

Long-term Outcomes of Non-LM Bifurcation Studies

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Long term outcome: ≥ 3 years ?

Five-year outcome of patients with bifurcation lesions treated with provisional SB T-stenting using DES

477 bifurcation, 2003 - 2005, PES or SES, PTS strategy: 92%, SB stent: 28,8%, FKB: 95%.
 Long-term FU: median 61 months, available: 93,5% of patients.

Procedural data	n (%)
Radial approach	350 (73,1)
Stenting strategy	
PTS	442 (92,3)
T stenting, side branch first	32 (6,7)
Culotte	3 (0,63)
Kissing stents	2 (0,42)
Stents deployed	
Main branch	474 (99,0)
Side branch	138 (28,8)
Both branches	133 (27,8)
Final kissing balloon	457 (95,4)
Angiographic success	
Both branches	472 (98,6)
Main branch	477 (100)
Side branch	474 (98,8)

Five-year outcome of patients with bifurcation lesions treated with provisional SB T-stenting using DES

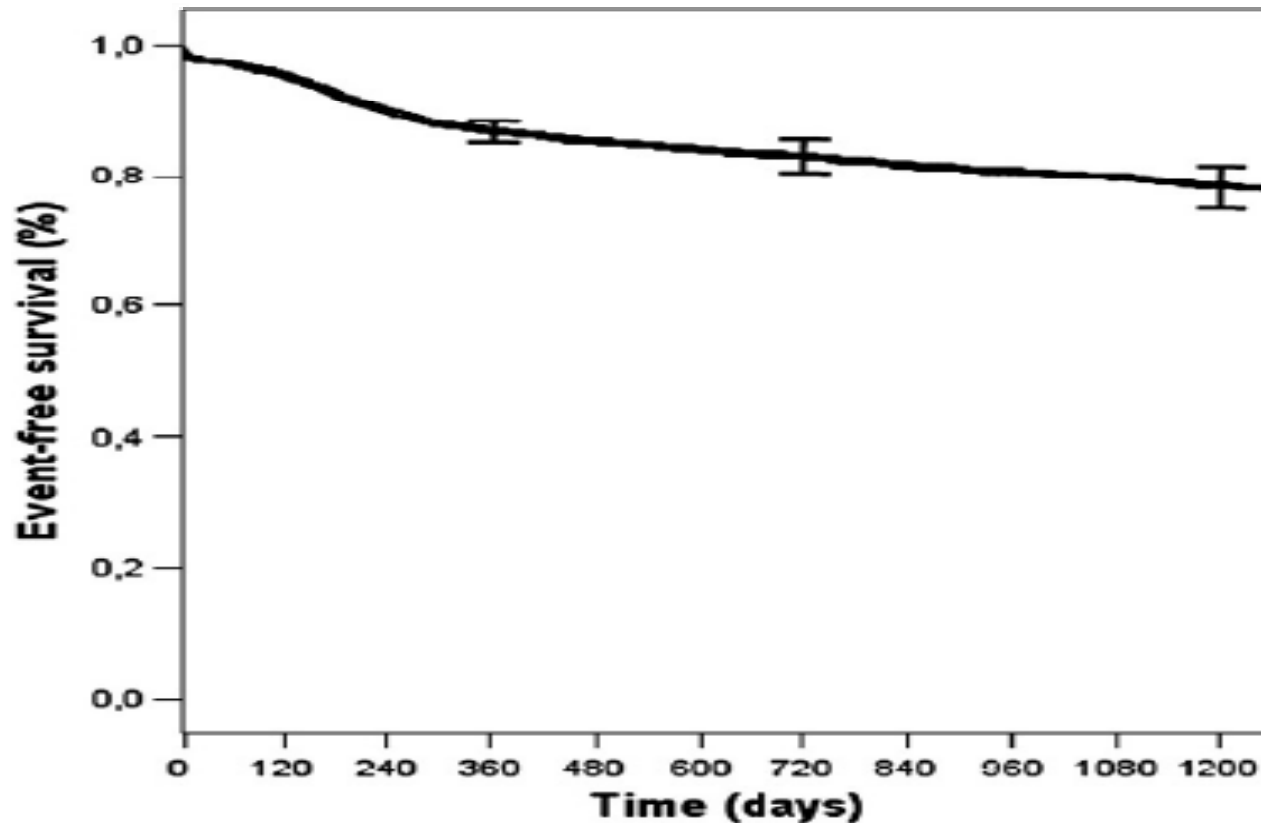
In-hospital, 1-year and 5-year outcome

	In-Hospital	1-year (cumulative)	5-year (cumulative)
Urgent re-PCI, %	1,3	-	-
MI, %	0,8	1	3,9
Target lesion revascularisation, %	-	3,9	7,3
Target vessel revascularisation, %	-	6,9	13,0
CABG, %	0	0,9	1,3
Cardiac death	1,1	3	6,7
Total death	1,1	3,4	10,6
Total MACE (defined as early reintervention, Q / non-Q wave MI or TVR)	2,5	10,7	13,6

Five-year outcome of patients with bifurcation lesions treated with provisional SB T-stenting using DES

- Definite or probable stent thrombosis at 5 years is 3,1%, most cases occurring within the first year (2.5%) .
- TLR in the long-term not predicted by the stenting strategy, and not significantly related to the use of 1 or 2 stents or the type of DES deployed.

Real-world outcome of coronary bifurcation lesions in the DES era: Results from the 4,314-patient SICI-GISE, I-BIGIS



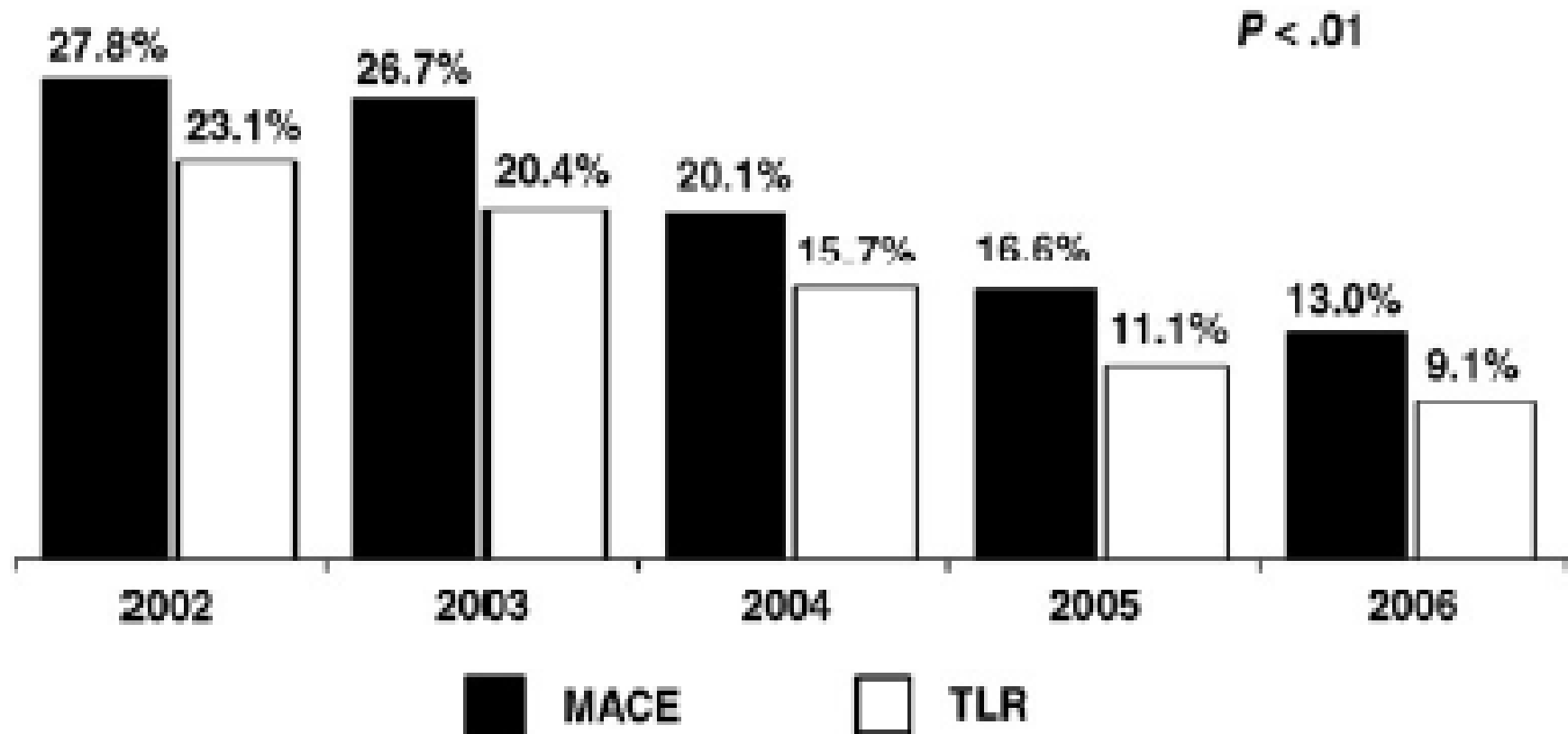
Freedom from MACE

Real-world outcome of coronary bifurcation lesions in the DES era: Results from the 4,314-patient SICI-GISE, I-BIGIS

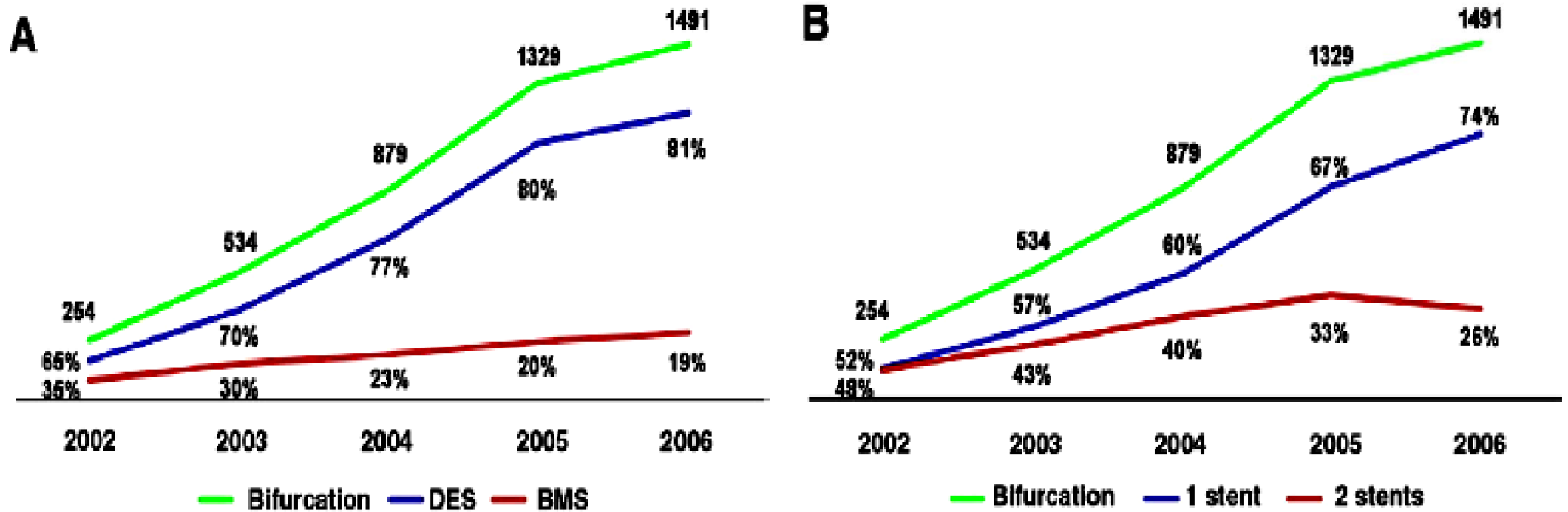
Variables	MACE	Cardiac death	MI	TLR	Stent thrombosis	Definite thrombosis
Age	HR = 1.02 (1.01-1.03) <i>P</i> < .01	HR = 1.06 (1.03-1.08) <i>P</i> < .01	HR = 1.02 (1.01-1.04) <i>P</i> = .03	HR = 1.01 (1.01-1.02) <i>P</i> = .03	HR = 1.03 (1.01-1.06) <i>P</i> < .01	–
Diabetes	HR = 1.45 (1.20-1.76) <i>P</i> < .01	HR = 1.69 (1.10-2.58) <i>P</i> = .02	HR = 1.50 (1.02-2.21) <i>P</i> = .04	HR = 1.53 (1.23-1.90) <i>P</i> < .01	HR = 1.76 (1.14-2.71) <i>P</i> = .01	–
Chronic kidney disease	HR = 1.37 (1.05-1.78) <i>P</i> = .02	HR = 2.23 (1.36-3.64) <i>P</i> < .01	HR = 1.83 (1.13-2.98) <i>P</i> = .01	–	–	–
Prior revascularization	HR = 1.41 (1.15-1.72) <i>P</i> < .01	–	–	HR = 1.71 (1.35-2.17) <i>P</i> < .01	–	–
Impaired LVEF	HR = 1.37 (1.13-1.66) <i>P</i> < .01	HR = 2.50 (1.64-3.82) <i>P</i> < .01	HR = 1.82 (1.26-2.64) <i>P</i> < .01	–	HR = 2.07 (1.34-3.19) <i>P</i> < .01	–
Multivessel CAD	HR = 1.31 (1.04-1.65) <i>P</i> = .02	HR = 2.49 (1.40-4.43) <i>P</i> < .01	–	–	–	–
LMT disease	–	–	–	–	–	–
Site of in-stent restenosis	HR = 2.38 (1.76-3.21) <i>P</i> < .01	HR = 2.03 (1.01-4.10) <i>P</i> = .04	HR = 2.45 (1.39-4.32) <i>P</i> < .01	HR = 2.31 (1.67-3.20) <i>P</i> < .01	HR = 2.68 (1.43-5.01) <i>P</i> < .01	–
Acute MI	HR = 1.68 (1.21-2.31) <i>P</i> < .01	HR = 3.55 (2.12-5.94) <i>P</i> < .01	–	–	–	–
Complex stenting strategy	HR = 1.39 (1.13-1.71) <i>P</i> < .01	–	–	HR = 1.73 (1.38-2.17) <i>P</i> < .01	–	–
DES implantation	HR = 0.59 (0.44-0.80) <i>P</i> < .01	–	–	HR = 0.59 (0.44-0.80) <i>P</i> < .01	–	–
Final kissing balloon performed	–	–	–	–	–	–

Real-world outcome of coronary bifurcation lesions in the DES era: Results from the 4,314-patient SICI-GISE, I-BIGIS

Temporal trend of MACE and TLR rates during the study period



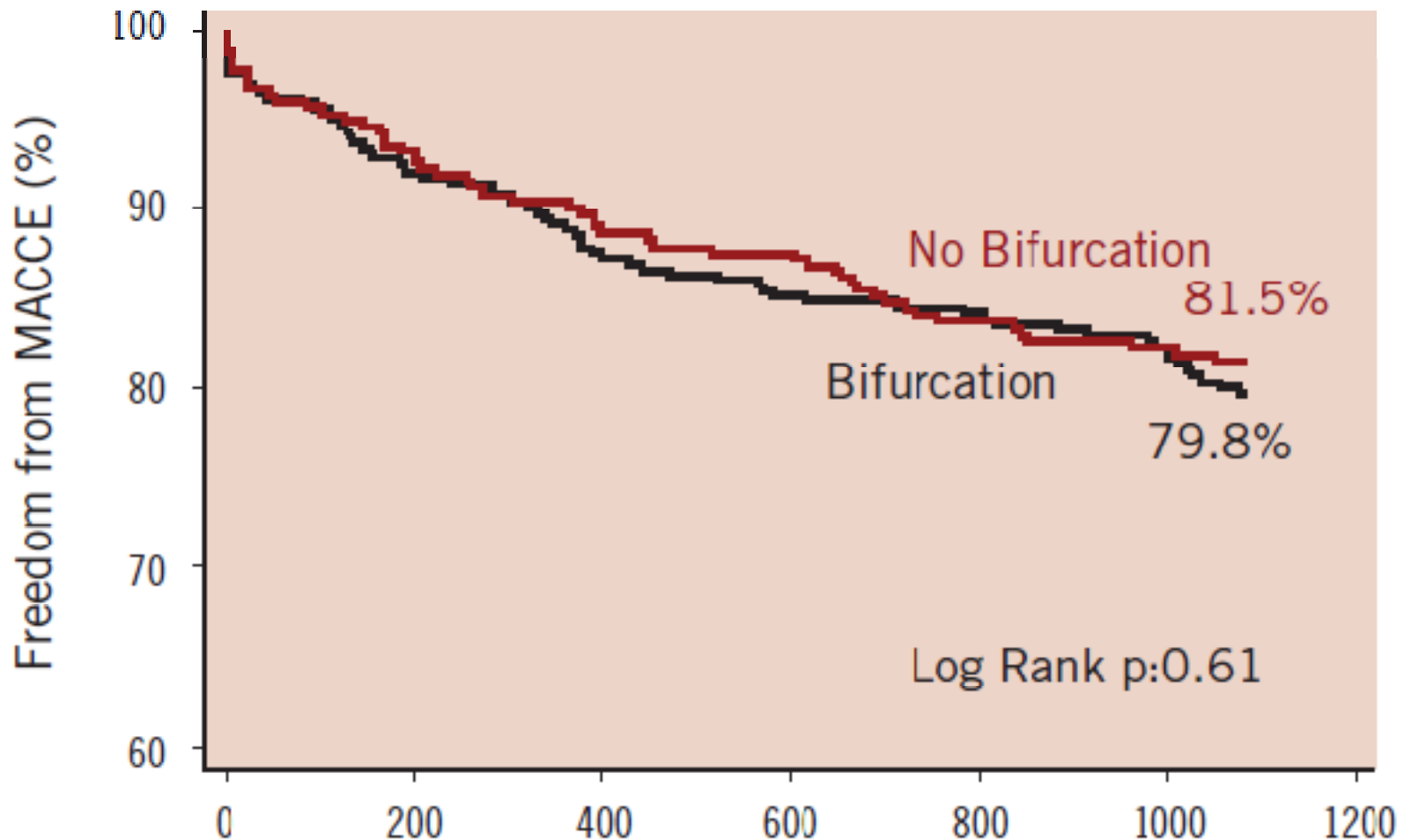
Real-world outcome of coronary bifurcation lesions in the DES era: Results from the 4,314-patient SICI-GISE, I-BIGIS



Drug-eluting stent penetration (A) Frequency of the 2 different stenting approaches (B) during the study period

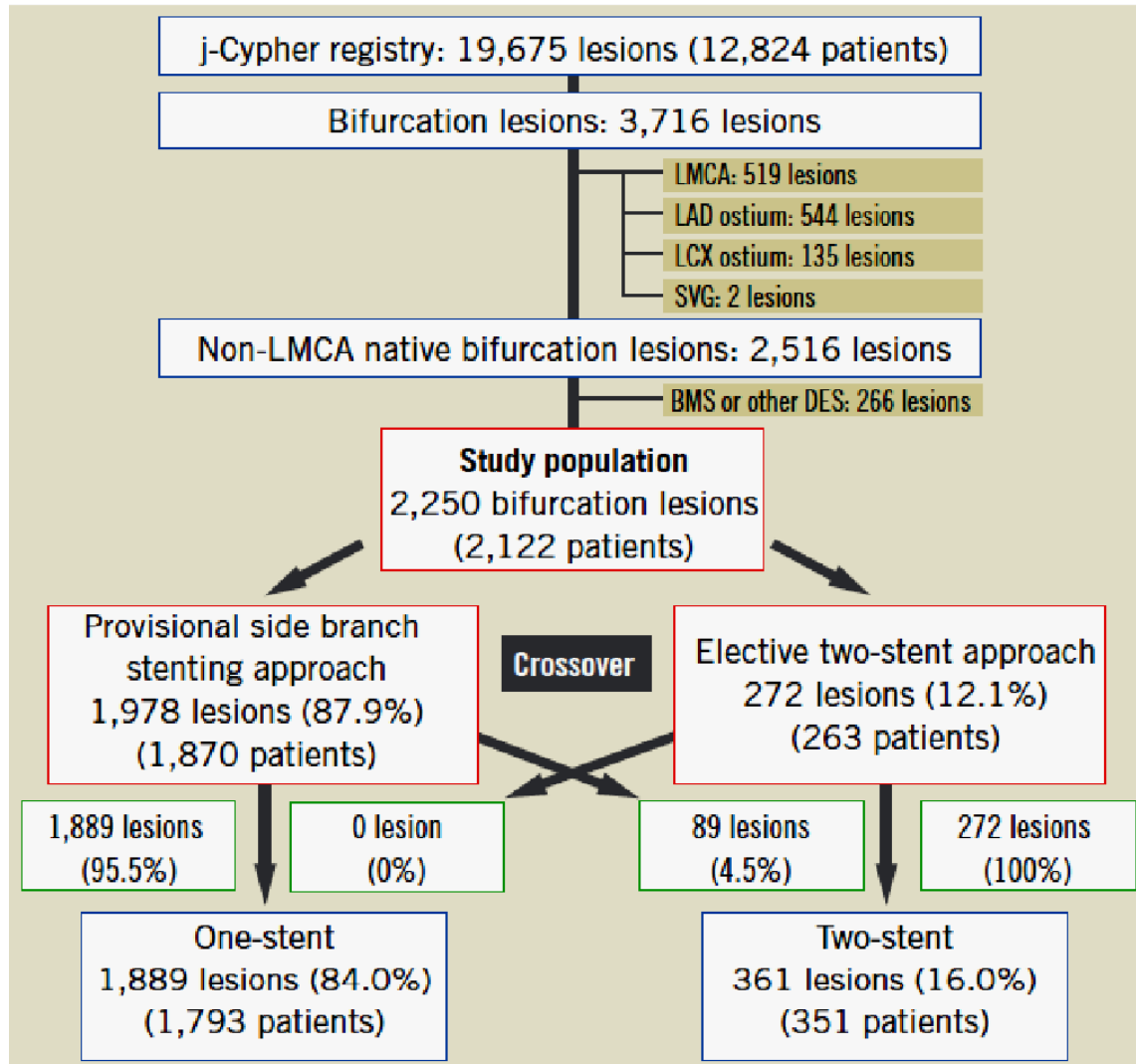
3Y clinical outcome of PCI of bifurcation lesions in multivessel CAD with the SES: insights from ARTS II

Freedom from MACCE in 324 patients including bifurcation treatment and 283 with no bifurcation



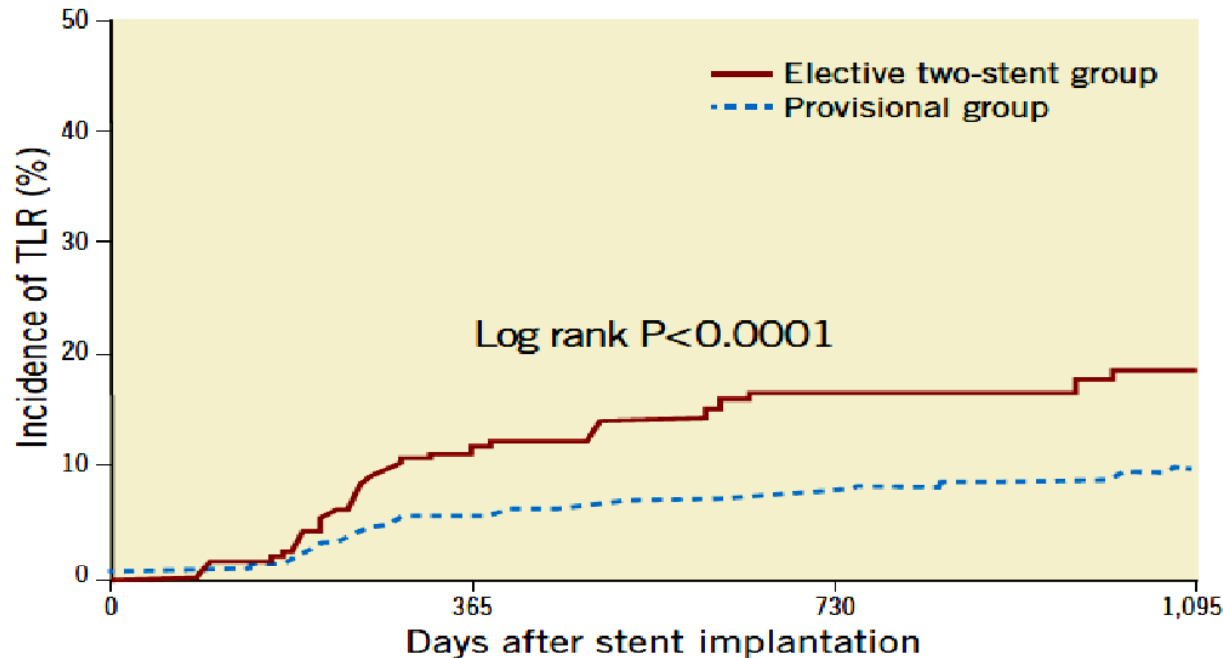
Long term outcome: influence of stenting technique

3-year outcome of SES in coronary bifurcation lesions: provisional SB stenting approach vs elective 2-stent



3-year outcome of SES in coronary bifurcation lesions: provisional SB stenting approach vs elective 2-stent

TLR: two-stent group and the provisional SB stenting group

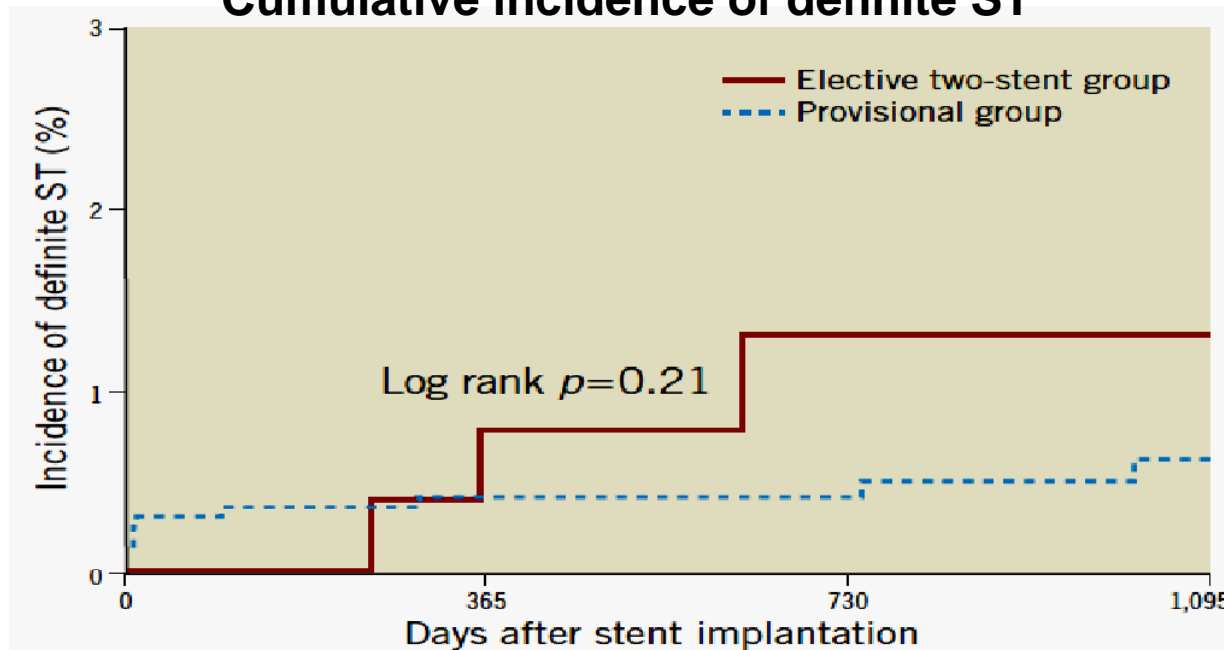


True bifurcation:
 Prov. 49%
 2 stent 83%
 P<0.0001

Interval (Days)	0	365	730	1,095
Elective				
Cumulative incidence (%)		11.2	16.4	18.5
Number of events		29	40	42
Number of lesions at risk	272	227	154	61
Number of patients at risk	263	218	147	57
Provisional				
Cumulative incidence (%)		5.6	7.7	9.8
Number of events		106	142	160
Number of lesions at risk	1,978	1,754	1,325	613
Number of patients at risk	1,870	1,657	1,259	586

3-year outcome of SES in coronary bifurcation lesions: provisional SB stenting approach vs elective 2-stent

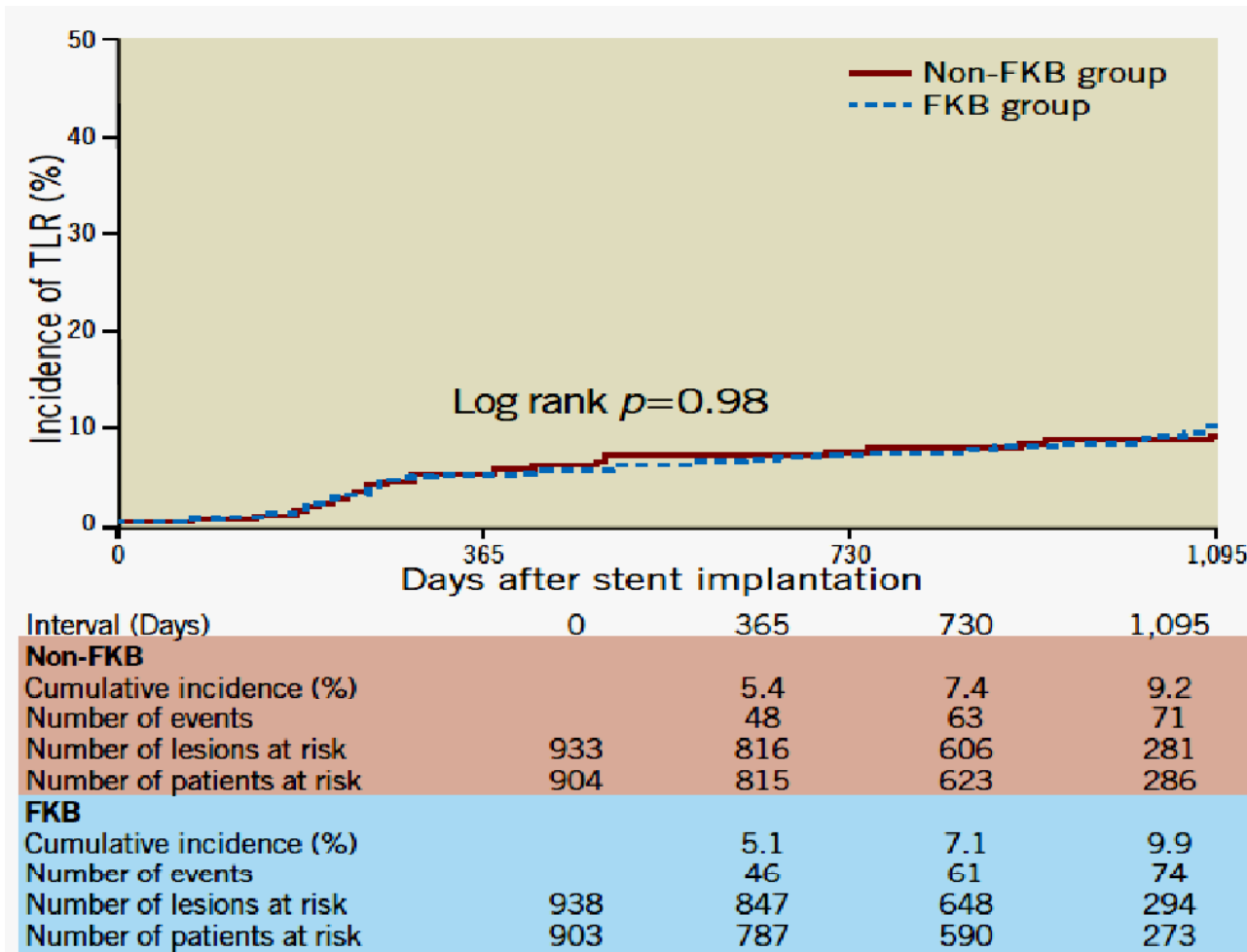
Cumulative incidence of definite ST



Interval (Days)	0	365	730	1,095
Elective				
Cumulative incidence (%)		0.78	1.3	1.3
Number of events		2	3	3
Number of lesions at risk	272	253	179	69
Number of patients at risk	263	244	172	65
Provisional				
Cumulative incidence (%)		0.41	0.41	0.61
Number of events		8	8	10
Number of lesions at risk	1,978	1,851	1,428	673
Number of patients at risk	1,870	1,752	1,354	642

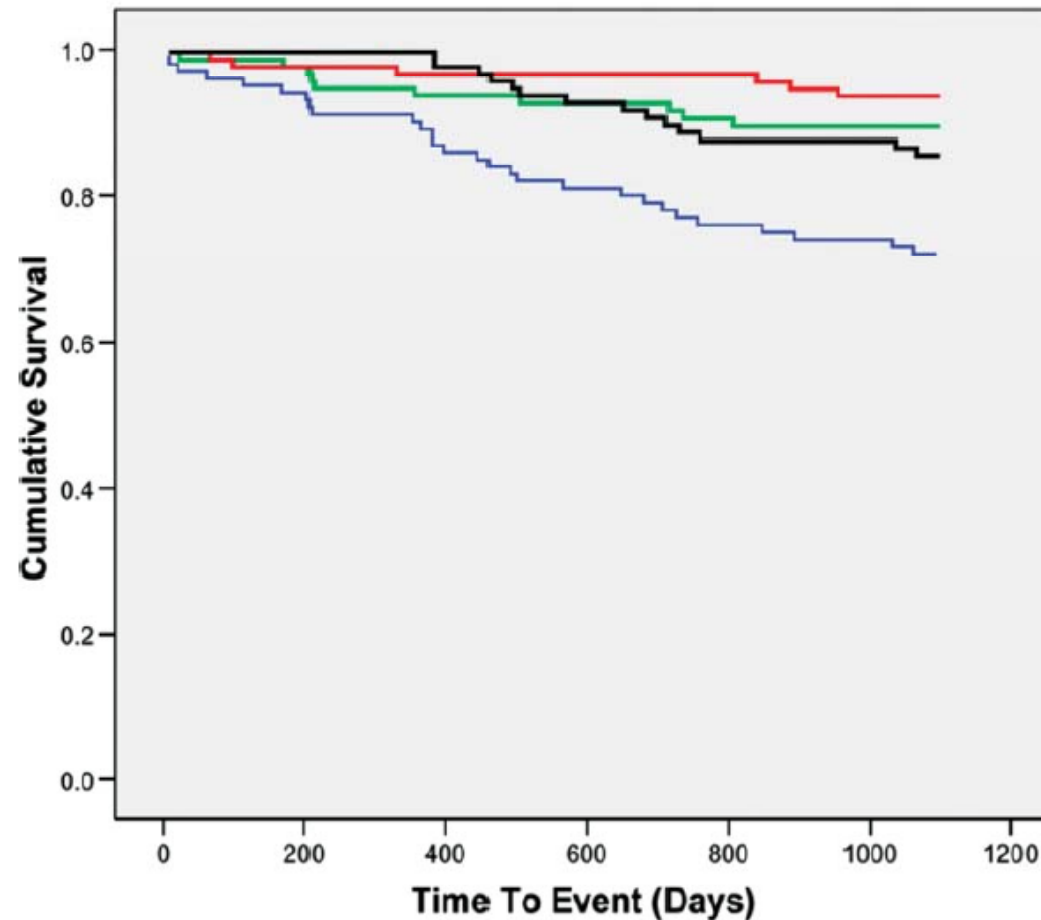
3-year outcome of SES in coronary bifurcation lesions: provisional SB stenting approach vs elective 2-stent

TLR in the FKB group and the non-FKB group in lesions treated with a **1-stent strategy**



3-year FU of 100 consecutive coronary bifurcation lesions treated with Taxus stents and the Crush technique

Survival Curve

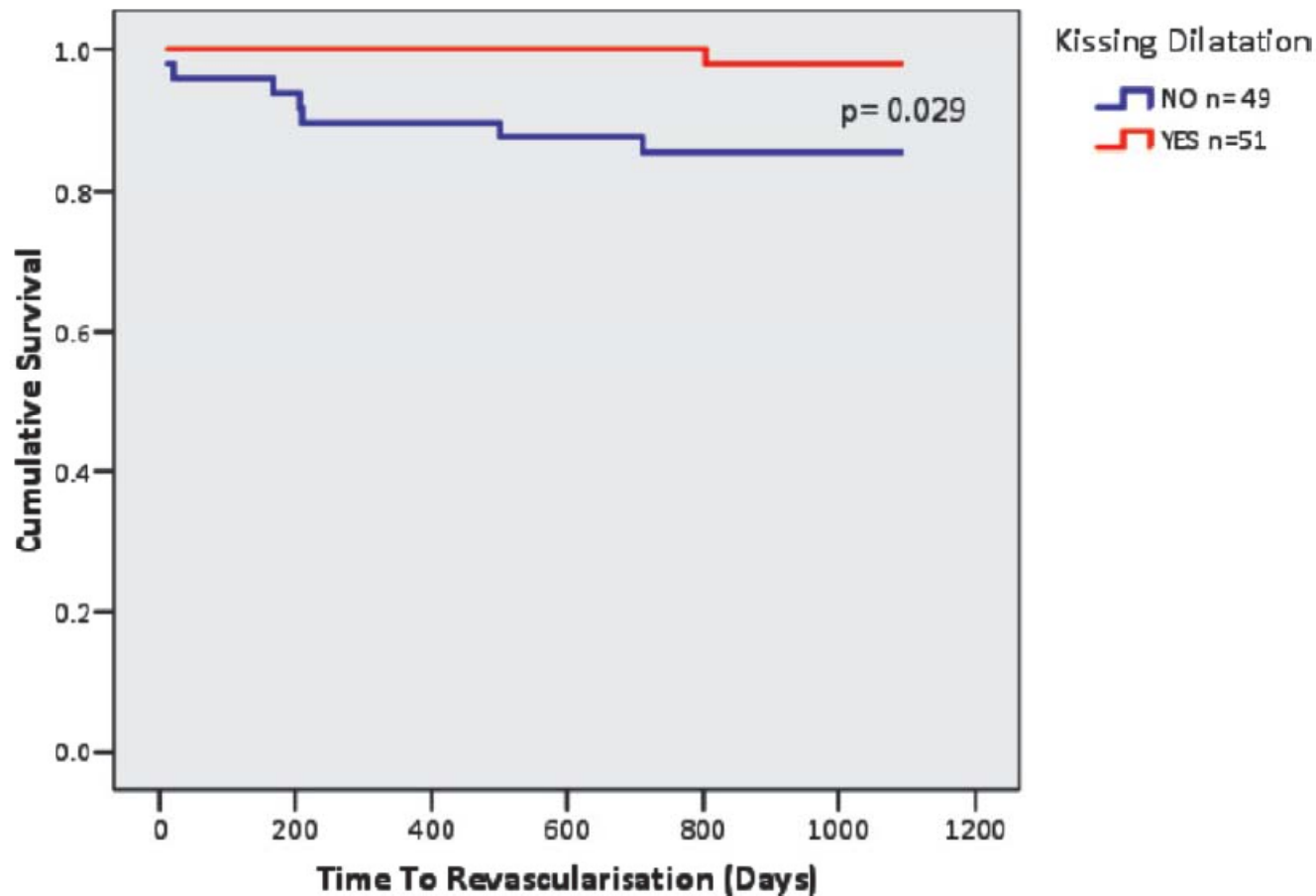


True bifurcation:
93%

Freedom from cardiac death (red), TVR (green), non-fatal MI (black) and MACE (blue)

3-year FU of 100 consecutive coronary bifurcation lesions treated with Taxus stents and the Crush technique

Freedom from TLR according to presence of final kissing balloon dilatation



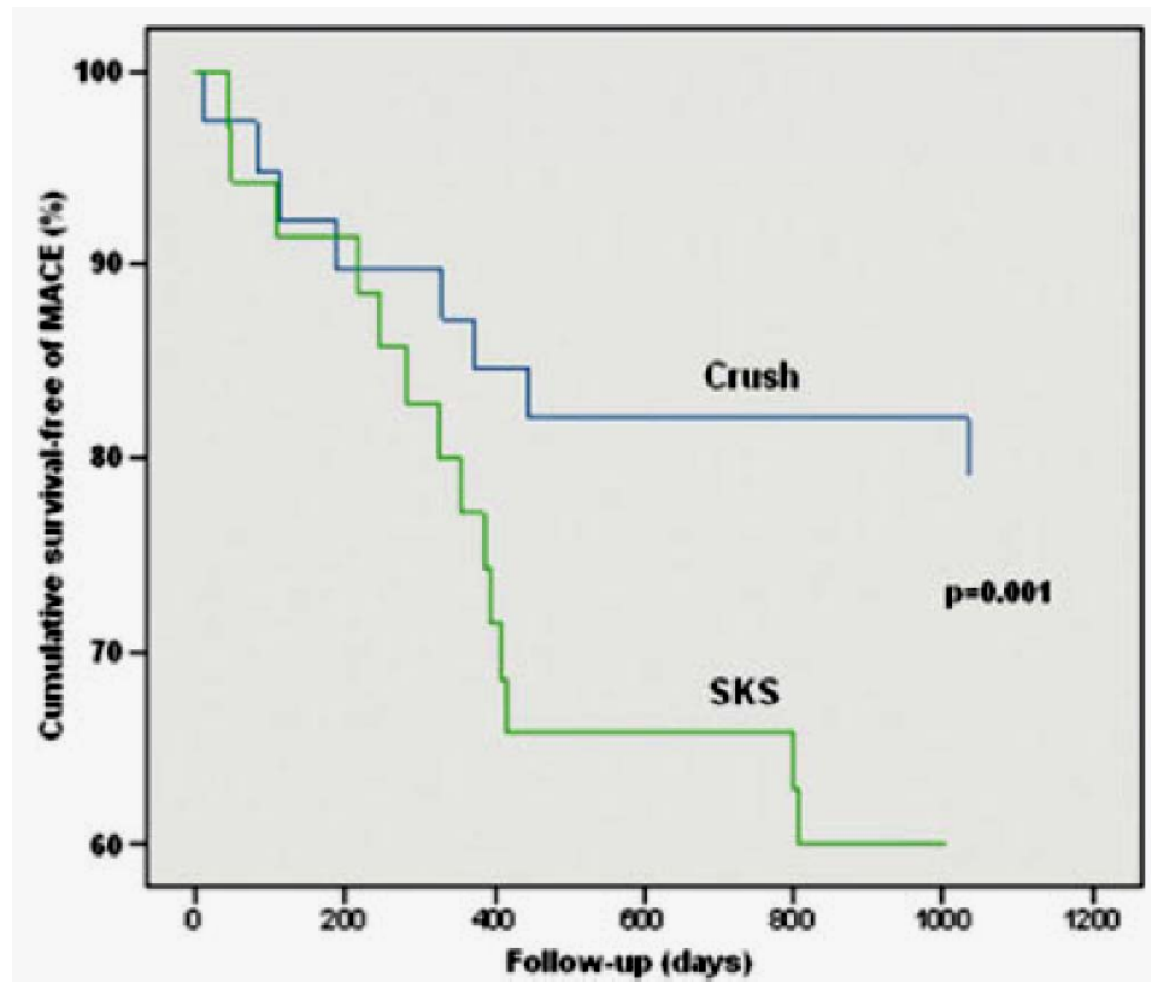
Three-Year Outcome of DES Implantation for Coronary Artery Bifurcation Lesions

Procedural Characteristics

Variable	SKS (<i>n</i> = 35)	Crush (<i>n</i> = 39)	<i>P</i> -value
LAD/diagonal	17 (48.6%)	34 (87.2%)	<0.001
LCX/OM	6 (17.1%)	5 (12.8%)	0.74
LCX/Ramus	3 (8.6%)	—	0.10
PDA/PLB (Other)	9 (25.7%)	—	<0.001

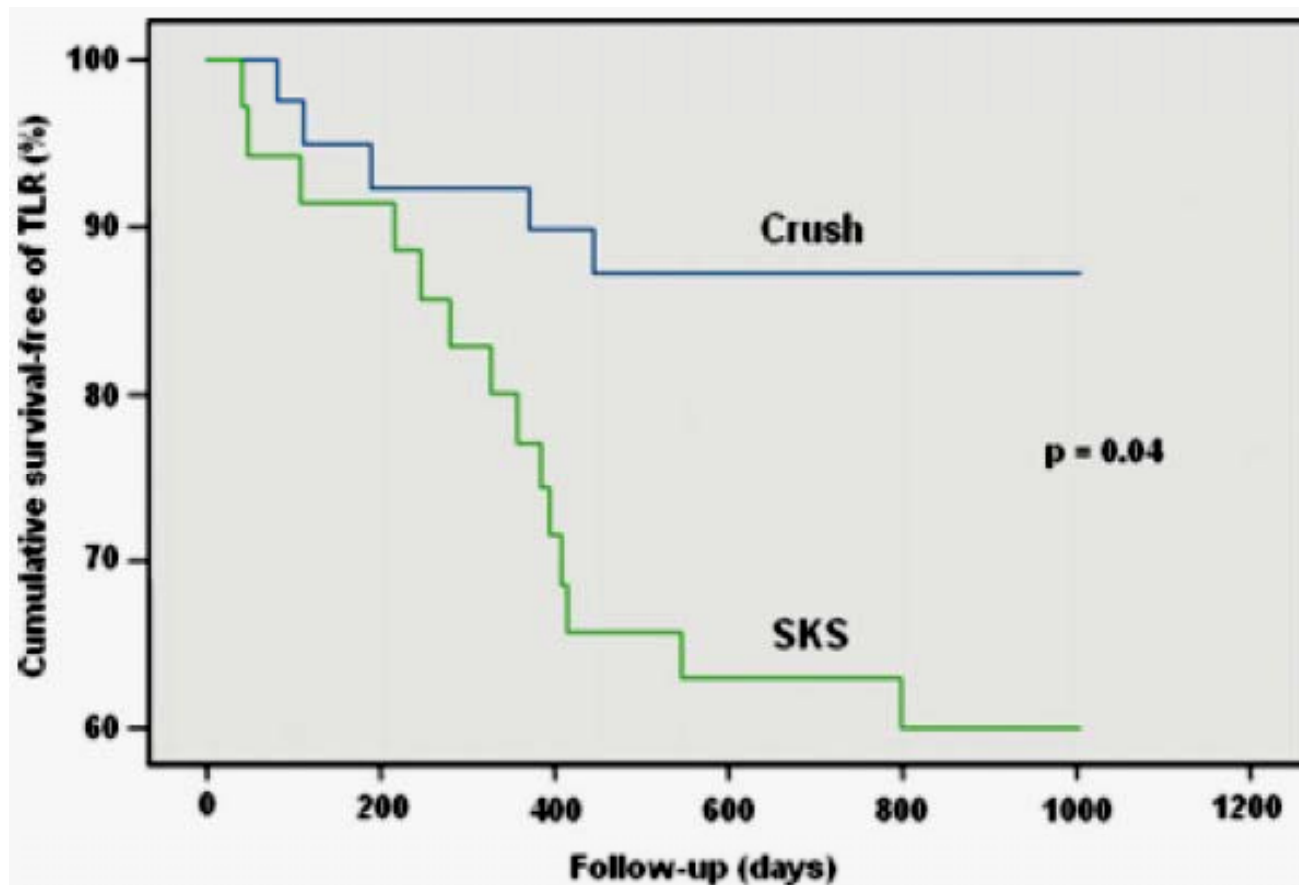
Three-Year Outcome of DES Implantation for Coronary Artery Bifurcation Lesions

Survival Free of MACE



Three-Year Outcome of DES Implantation for Coronary Artery Bifurcation Lesions

Survival Free of TLR



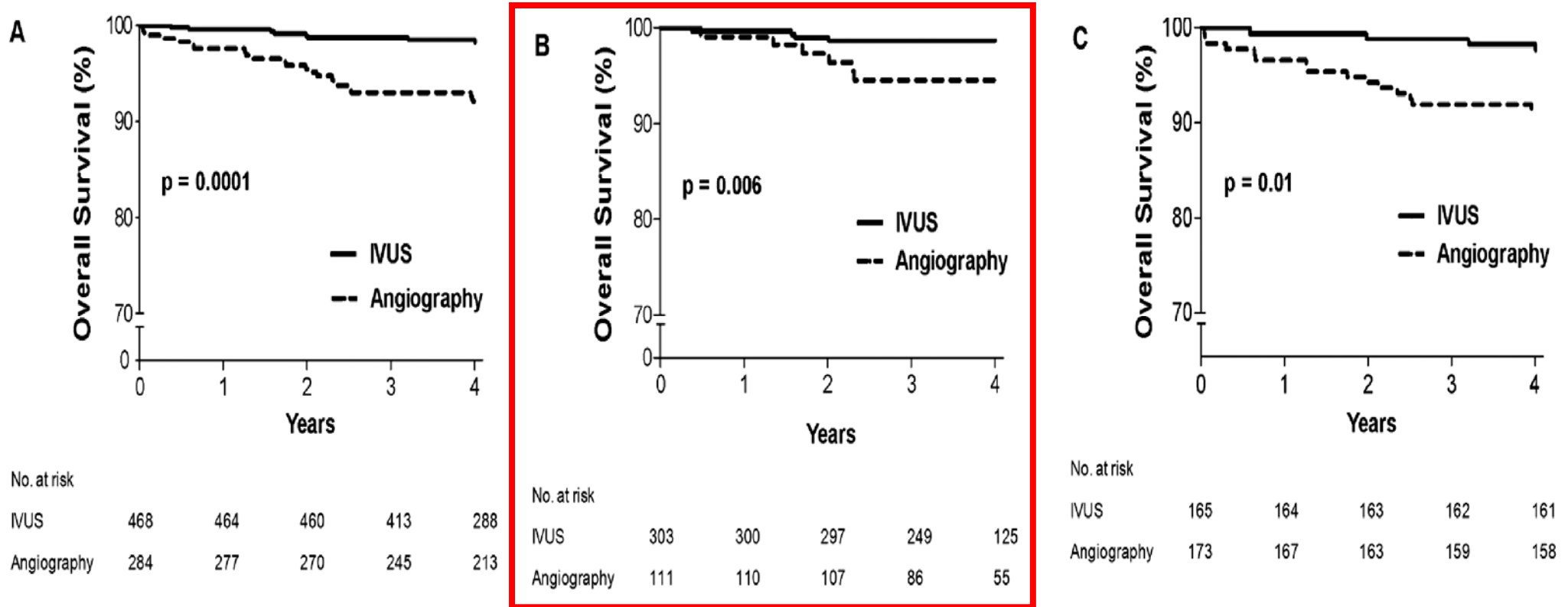
Influence of technique

- MACE and TLR rates at ≥ 3 years lower with provisional SB stenting strategy with 1 or 2 stents
- Worst outcome with Crush (without FKB), and SKS
- More ST with non provisional strategies ?

Long term outcome: influence of IVUS guidance

Long-Term Outcomes of IVUS-Guided Stenting in Coronary Bifurcation Lesions

Survival rates in (A) all patients, (B) patients with **DES**, (C) and patients with BMS



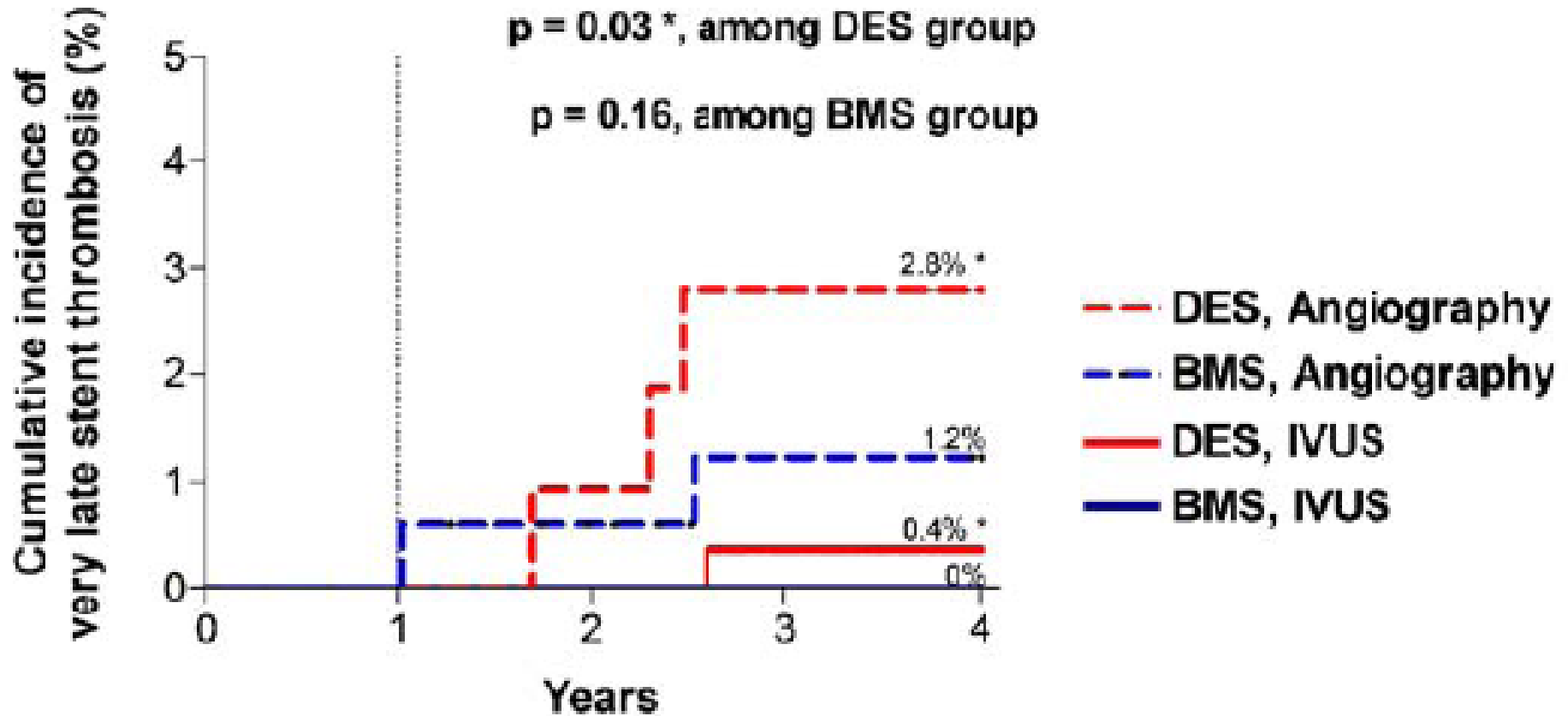
Long-Term Outcomes of IVUS-Guided Stenting in Coronary Bifurcation Lesions

Clinical outcomes after IVUS-guided compared to angiographically guided stenting

Outcome	Overall Group		DES Group		BMS Group	
	HR (95% CI)	p Value	HR (95% CI)	p Value	HR (95% CI)	p Value
Unadjusted						
Death	0.22 (0.10–0.50)	<0.001	0.21 (0.06–0.72)	0.01	0.27 (0.09–0.81)	0.02
Stent thrombosis	0.45 (0.16–1.30)	0.14	0.27 (0.06–1.22)	0.09	0.78 (0.17–3.48)	0.74
Target lesion revascularization	1.36 (0.77–2.41)	0.29	0.94 (0.39–2.24)	0.88	2.13 (1.00–4.55)	0.05
Multivariate adjusted						
Death	0.31 (0.13–0.74)	0.008	0.24 (0.06–0.86)	0.03	0.41 (0.13–1.26)	0.12
Stent thrombosis	0.48 (0.16–1.43)	0.19	0.35 (0.08–1.64)	0.18	1.09 (0.22–5.34)	0.92
Target lesion revascularization	1.47 (0.79–2.71)	0.21	0.92 (0.38–2.25)	0.86	2.27 (0.99–5.25)	0.05
Propensity score adjusted						
Death	0.13 (0.03–0.66)	0.01	0.21 (0.06–0.73)	0.01	0.4 (0.1–1.2)	0.11
Stent thrombosis	0.30 (0.07–1.32)	0.11	0.28 (0.06–1.25)	0.10	1.0 (0.2–4.9)	0.98
Target lesion revascularization	0.63 (0.23–1.72)	0.36	0.90 (0.33–2.54)	0.84	1.67 (0.75–3.72)	0.21

Long-Term Outcomes of Intravascular Ultrasound-Guided Stenting in Coronary Bifurcation Lesions

Unadjusted cumulative incidence of very late stent thrombosis in patients implanted with DES under IVUS guidance and angiographic guidance

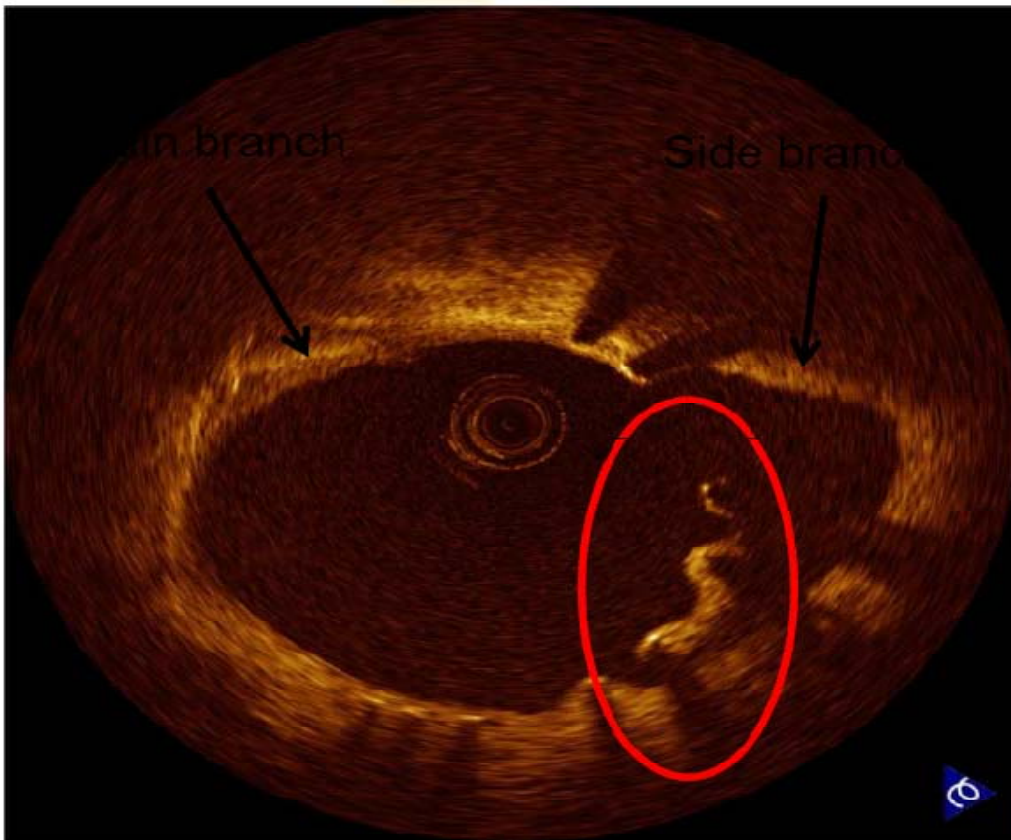


Conclusion (1)

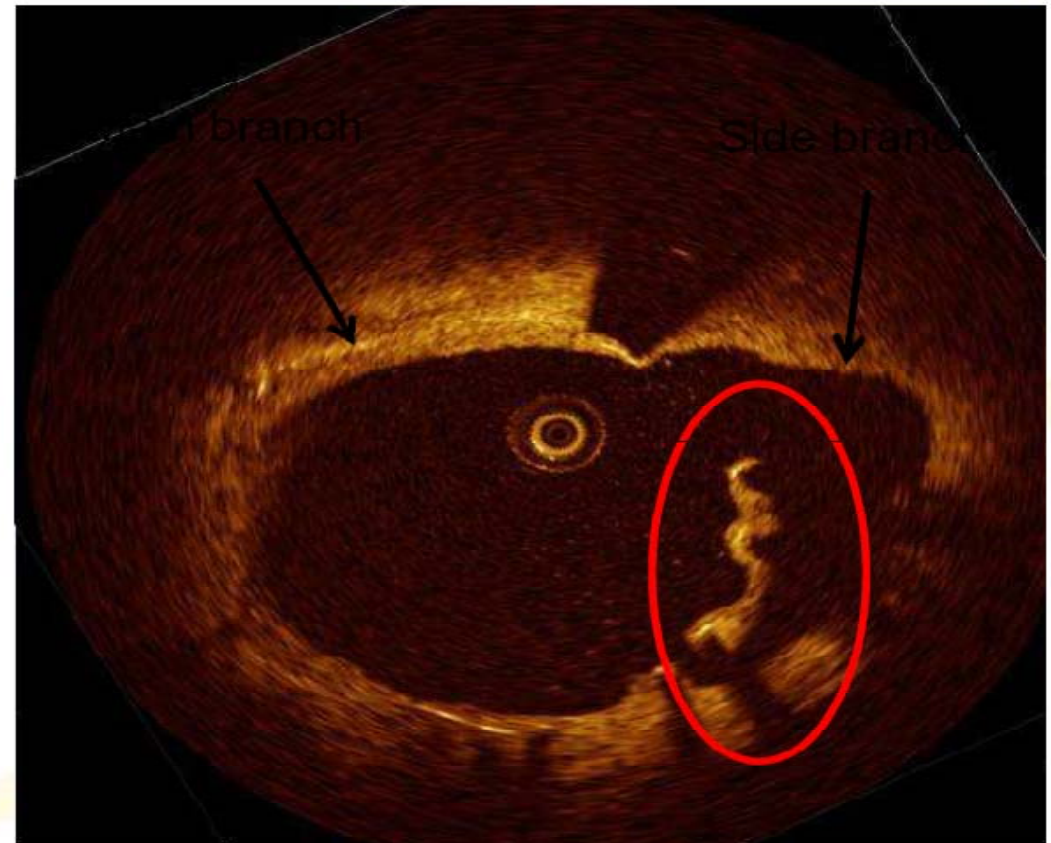
- Long term outcome after bifurcation stenting may be similar to non bifurcated lesions:
 - Begin with main vessel stenting
 - Second stent when necessary
 - Kissing balloon for single stenting ?
 - FKB mandatory for double stenting
 - IVUS guidance to reduce the risk of very late ST ?

Repetitive OCTs in bifurcation lesions stented with DES

Serial changes of neointimal thickness and coverage

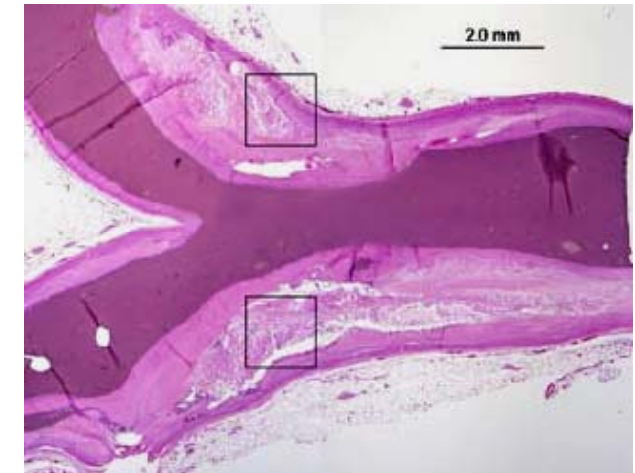
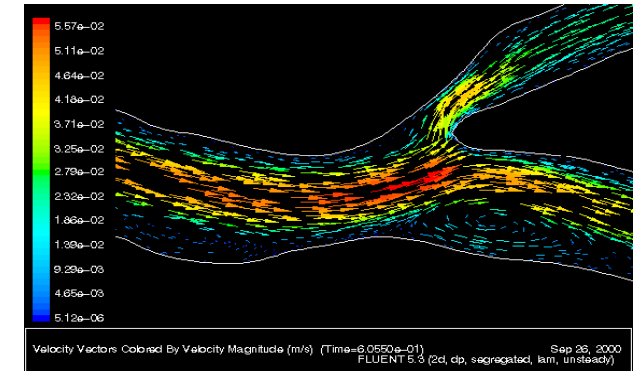
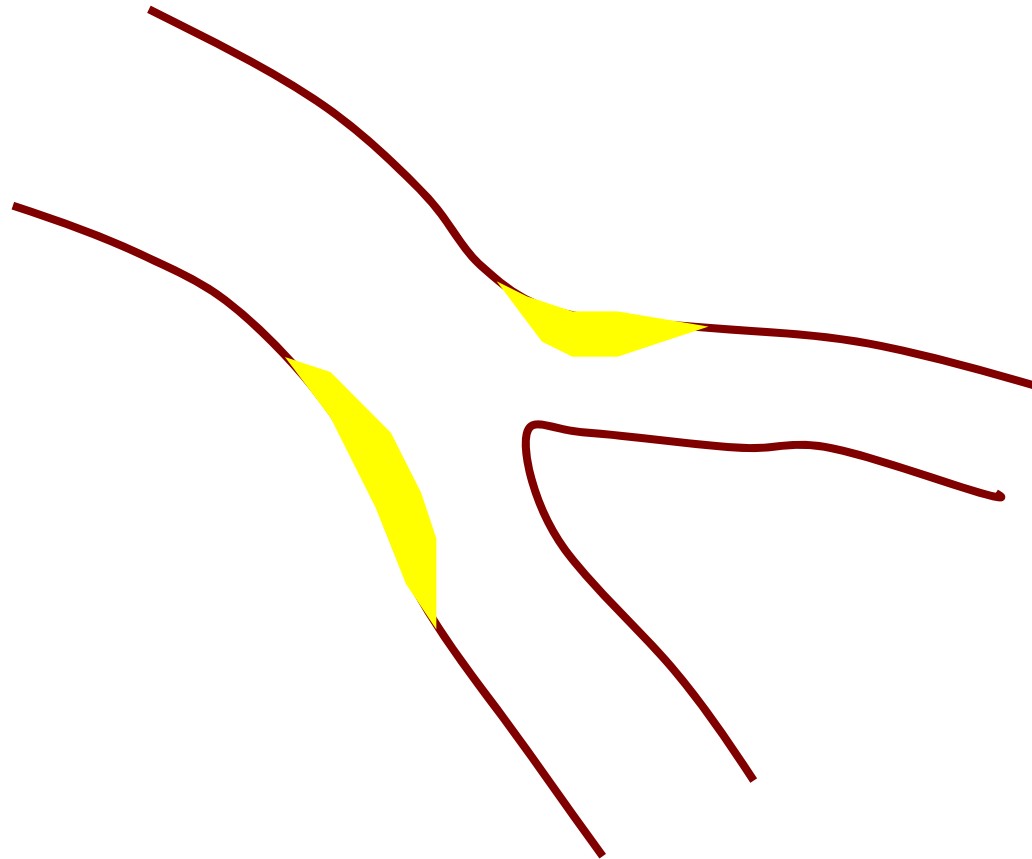


9 months later



20 months later

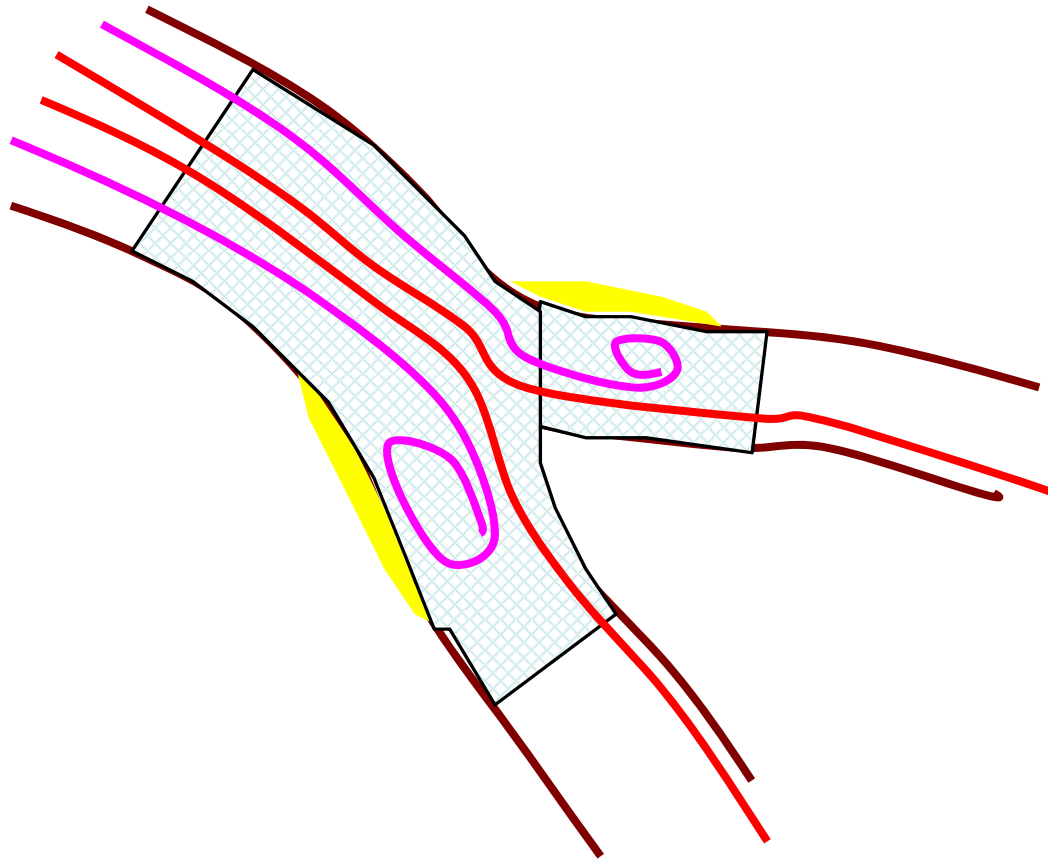
Low wall shear stress and atheroma in bifurcation



Pathological Findings at Bifurcation Lesions: Impact of Flow Distribution on Atherosclerosis and Arterial Healing After Stenting

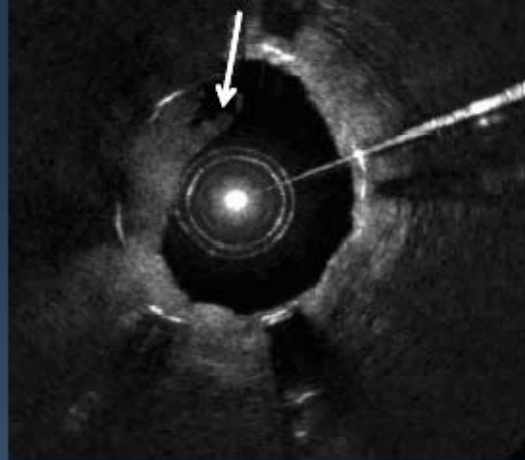
	DES (12 Lesions, 17 Stents)			BMS (14 Lesions, 18 Stents)			p Value for DES vs. BMS	
	Flow Divider	Lateral	p Value	Flow Divider	Lateral	p Value	Flow Divider	Lateral
Neointimal thickness (mm)	0.07 (0.03-0.15)	0.17 (0.09-0.23)	0.001	0.26 (0.16-0.73)	0.44 (0.17-0.67)	0.25	0.0002	0.004
Fibrin deposition (% struts)	60 (21-67)	17 (0-55)	0.01	8 (0-33)	3 (0-21)	0.21	0.008	0.19
Uncovered struts (% struts)	40 (16-76)	0 (0-15)	0.001	0 (0-21)	0 (0-0)	0.10	0.004	0.38

Restauration of initial flow (+ stent turbulences)

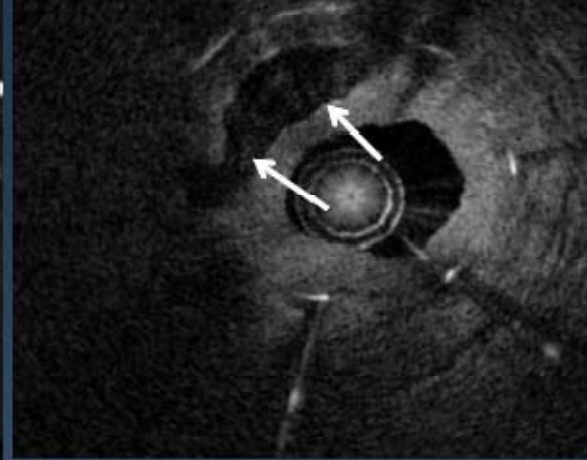


WSS < 0.5 Pa =
risk of restenosis

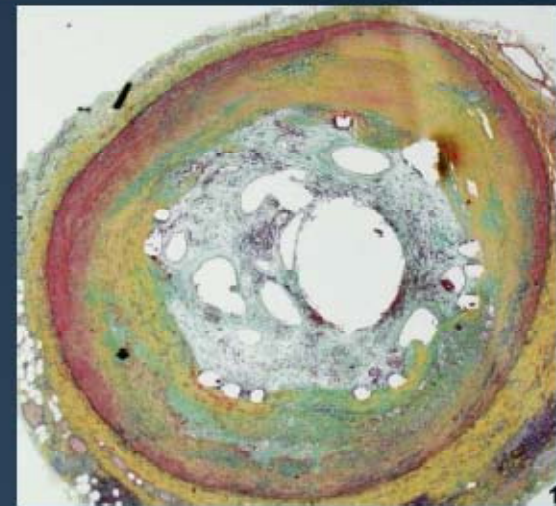
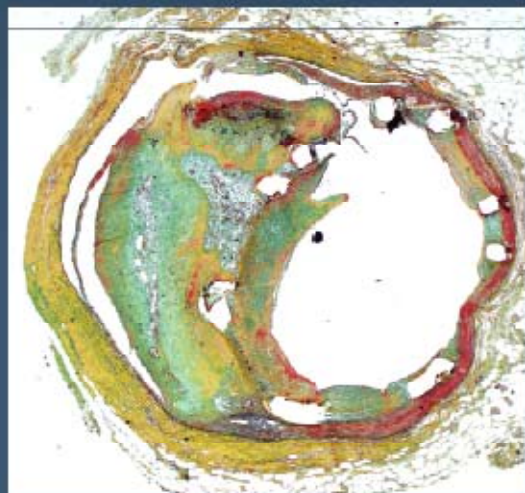
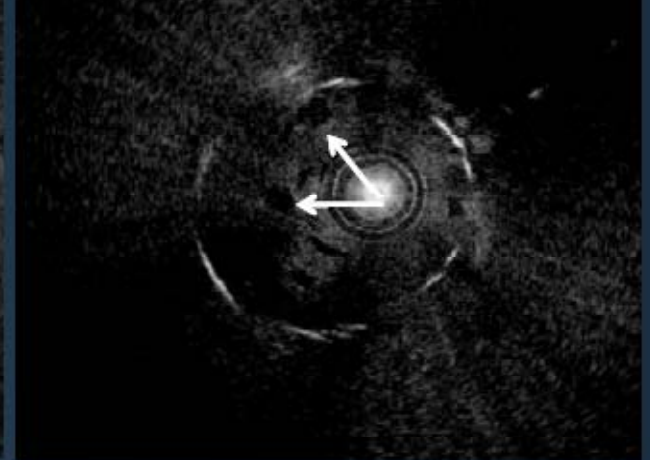
Disruption of neointima



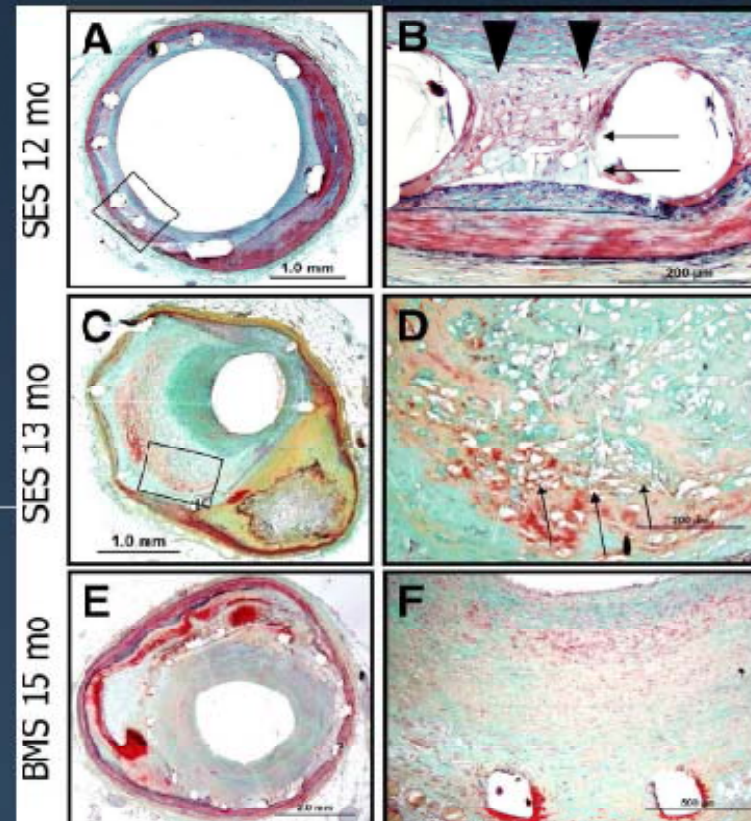
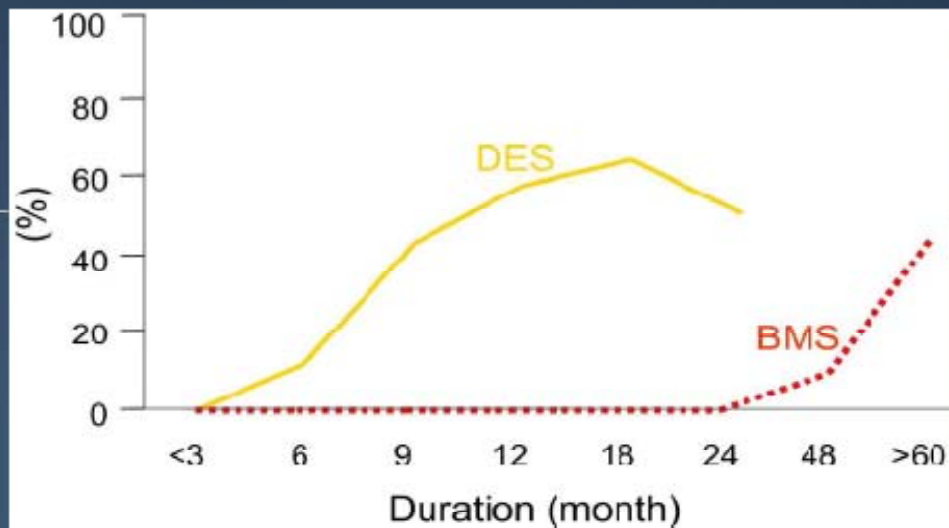
In-stent calcification



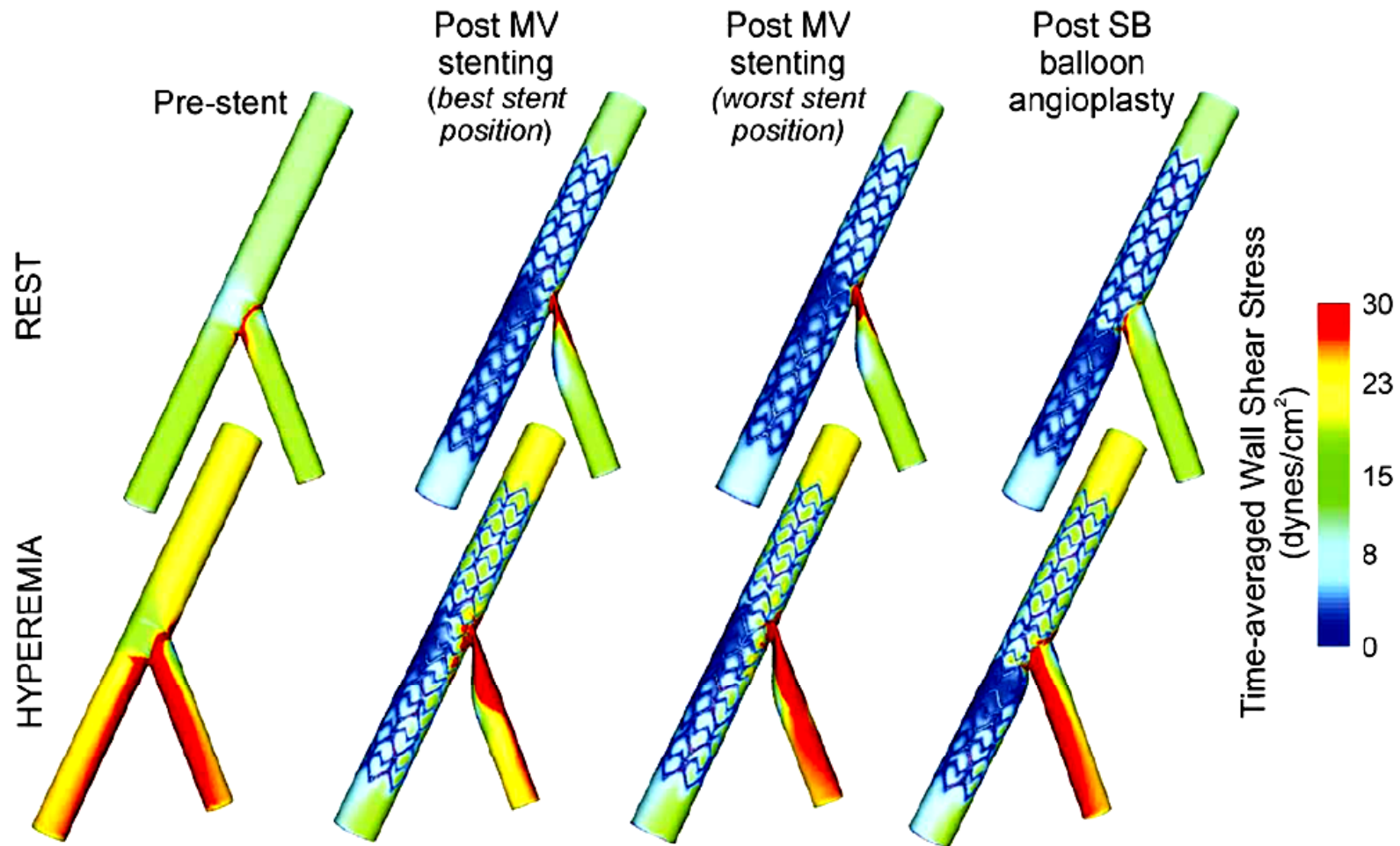
Neoangiogenesis



Percentage of Patients With Atherosclerotic Changes in DES Versus BMS in Relation to Duration of Implant at Autopsy



Local hemodynamic changes caused by MB stenting and subsequent virtual SB balloon angioplasty in a representative coronary bifurcation



Changes in time-averaged wall shear stress introduced by bifurcation stenting

Conclusion (2)

- Principles of bifurcation stenting:
 - minimize number of stent: begin with MB
 - minimize turbulences: optimal stent deployment, minimal overlapping
 - respect the anatomy of the bifurcation to respect the fonction