

*ANGIOPLASY SUMMIT 2011
TCT ASIA PACIFIC*

Seoul, Korea: 27 - 29 April 2011

Left main stenting: evidence vs out of evidence

**I do not need any
scoring !**

Case presenter 10'

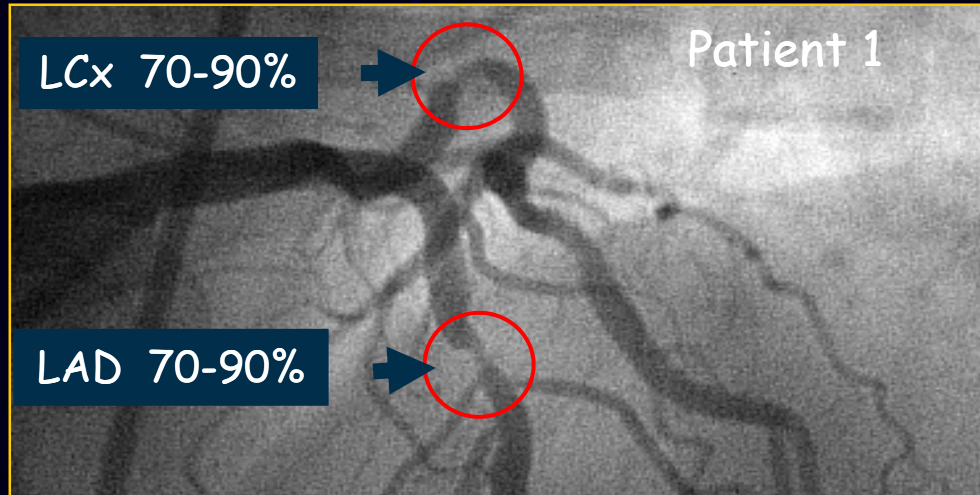
Antonio Colombo

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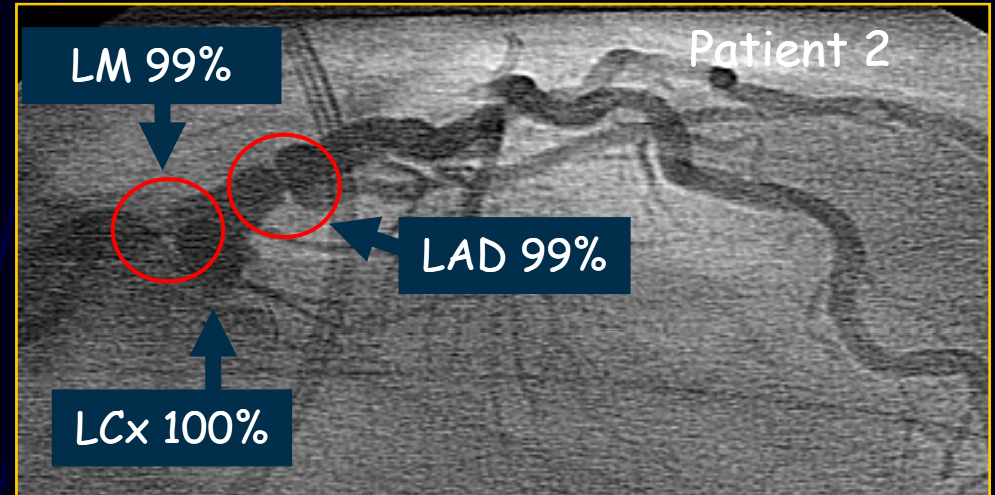
Conflicts

Minor share holder in Cappella Inc.
producing a dedicate ostial stent

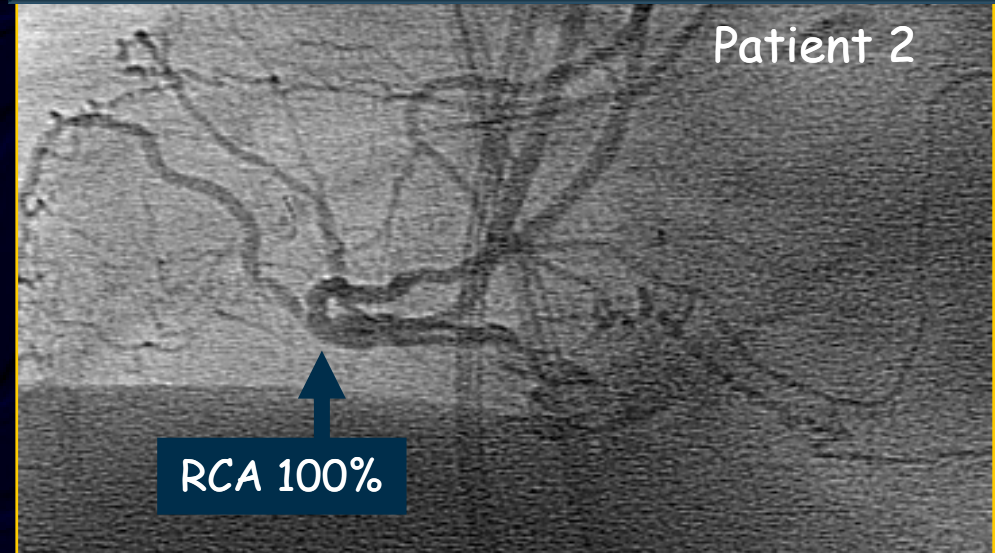
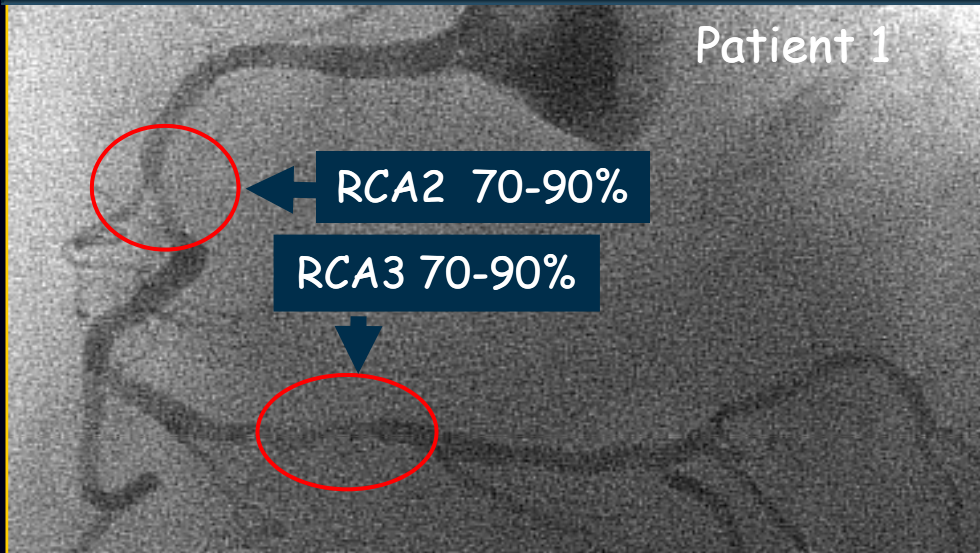
There is '3-vessel disease' and '3-vessel disease'



SYNTAX SCORE 21



SYNTAX SCORE 52



The SYNTAX Score has the great merit to separate the group of patients with 3V disease into different level of complexity for PCI

joint interventional meeting

A CTO is not an issue for CABG while can be a major task for PCI

A patient with an occluded RCA and disease of the LCx involving a bifurcation of the OM with diffuse disease has a SYNTAX score of 29 while a patient with a CTO of a proximal LAD has a SYNTAX score of 20.

A major limitation of the SYNTAX score is the fact the scoring system is based on anatomy and not on function:

A 70% stenosis with FFR of 0.80 is evaluated as relevant even if today we will not do PCI or CABG on this lesions

3 years outcome in LM subset of SYNTAX



Low Scores (0-22)

Intermed. Scores (23-32)

SYNTAX Score ≥ 33

| | CABG | PCI |
|------------------|-------|-------|
| Death | 6.0% | 2.6% |
| CVA | 4.1% | 0.9% |
| MI | 2.0% | 4.3% |
| Death, CVA or MI | 11.0% | 6.9% |
| Revas | 13.4% | 15.4% |

| | CABG | PCI |
|-------|-------|------|
| Death | 12.4% | 4.9% |

| | CABG | PCI |
|------------------|-------|-------|
| Death | 7.6% | 13.4% |
| CVA | 4.9% | 1.6% |
| MI | 6.1% | 10.9% |
| Death, CVA or MI | 15.7% | 20.1% |
| Revas | 9.2% | 27.7% |



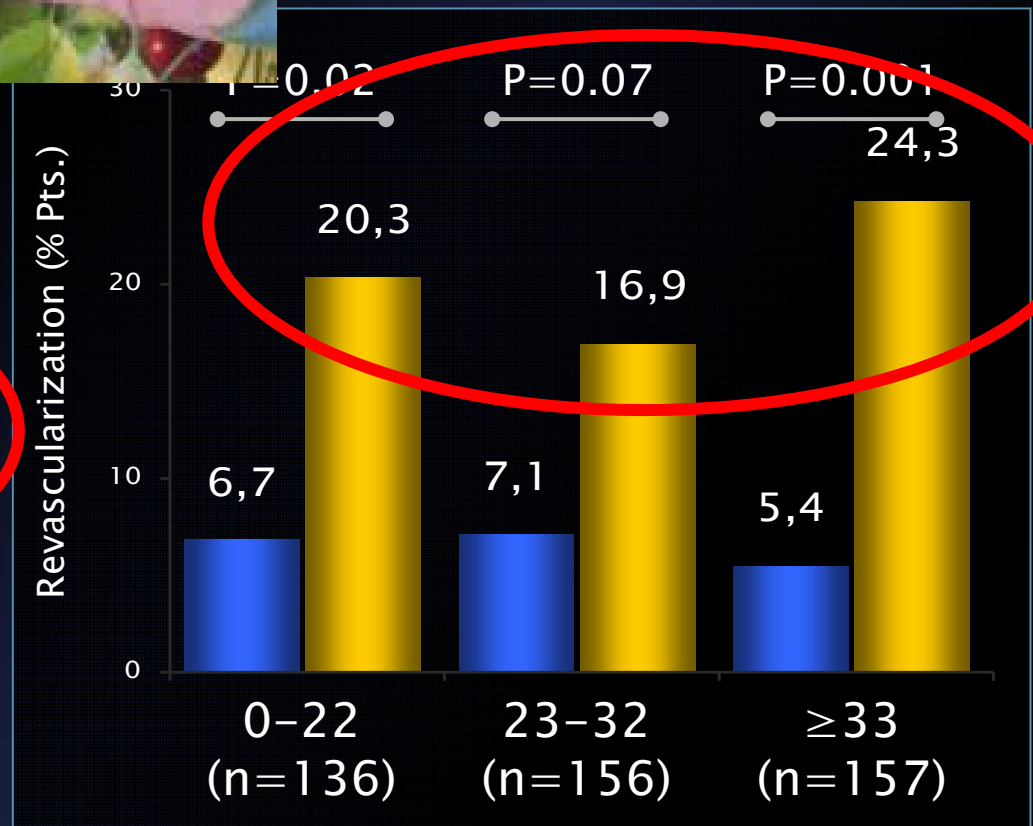
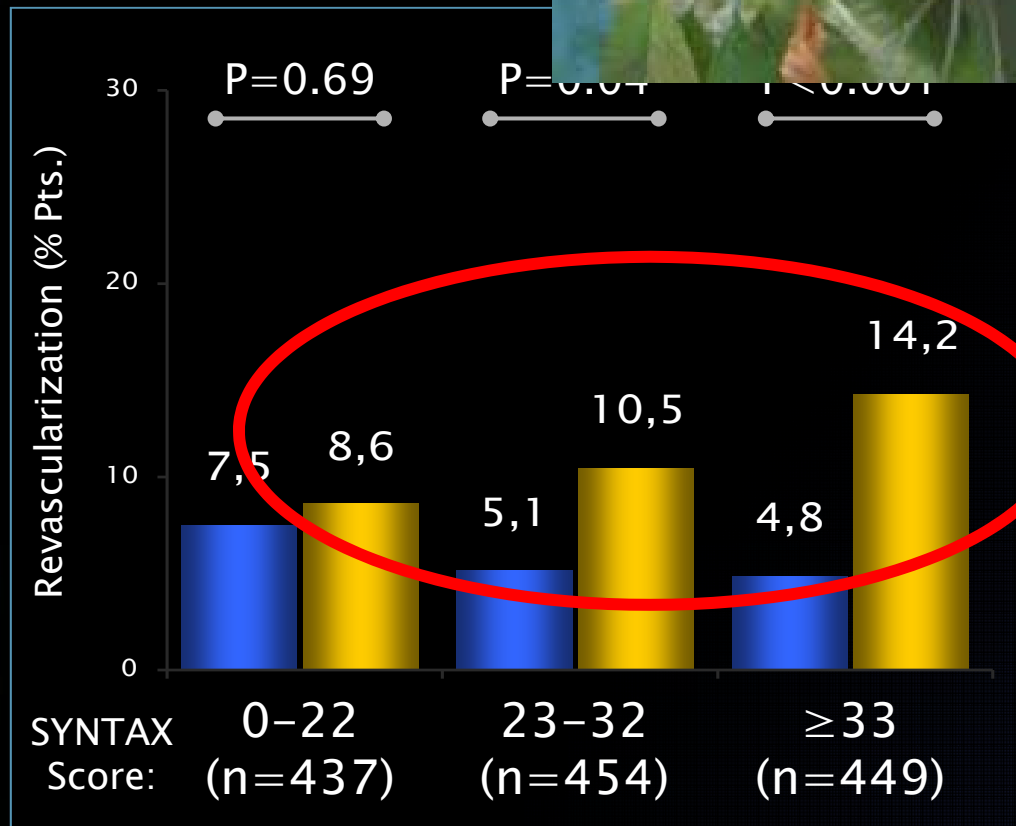
Revascularization in 3VD/LM Diabetics

Score
ents

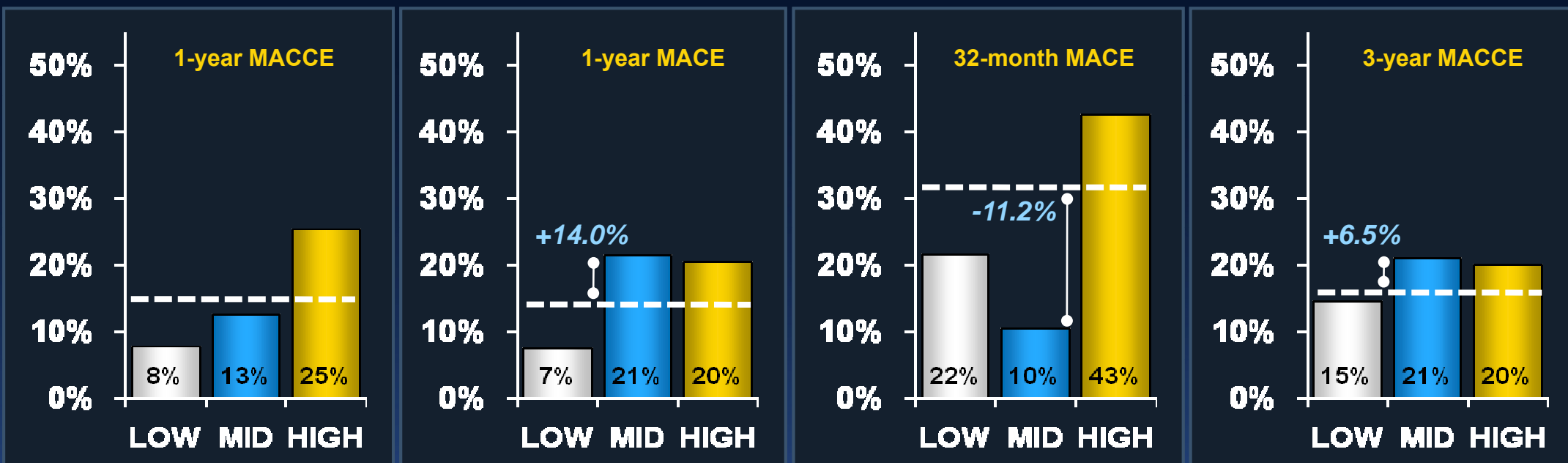


Non-Diabetic

Diabetic



In observational registries, the intermediate tertile is frequently poorly calibrated with respect to the outcomes of the high and low tertiles



SYNTAX
Circulation 2010

Capodanno et al.
Circ Card Interv 2009

Brito et al.
EuroPCR 2010

MAIN COMPARE
JACC Interv 2010

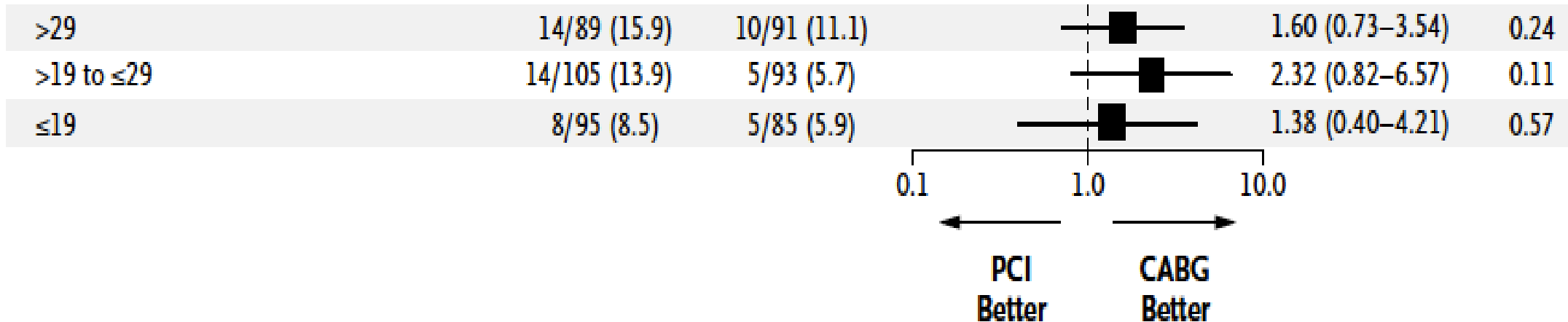
----- Expected risk for the intermediate stratum

SJ Park et al. NEJM 2011

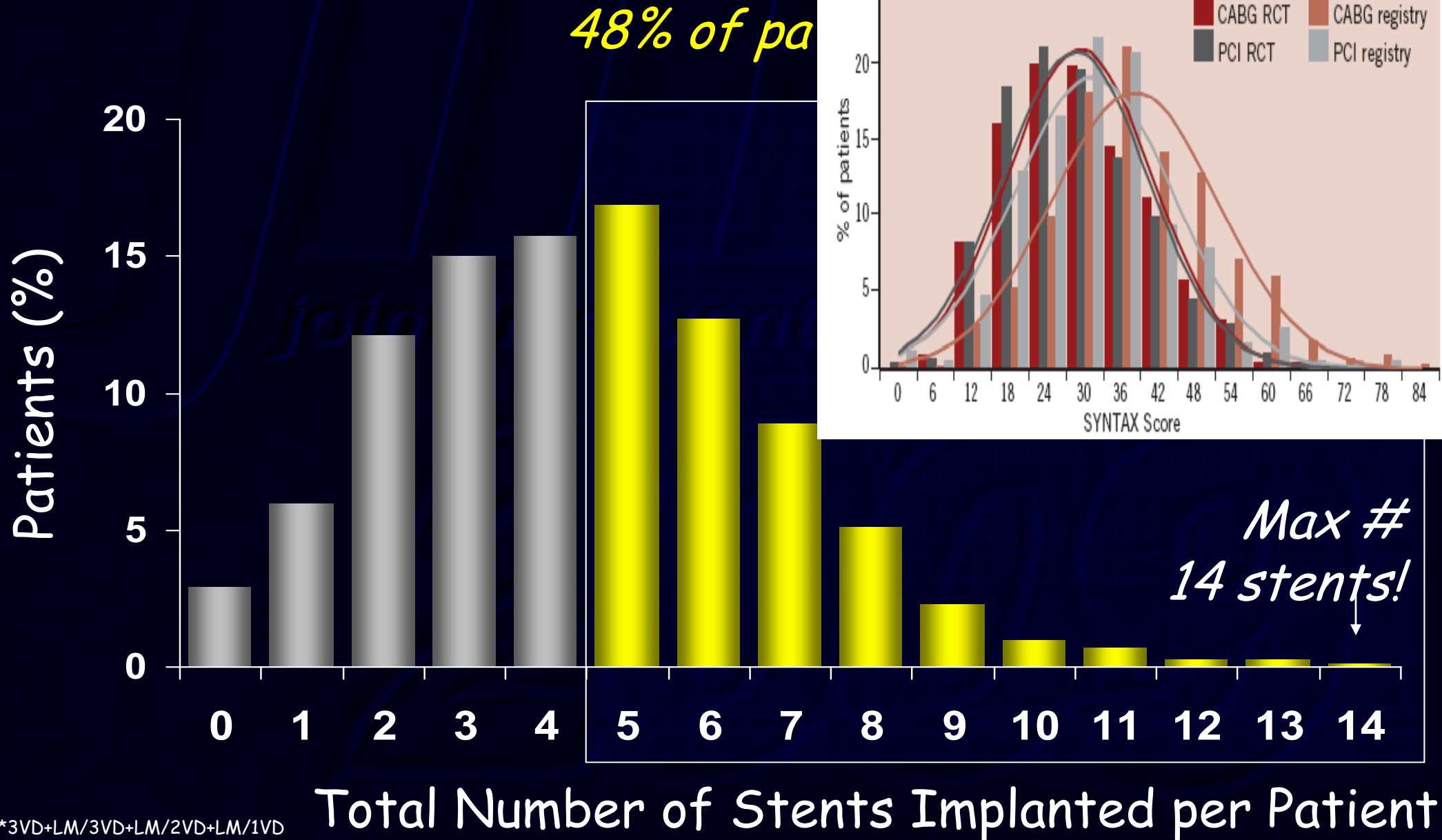
Randomized Trial of Stents versus Bypass Surgery for Left Main Coronary Artery Disease

300 pts. Cypher stent randomized to 300 pts. CABG

SYNTAX score



Stent Number and Length in the SYNTAX Trial

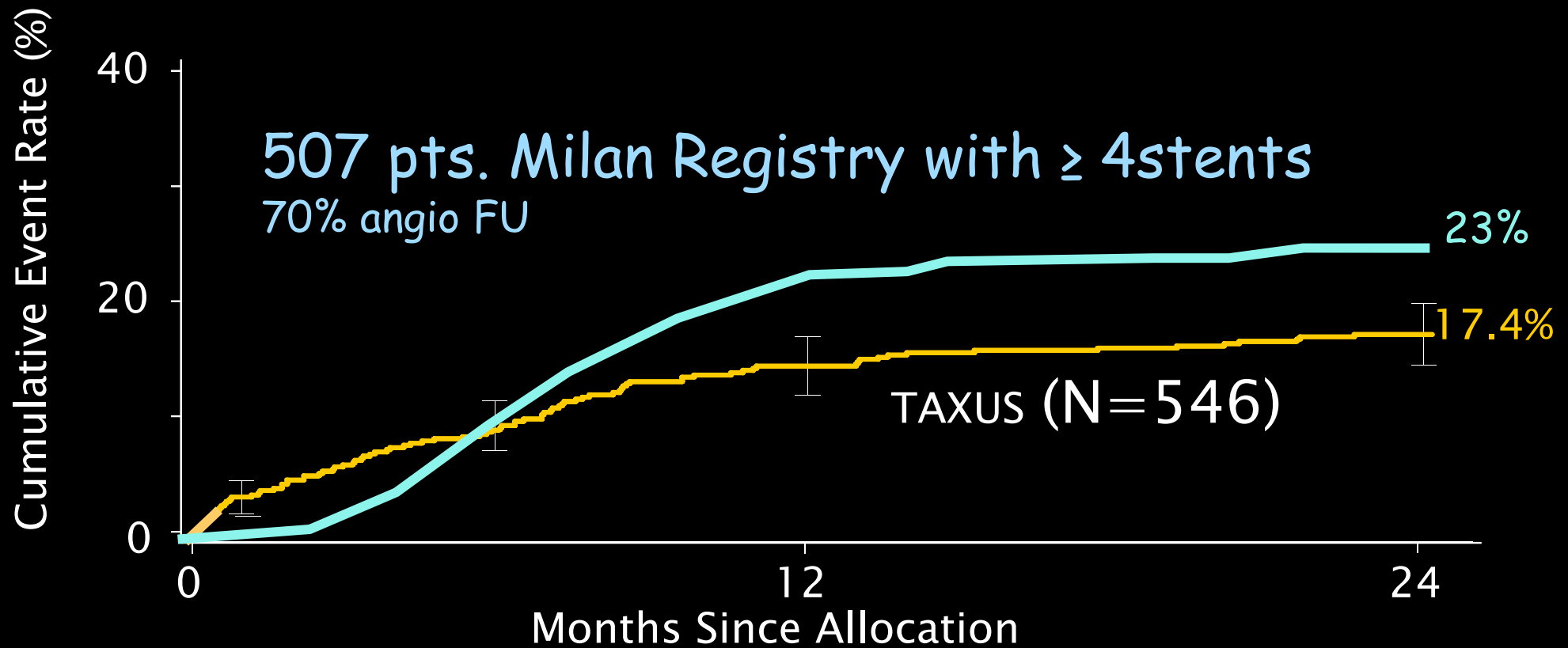


*3VD+LM/3VD+LM/2VD+LM/1VD

Total Number of Stents Implanted per Patient

Repeat Revascularization to 2 Years

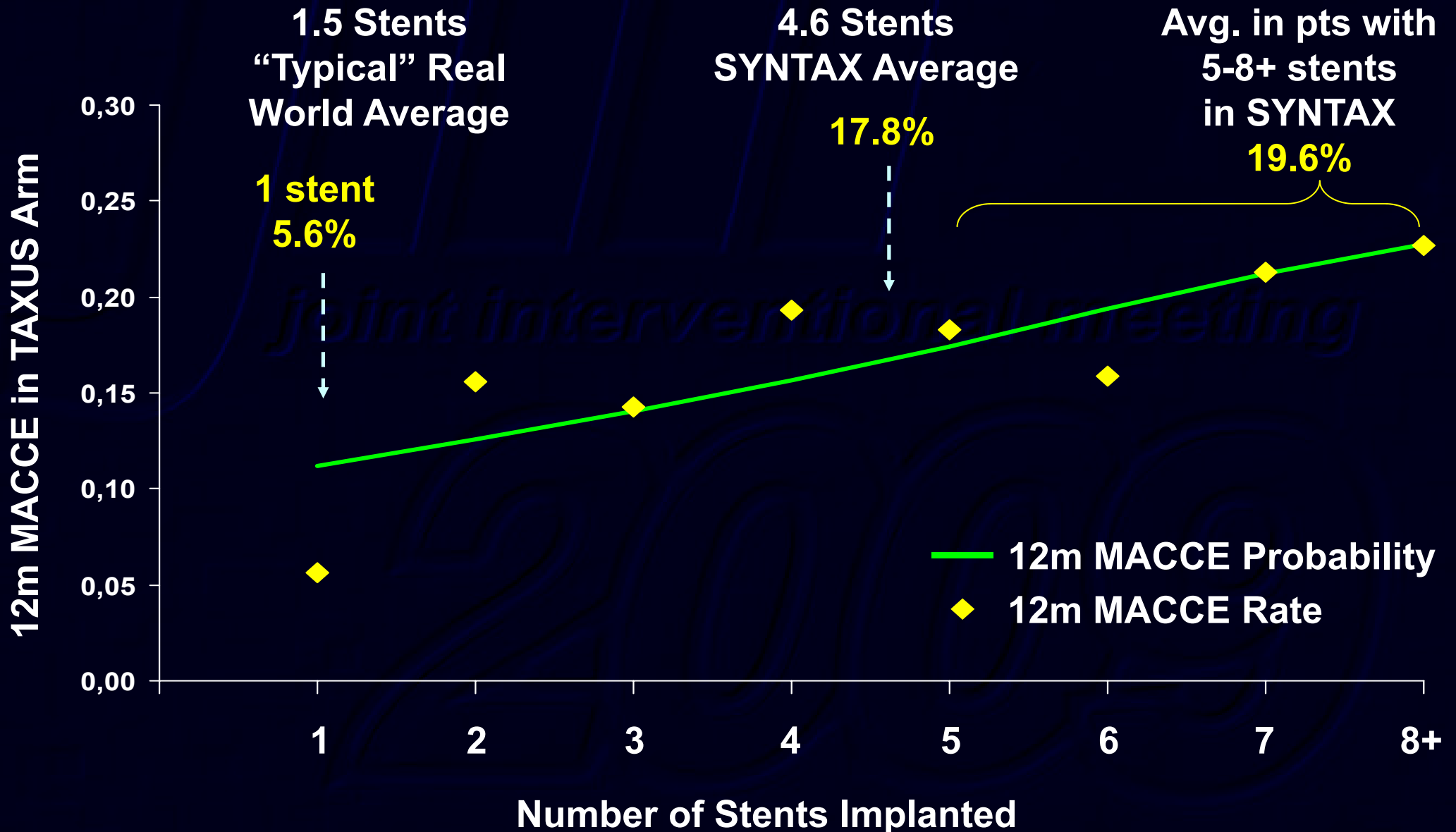
3VD Subset high SYNTAX score



Event rate \pm 1.5 SE, log-rank *P*value; *Binary rates

ITT population

Linear Increase in MACCE by Number of Stents in the SYNTAX Trial



Usefulness of SYNTAX Score to Select Patients With Left Main Coronary Artery Disease to Be Treated With Coronary Artery Bypass Graft

Syntax Score ≤ 34

Syntax Score ≥ 34

Age

Unstable Angina %

Euroscore > 6 %

LMCA + 3 VD %

Complete Revascularization

SYNTAX Score ≤ 34

unadjusted

adjusted

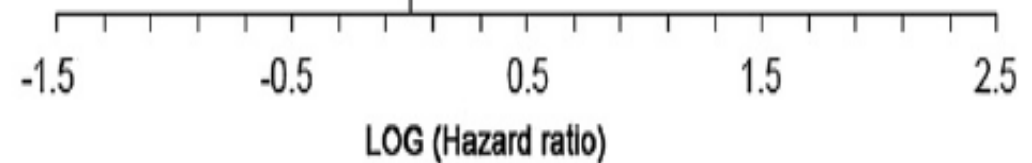
SYNTAX Score > 34

unadjusted

adjusted

Favors PCI

Favors CABG



A case for surgery even in the era of Drug Eluting Stent



Conclusions

The SYNTAX score is a nice step towards better defining the PCI complexity in pts with 3VD or LM but is complex and not so intuitive

joint interventional meeting

It would be valuable to evaluate, as predictors of outcome: the total number of stents 5 or more, the total stent length more than 90 mm as more intuitive surrogates