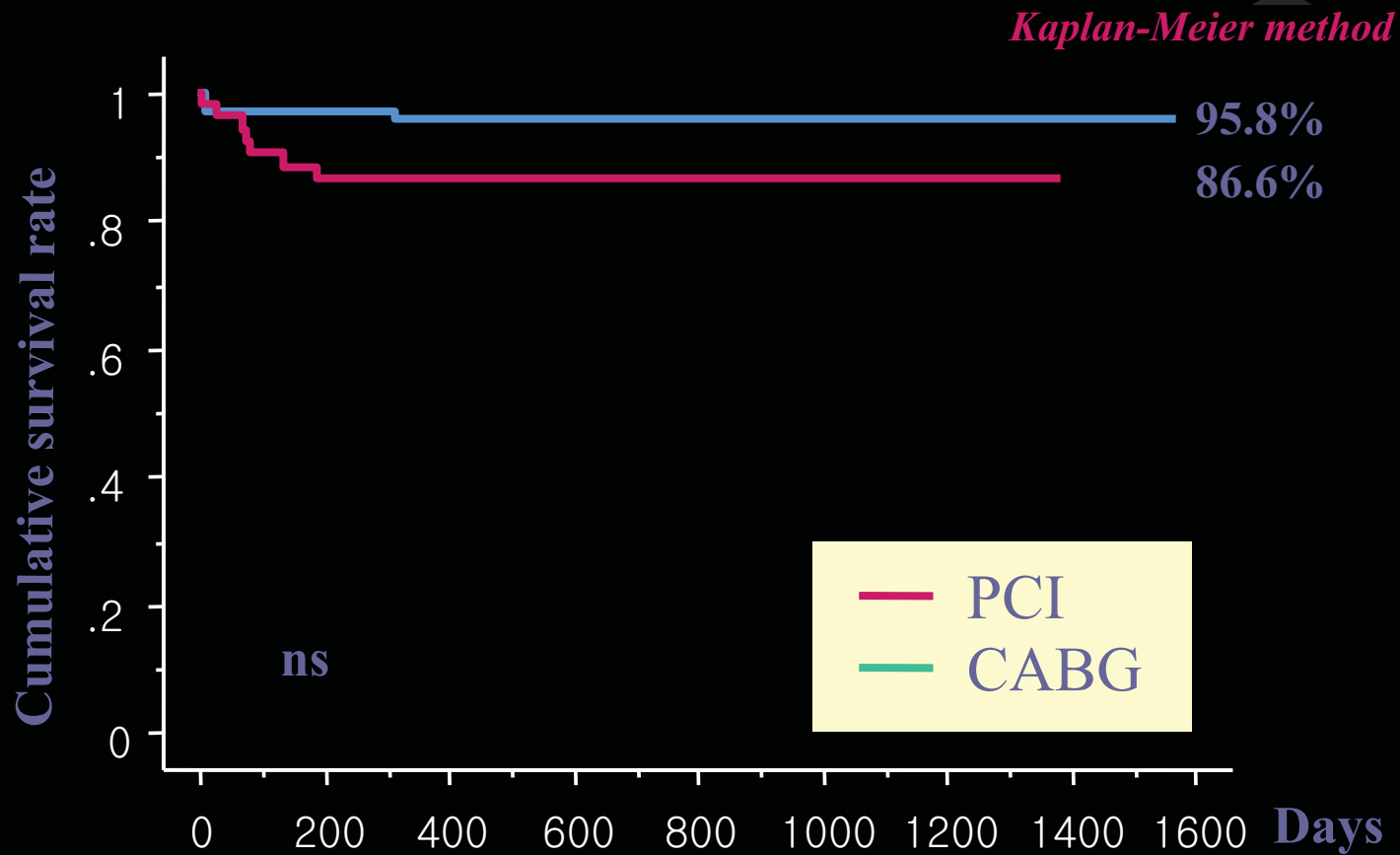
(MACE: Death, MI, TVR and CHF)

Kaplan-Meier method





Cumulative TVR-free Rate: Over 70 y.o.

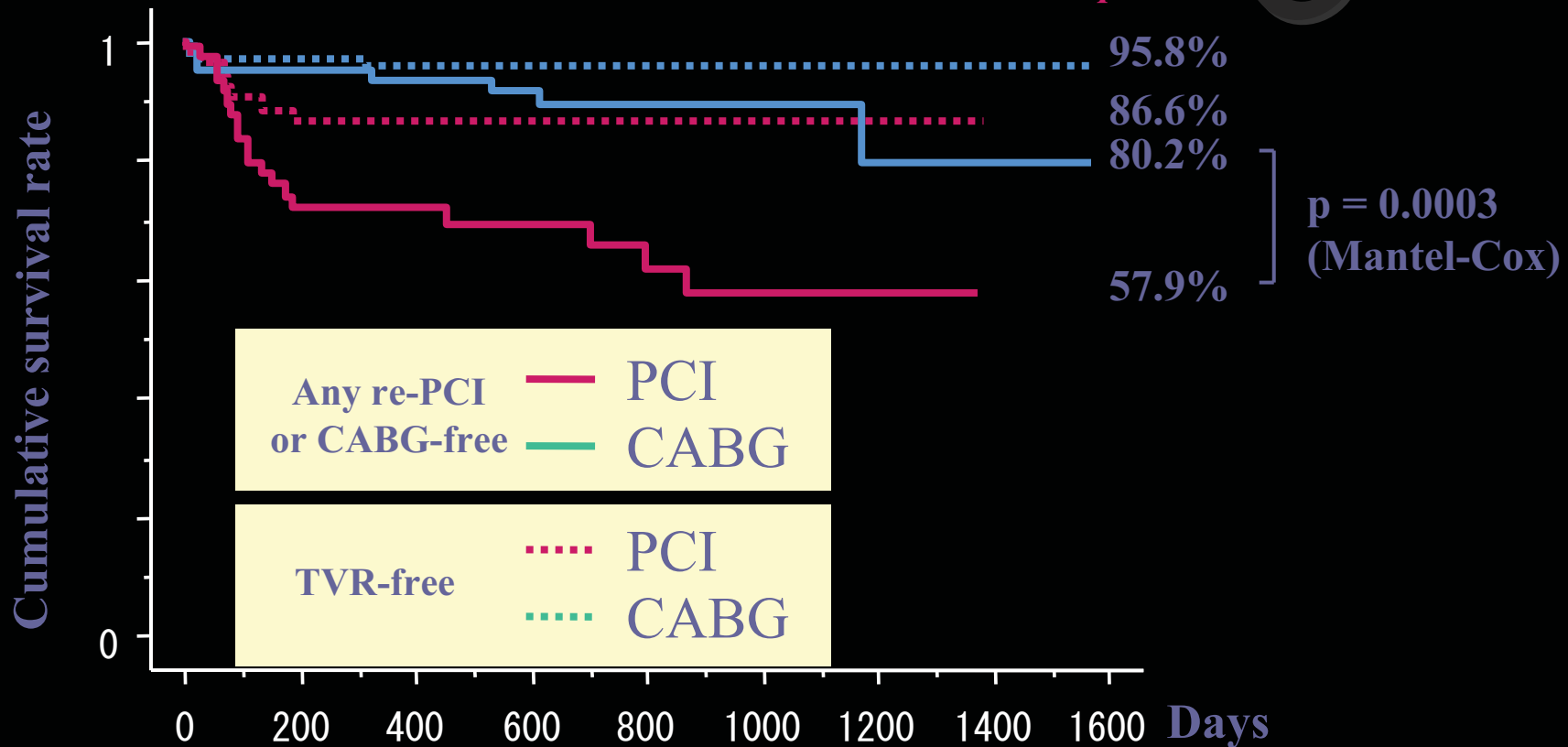




Cumulative **Any** Revascularization-free Rate: **Over 70** **y.o.**

(including progressive or restenosis lesion of non-target vessel)

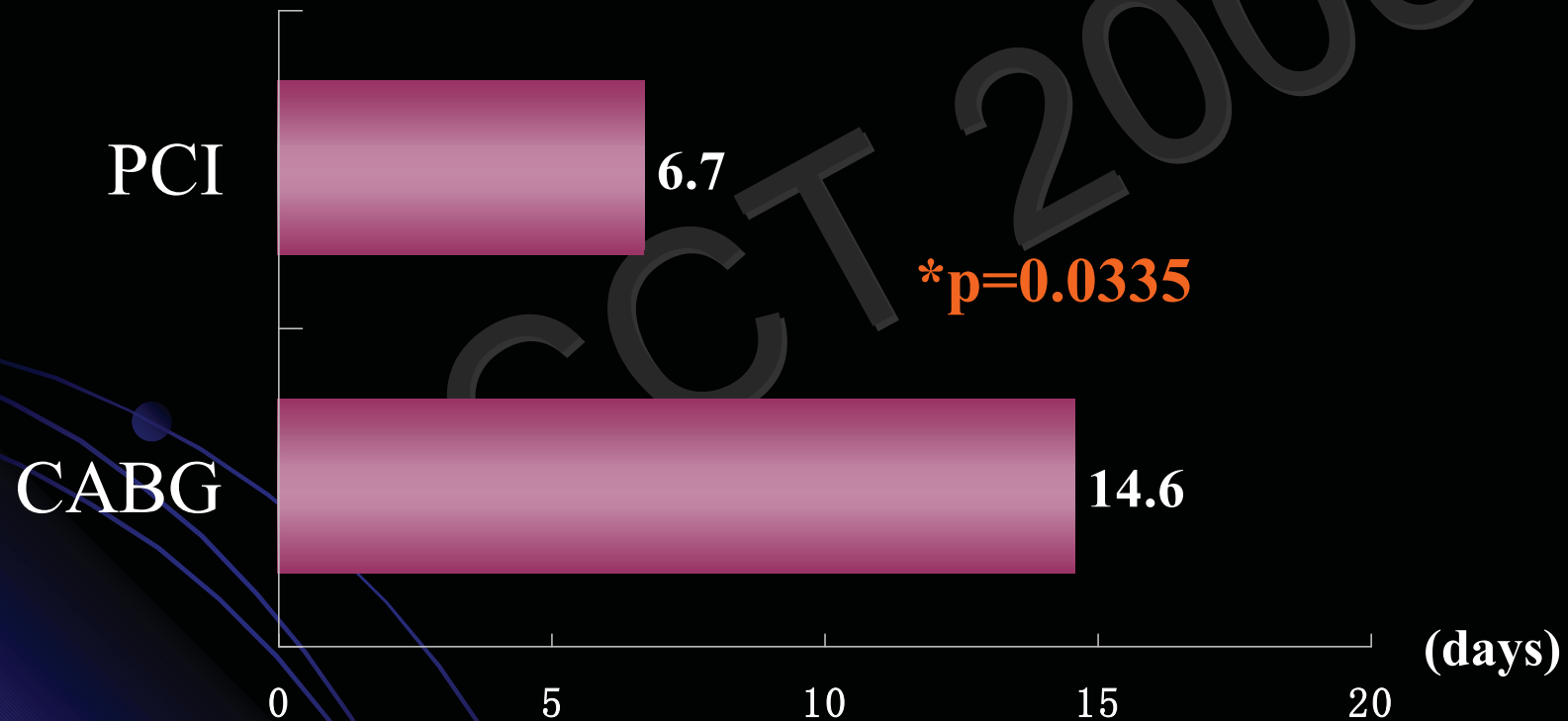
Kaplan-Meier method





In-Hospital Days in Elective Cases: Over 70 y.o.

Elective Cases





Summary

- Compared with **under 70 y.o.:**
 - ✓ no difference in acute and late outcome
 - ✓ Longer hospital stay in over 70 y.o (4 vs. 7 days)
- Compared with **CABG in over 70 y.o. group:**
 - ✓ no difference in acute and late outcome except revascularization rate
 - ✓ shorter hospital stay in PCI (4 vs. 15 days)



Conclusion

- PCI for ULM is a reliable strategy also in cases of elderly patients... however, adequate indication should be considered because revascularization rate is significantly higher in PCI compared with CABG

... Eventual breakthrough in ULM-PCI could be achieved in DES era.