

# **Minimal Lumen Area Matched with Fractional Flow Reserve**

## **Answers for 10 Questions**

**Soo-Jin Kang, MD., PhD.**

Department of Cardiology, University of Ulsan College of Medicine  
Asan Medical Center, Seoul, Korea

# Disclosure

I have nothing to disclose

# Answers for 10 Questions

**Q1. Why Should We Reconsider?**

**Q2. Does MLA  $4.0\text{mm}^2$  Still Work in Western?**

**Q3. Is OCT-MLA More Accurate?**

**Q4. Do We Need Criteria According to Vess Size?**

**Q5. Why Mismatch?**

**Q6. Why is it Different from  $6.0\text{mm}^2$ ?**

**Q7. Is LM Size Different Among Studies?**

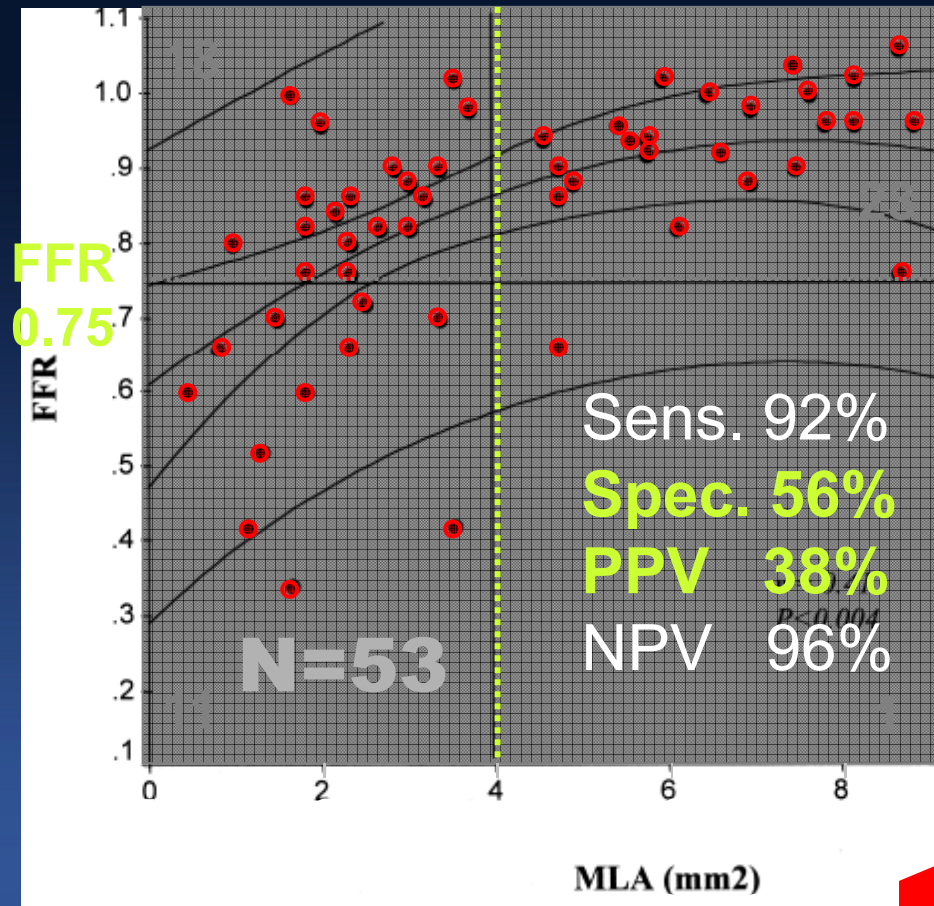
**Q8. FFR Criteria Safe for Deferral?**

**Q9. Morphologic Criteria Safe for Deferral?**

**Q10. Treatment, Where Are We?**

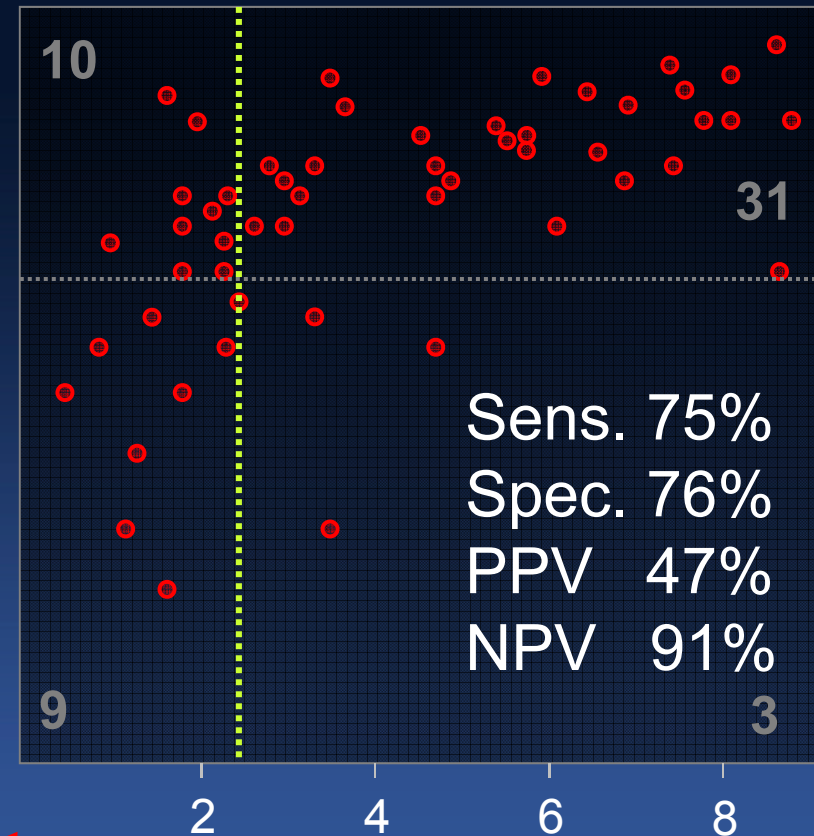
# Q1. Why Should We Reconsider?

**MLA 4.0mm<sup>2</sup>**



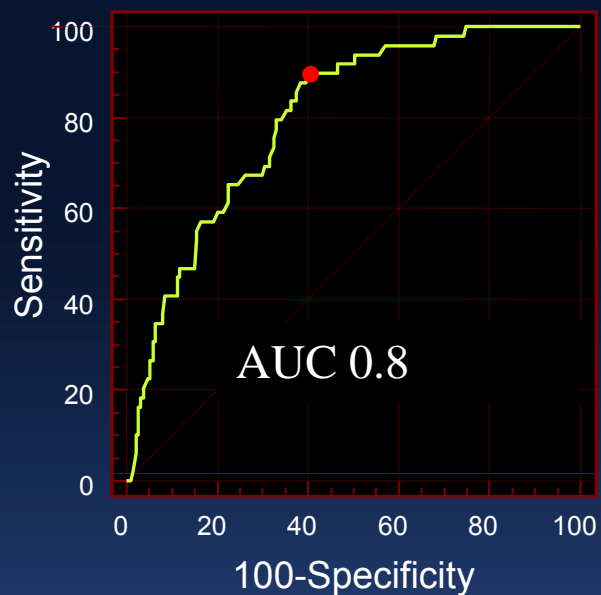
**Accuracy 64%**

**If MLA 2.5mm<sup>2</sup>?**



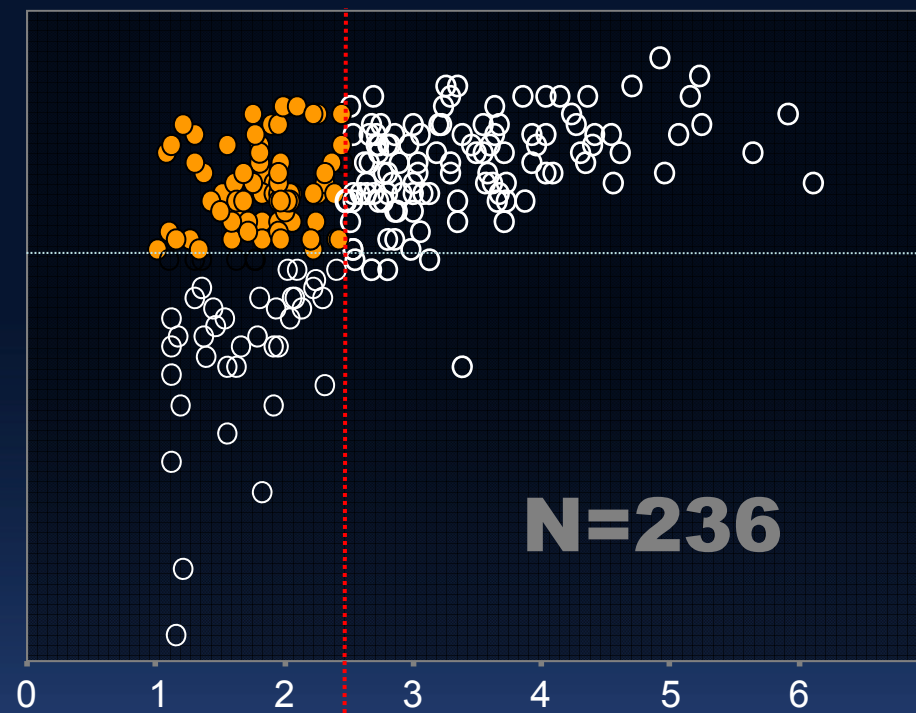
**Accuracy 76%**

# MLA 2.4mm<sup>2</sup>



Sensitivity 90%  
Specificity 60%  
PPV 37%  
NPV 96%  
**Accuracy 68%**

FFR  
0.80

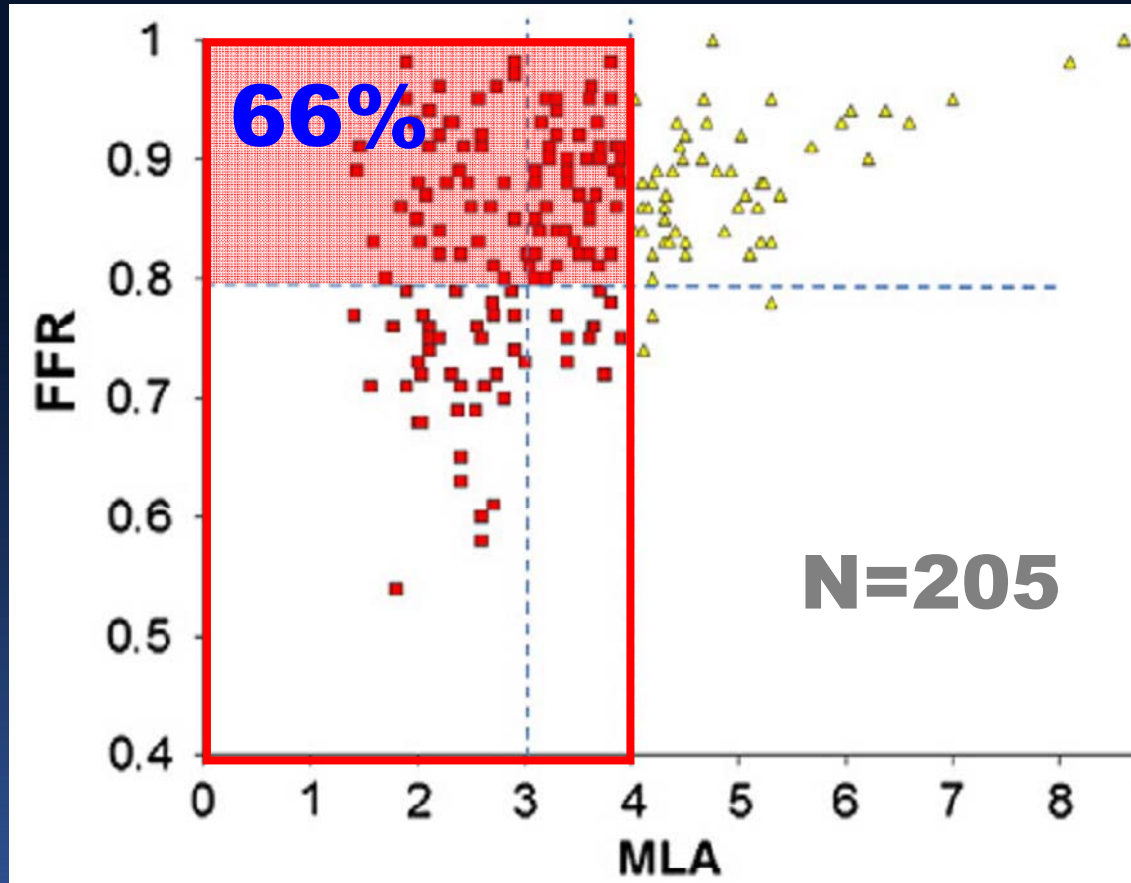


**2.4mm<sup>2</sup>**

40% of lesions with normal FFR were targets for unnecessary PCI

*Kang et al. Circ Cardiovasc Interv 2011;4:65-71*

## Q2. Does MLA 4.0 Still Work in Western?



**MLA 3.09mm<sup>2</sup>**

Sensitivity 69%

Specificity 72%

**Accuracy 70%**

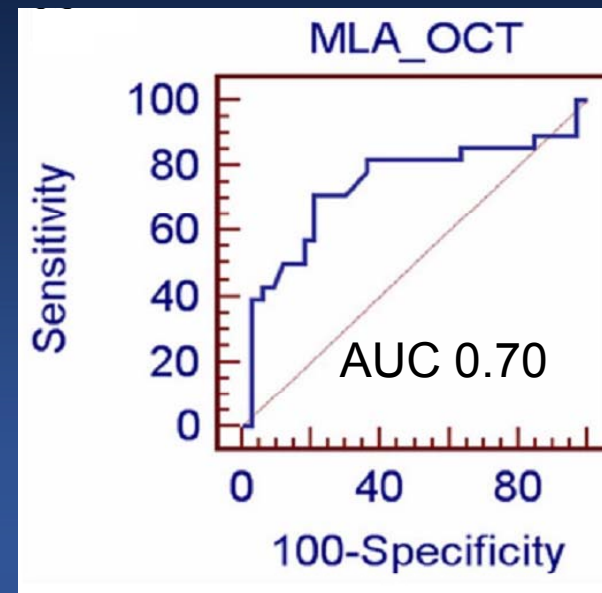
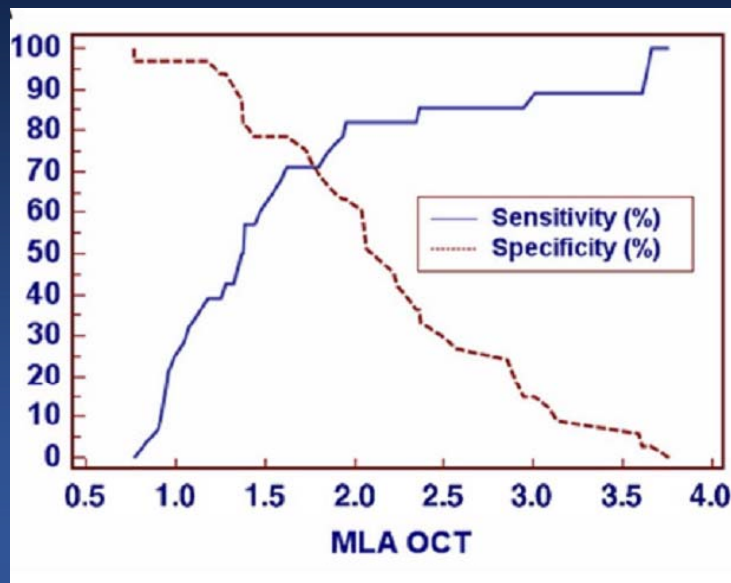
**66%** with  $MLA < 4.0 \text{ mm}^2$  had  $FFR \geq 0.8$

**53%** with  $MLA < 3.0 \text{ mm}^2$

*Ben-Dor et al. Cardiovasc Revasc Med 2012 (in press)*

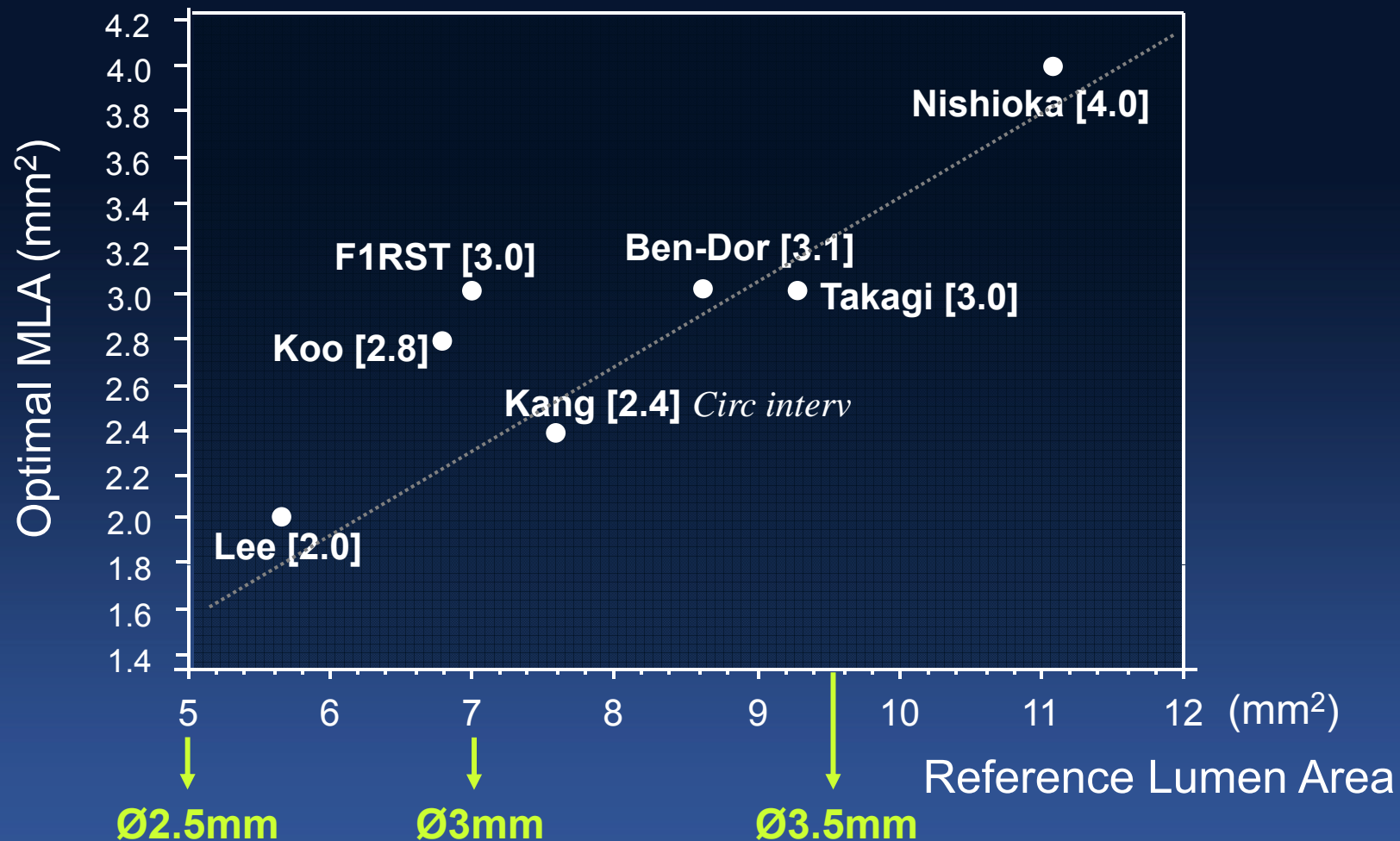
## Q3. Is OCT-MLA More Accurate?

	FFR	MLA	AUC	Sens	Spec	PPV	NPV	Accuracy
<b>IVUS</b>	0.80	<b>2.36</b>	0.63	67%	65%	67%	65%	<b>66%</b>
<b>OCT</b>		<b>1.95</b>	0.70	82%	63%	66%	80%	<b>72%</b>



*Gonzalo et al. J Am Coll Cardiol 2012;59:1080-9*

# Q4. Do We Need a Specific Criteria According to Vessel Size?

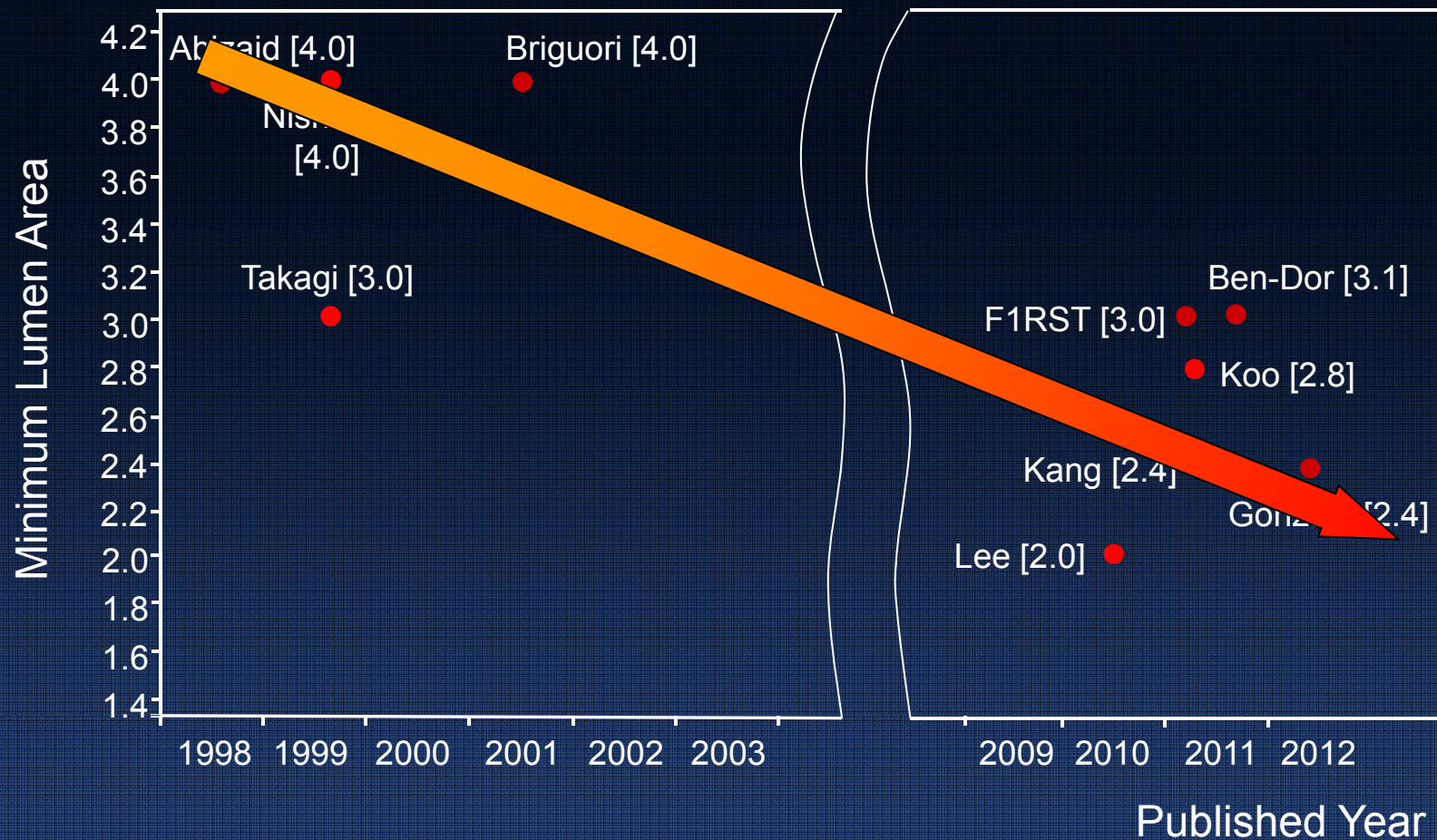


Ben-Dor, Kang, Koo, FIRST, Gonzalo → **FFR < 0.80**

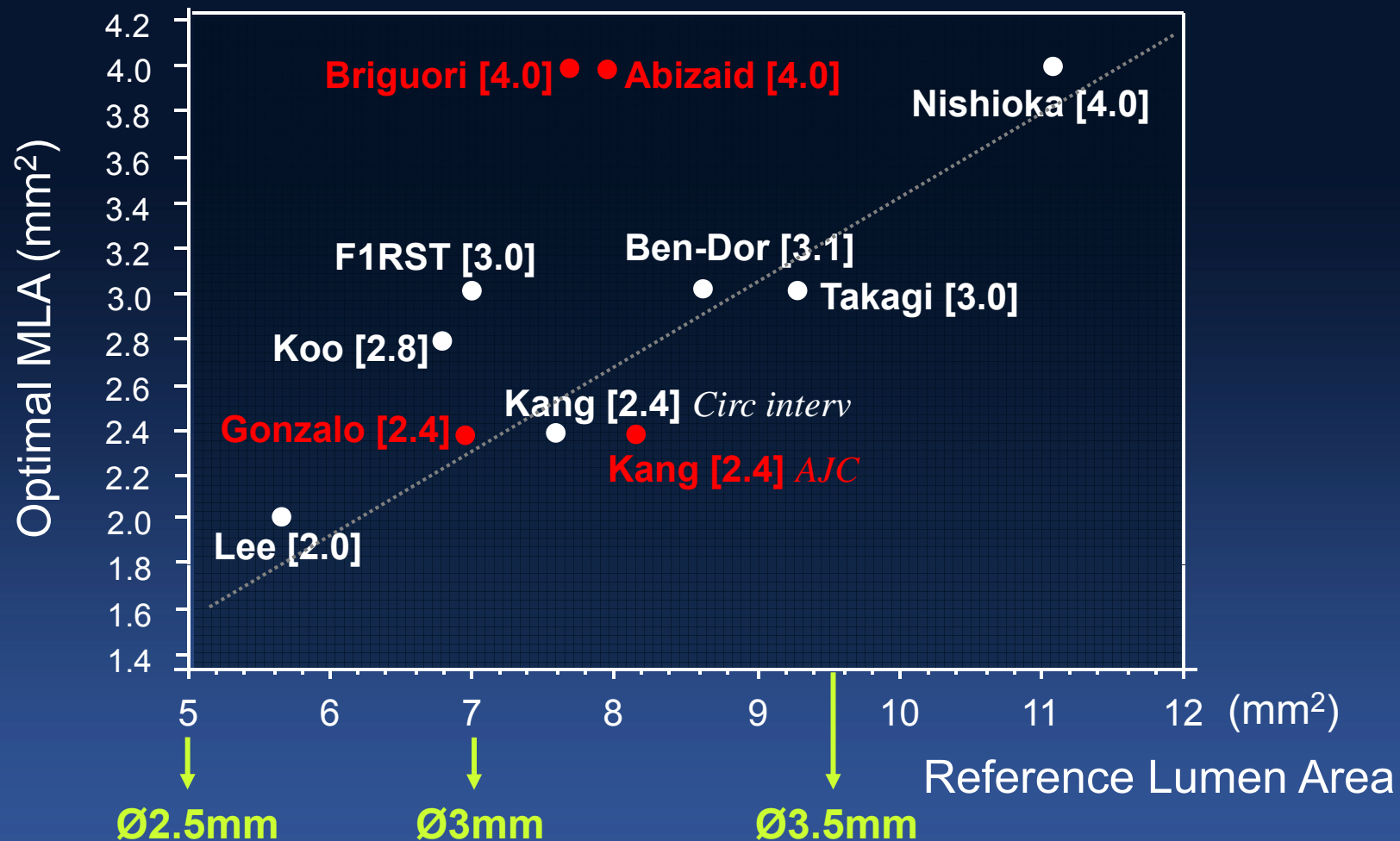
Takagi, Briguori, Lee → **FFR < 0.75**, Nishioka → **thallium**, Abizaid → **CFR < 2.0**



# MLA According to Published Year



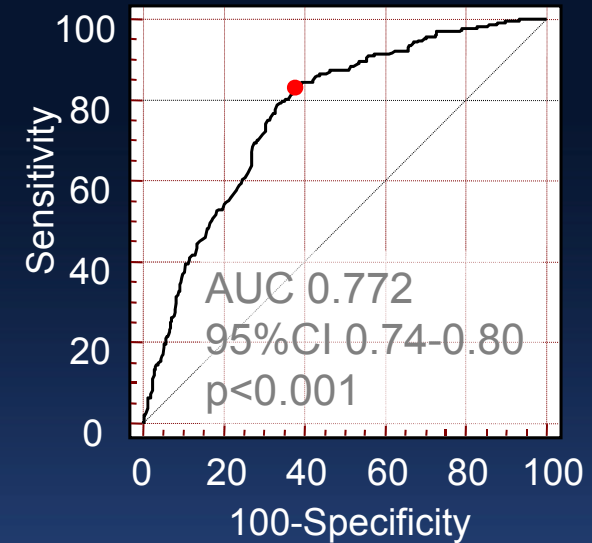
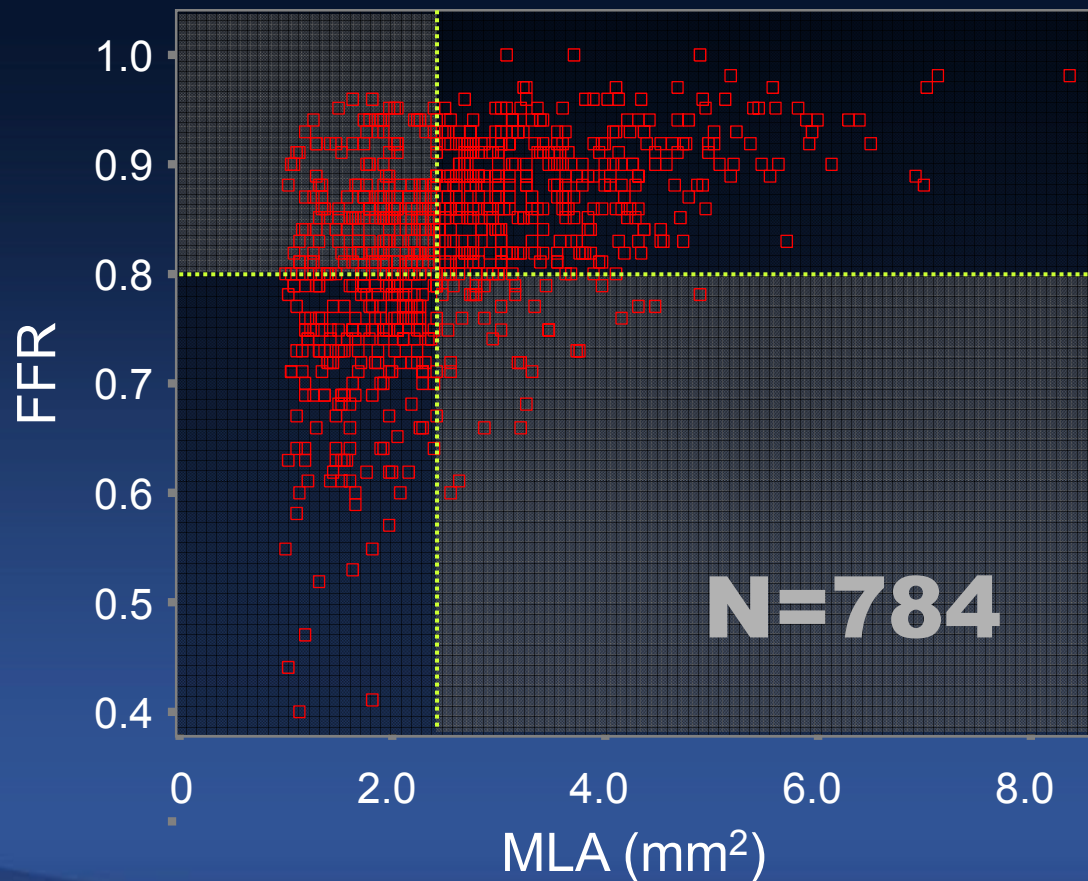
# Q4. Do We Need a Specific Criteria According to Vessel Size?



Ben-Dor, Kang, Koo, FIRST, Gonzalo → **FFR < 0.80**  
 Takagi, Briguori, Lee → **FFR < 0.75**, Nishioka → **thallium**, Abizaid → **CFR < 2.0**

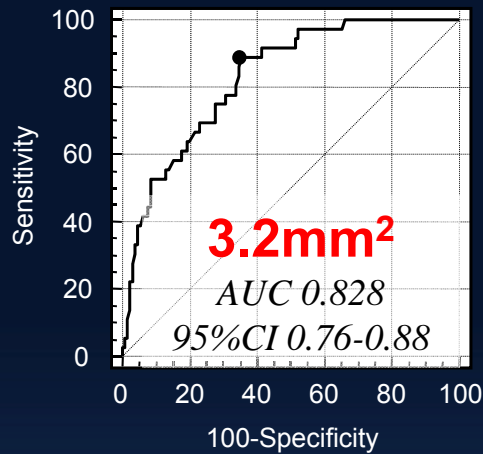
# Usefulness of Minimal Luminal Coronary Area Determined by Intravascular Ultrasound to Predict Functional Significance in Stable and Unstable Angina Pectoris

**MLA 2.4mm<sup>2</sup>**



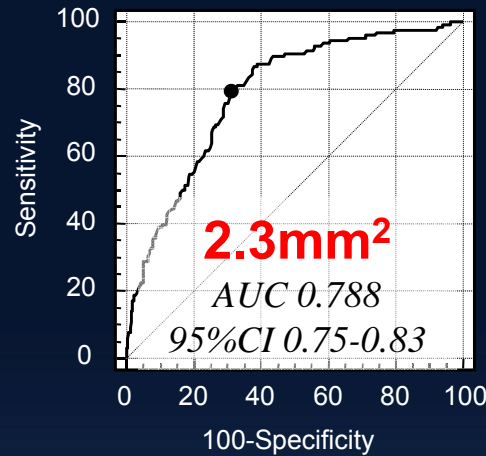
Sens. 84%  
Spec. 63%  
PPV 48%  
NPV 90%  
**Accuracy 69%**

**RLD > 3.5mm [161]**



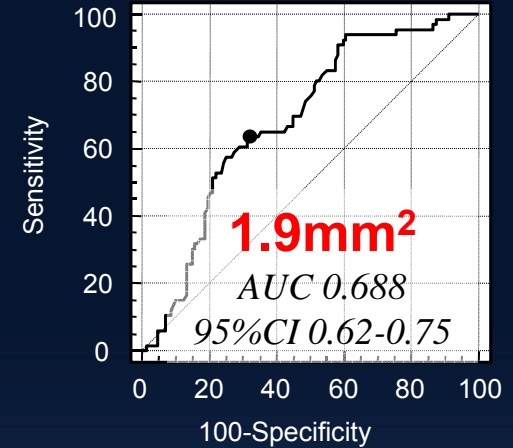
Sens 89% Spec 65%

**RLD 2.75-3.5mm [439]**



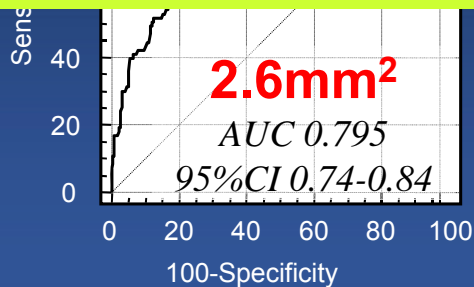
Sens 80% Spec 68%

**RLD < 2.75mm [184]**

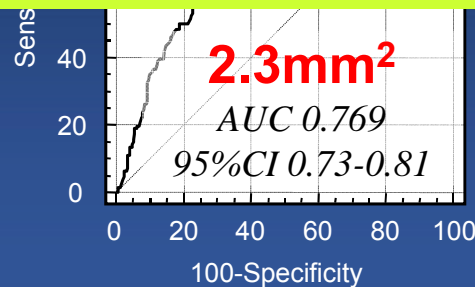


Sens 64% Spec 69%

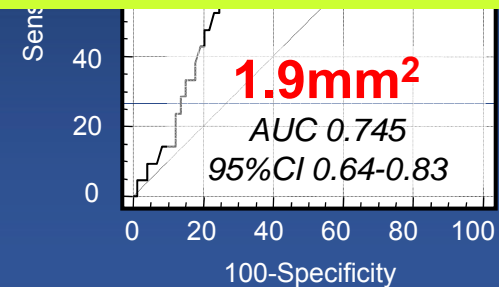
## All Subgroup-Specific MLA Accuracies < 70-75%



Sens 78% Spec 68%

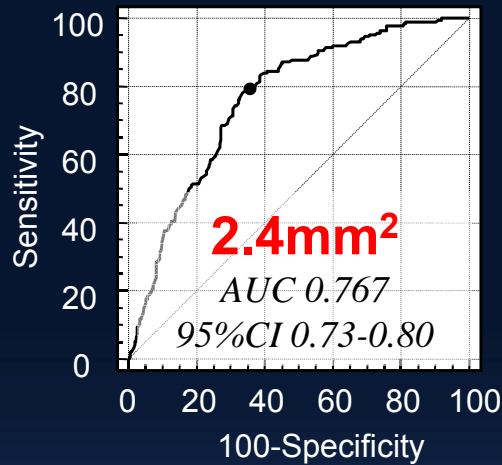


Sens 84% Spec 65%



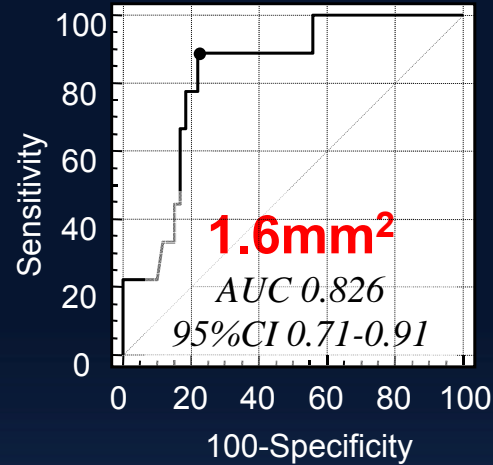
Sens 76% Spec 70%

### LAD [528]



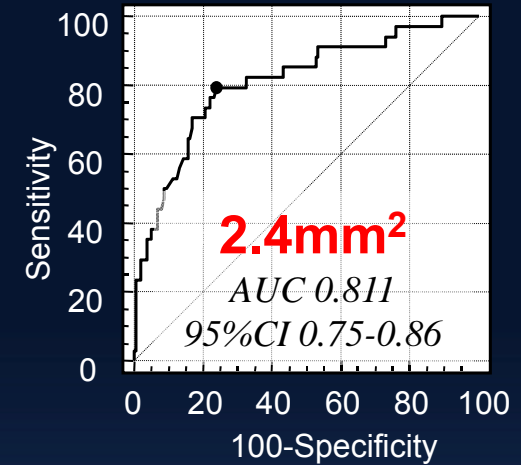
Sens 80% Spec 64%

### LCX [68]



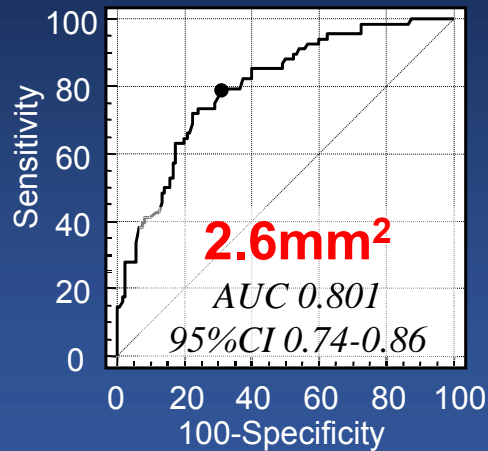
Sens 89% Spec 77%

### RCA [188]



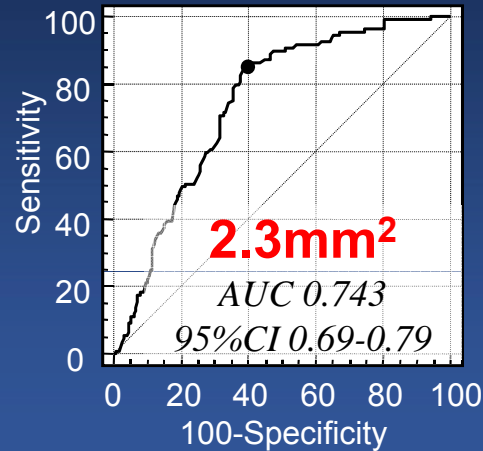
Sens 79% Spec 77%

### Proximal LAD [180]



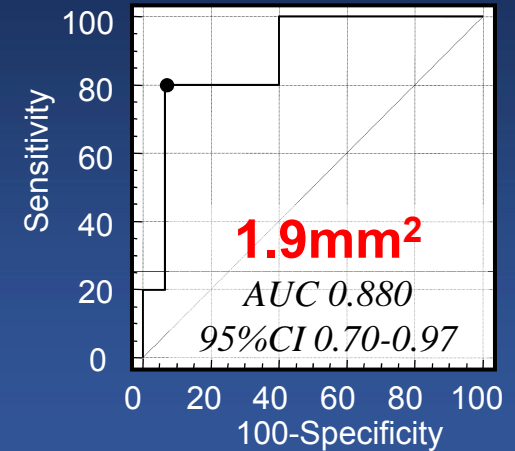
Sens 79% Spec 70%

### Mid-LAD [323]



Sens 85% Spec 61%

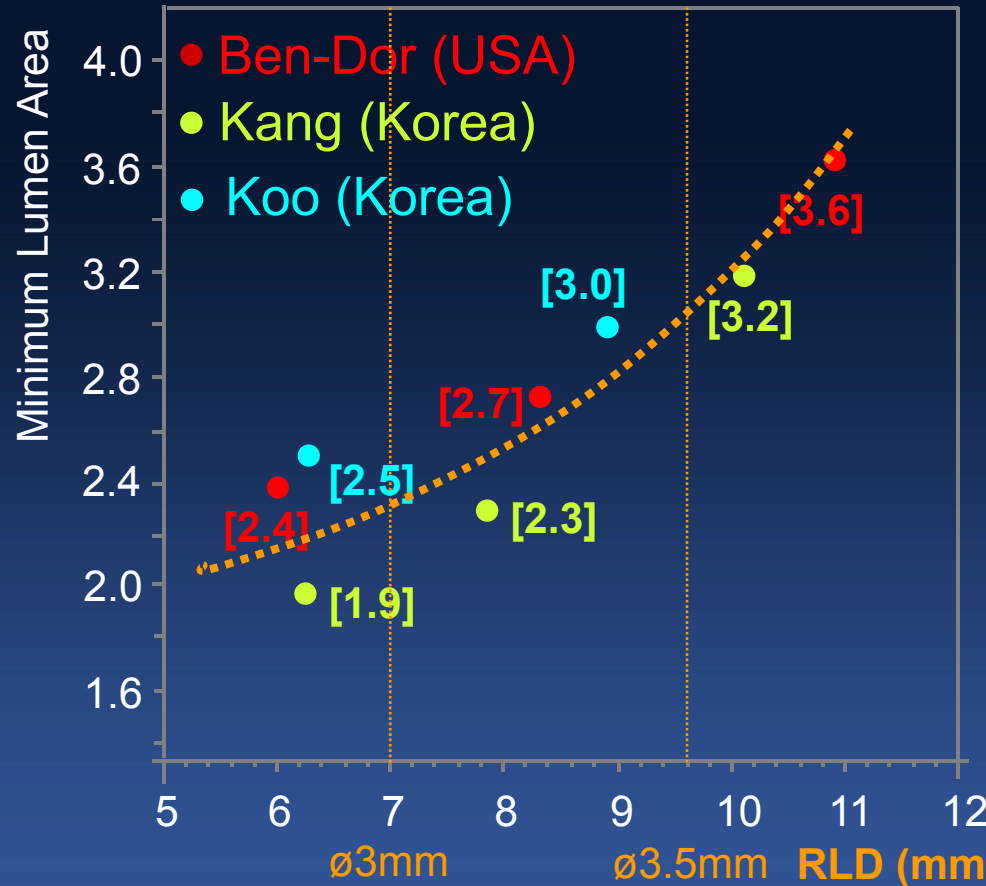
### Distal LAD [25]



Sens 80% Spec 93%

# Intravascular ultrasound lumen area parameters for assessment of physiological ischemia by fractional flow reserve in intermediate coronary artery stenosis

Itsik Ben-Dor, Rebecca Torguson, Teshome Deksissa, Anh B. Bui, Zhenyi Xue, Lowell F. Satler, Augusto D. Pichard, Ron Waksman\*



	RLD mm	MLA mm <sup>2</sup>	AUC
<b>Ben-Dor</b>	>3.5	3.6	<b>0.70</b>
<b>N=205</b>	3.0–3.5	2.7	<b>0.77</b>
	<3.0	2.4	<b>0.74</b>
<b>Kang</b>	>3.5	3.2	<b>0.83</b>
<b>N=784</b>	2.75–3.5	2.3	<b>0.79</b>
	<2.75	1.9	<b>0.69</b>
<b>Koo</b>	>3.0	3.0	<b>0.70</b>
<b>N=784</b>	<3.0	2.5	<b>0.61</b>

Ben-Dor et al. *Cardiovasc Revasc Med* 2012 (in press)

Kang et al. *Am J Cardiol* 2012;109:947-53

Koo et al. *JACC Interv* 2011;4:803-11

## Q5. Why Mismatch?

Nov 2009-June 2011, **1000 consecutive patients**  
(1129 lesions with DS >30%) who underwent  
pre-PCI IVUS and FFR (*ClinicalTrials.gov NCT01366404*)

### Factors Affecting FFR

	Beta	p-value	95% CI
Age	0.008	<0.001	0.004 - 0.011
LAD location	-0.386	<0.001	-0.462 - 0.311
Lesion length	-0.006	<0.001	-0.009 - 0.003
Plaque rupture	-0.165	0.020	-0.302 - 0.027
<b>Minimal lumen area</b>	0.185	<0.001	0.149 - 0.222
Plaque burden	-0.006	<0.004	-0.009 - 0.003

# Total 784 lesions

391 with  $MLA \geq 2.4mm^2$

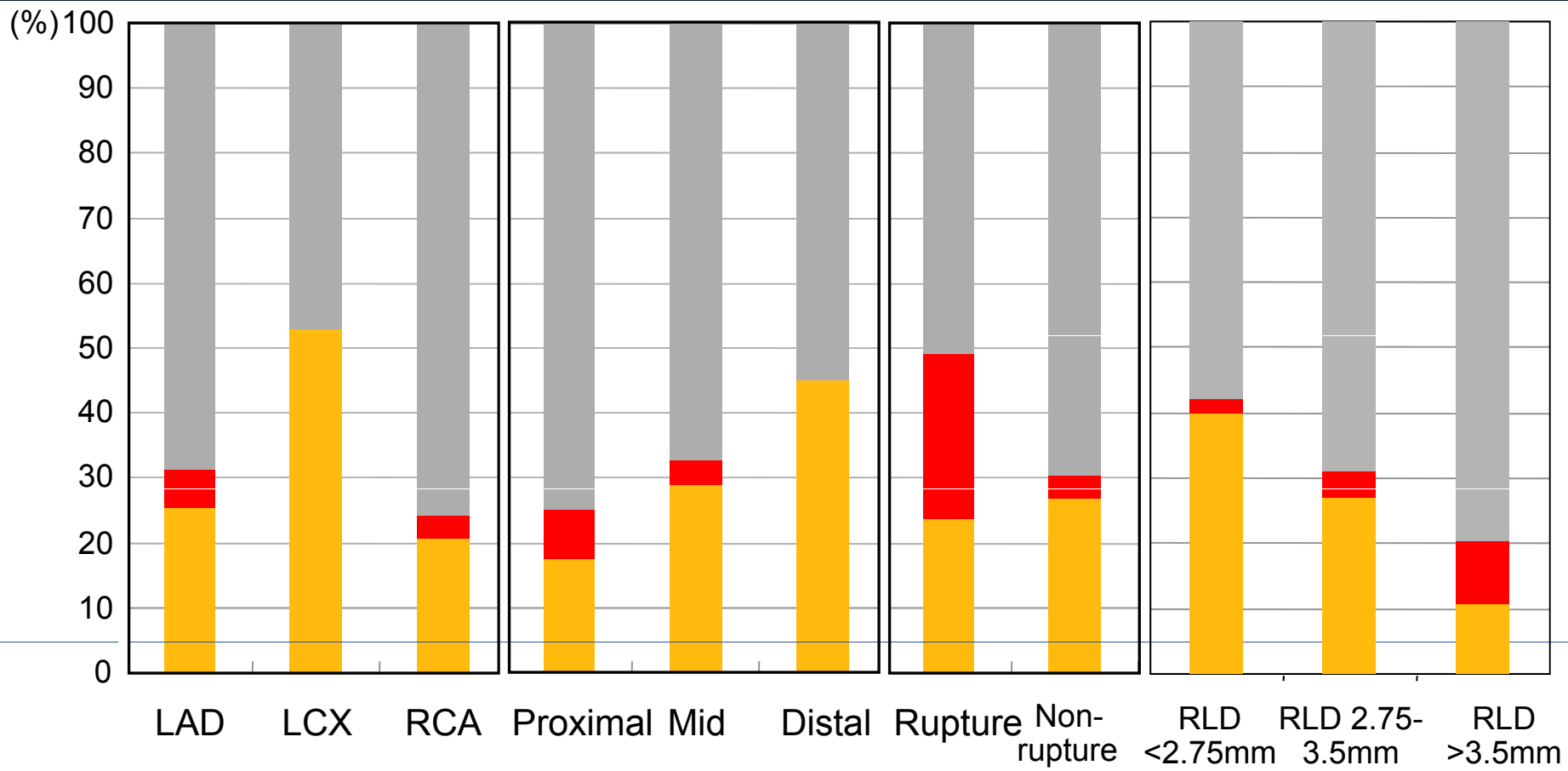
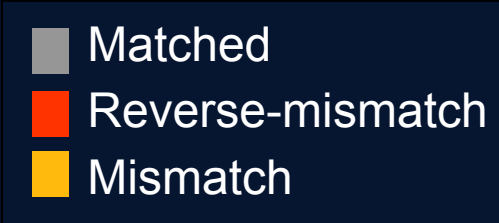
393 with  $MLA < 2.4mm^2$

FFR < 0.80  
38 (10%)

FFR  $\geq$  0.80  
353 (90%)

FFR < 0.80  
189 (48%)

FFR  $\geq$  0.80  
204 (52%)





# Predictors for Discordances

	Beta	p-value	Adjusted OR	95% CI
<b>MLA &lt; 2.4 but FFR ≥ 0.8 “Mismatch”</b>				
Female gender	0.371	0.048	1.450	1.003 – 2.095
LAD location	-0.406	0.027	0.666	0.465 – 0.954
Reference lumen $\phi$	-1.209	<0.001	0.298	0.204 – 0.437
Distal segment	0.704	0.002	2.021	1.293 – 3.159
<b>MLA ≥ 2.4 but FFR &lt; 0.8 “Rev-mismatch”</b>				
Age	-0.062	<0.001	0.940	0.909 – 0.972
LAD location	0.813	0.071	2.256	0.932 – 5.460
Plaque rupture	2.410	<0.001	11.138	4.886 – 25.39

*Age, female, LAD location, distal segment, plaque rupture, reference lumen  $\phi$*

*AMC data*

# MLA Criteria in Non-LM

	N	FFR	RLA	MLA	AUC	Sens	Spec	PPV	NPV	Accu
<b>Briguori</b> (2001 AJC)	53	0.75	7.8	<b>4.0</b>	—	92%	56%	38%	96%	<b>64%</b>
<b>Ben-Dor</b> (2012 *)	205	0.80	8.6	<b>3.09</b>	0.73	69%	72%	—	—	<b>70%</b>
<b>Kang</b> (2011 Circ int)	236	0.80	7.6	<b>2.4</b>	0.80	90%	60%	37%	96%	<b>68%</b>
<b>Kang</b> (2012 AJC)	784	0.80	8.2	<b>2.4</b>	0.77	84%	63%	48%	90%	<b>69%</b>
<b>Koo</b> (2011 JACC int)	267	0.80	6.8	<b>2.75</b>	0.81	69%	65%	27%	81%	<b>67%</b>
<b>Gonzalo</b> (2012 JACC)	47	0.80	7.1	<b>2.36</b> IVUS	0.63	67%	65%	67%	65%	<b>66%</b>

Furthermore, the accuracies of specific MLA criteria optimized by vessel size still remain poor

# Best IVUS-MLA Criteria for LM

## To identify Functionally Significant Stenosis

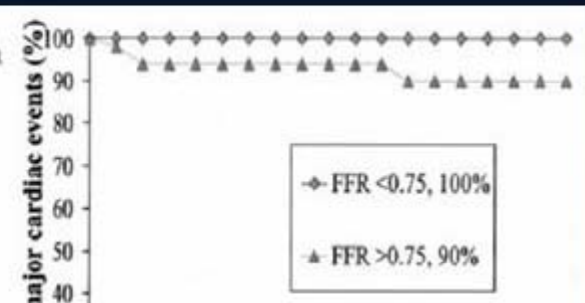
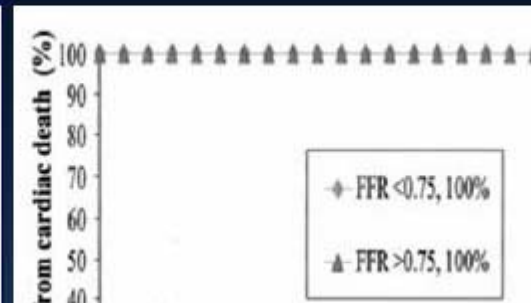
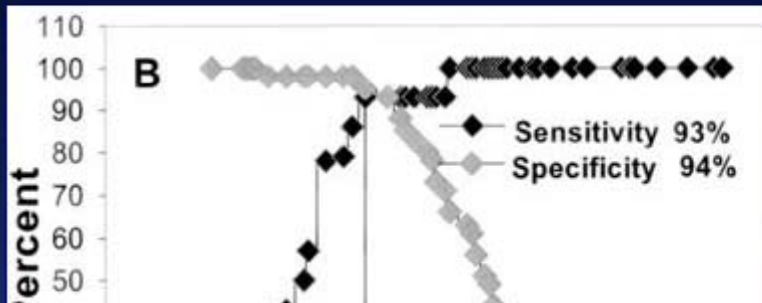
	IVUS Criteria	To predict	Outcomes
<b>Jasti<sup>1</sup></b>	MLD 2.8mm MLA <b>5.9mm<sup>2</sup></b>	FFR 0.75	38-month Survival / MACE-free
<b>Fassa<sup>2</sup></b>	MLA <b>7.5mm<sup>2</sup></b>	3-yr MACE	MACE-free 88% with medical Tx 79% with revasculariz
<b>Fassa<sup>2</sup></b>	MLA <b>9.6mm<sup>2</sup></b>	3-yr MACE	The best cut-off value on ROC based on MACE in deferred lesions
<b>Abizaid<sup>3</sup></b>	MLD 3.0mm	1-yr MACE	60% in MLD<2.0mm 3% in MLD>3.0mm

*The cut-off and its accuracy still remains debatable*

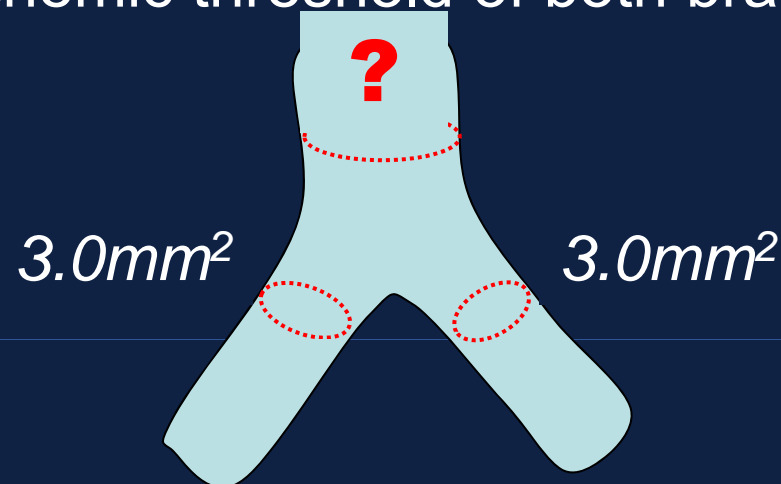
<sup>1</sup>Circulation 2004;110:2831–6, <sup>2</sup>JACC2005;45:204–11, <sup>3</sup>JACC 1999;34:707-15

## MLA < 6.0mm<sup>2</sup> Predicts LM FFR < 0.75

- Sum of lumen areas of two daughter vessels (Each of LAD and LCX should be 4.0mm<sup>2</sup>) = 150% of the parent LM
- Murray's Law ( $LM r^3 = LAD r^3 + LCX r^3$ )

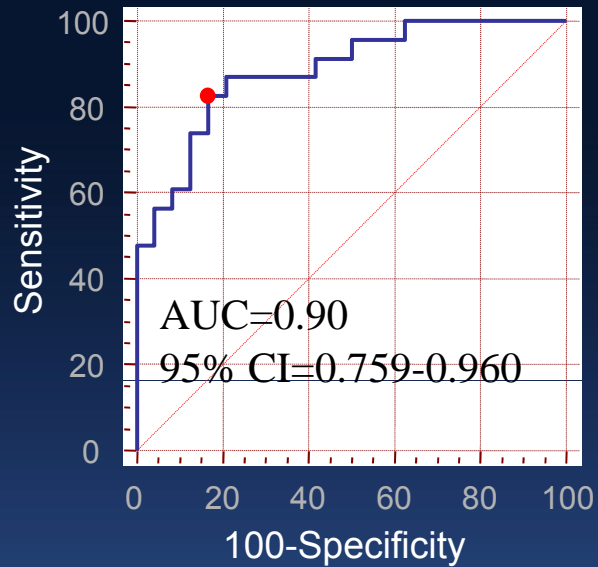


Obtained from Murray's law considering an **MLA 4.0mm<sup>2</sup>** as ischemic threshold of both branches



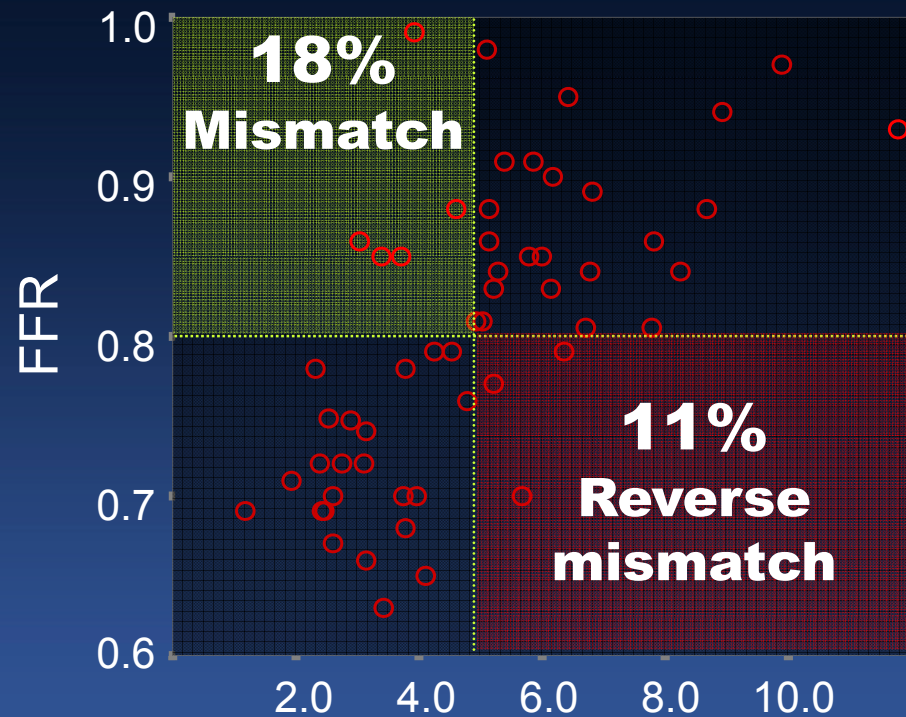
# IVUS-MLA Predicting FFR<0.80

55 Isolated LM with DS 30-80%



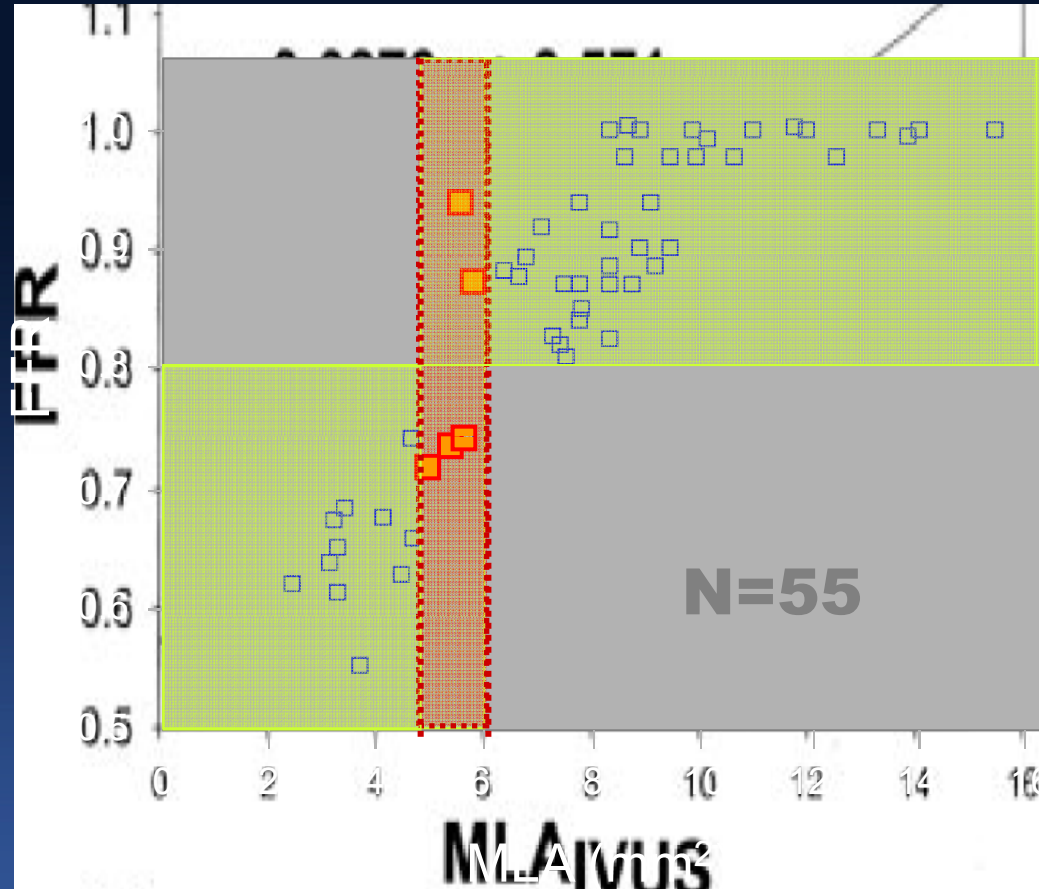
If MLA 6.0mm<sup>2</sup>  
Sens 96%, Spec 47%  
**Accuracy 73%**

**MLA 4.8mm<sup>2</sup>**



*Kang et al. JACC Interv 2011;4:1168-74*

## Q6. Why is it Different from 6.0mm<sup>2</sup>?



**MLA 6.0mm<sup>2</sup>**

Sens 100%, Spec 95%

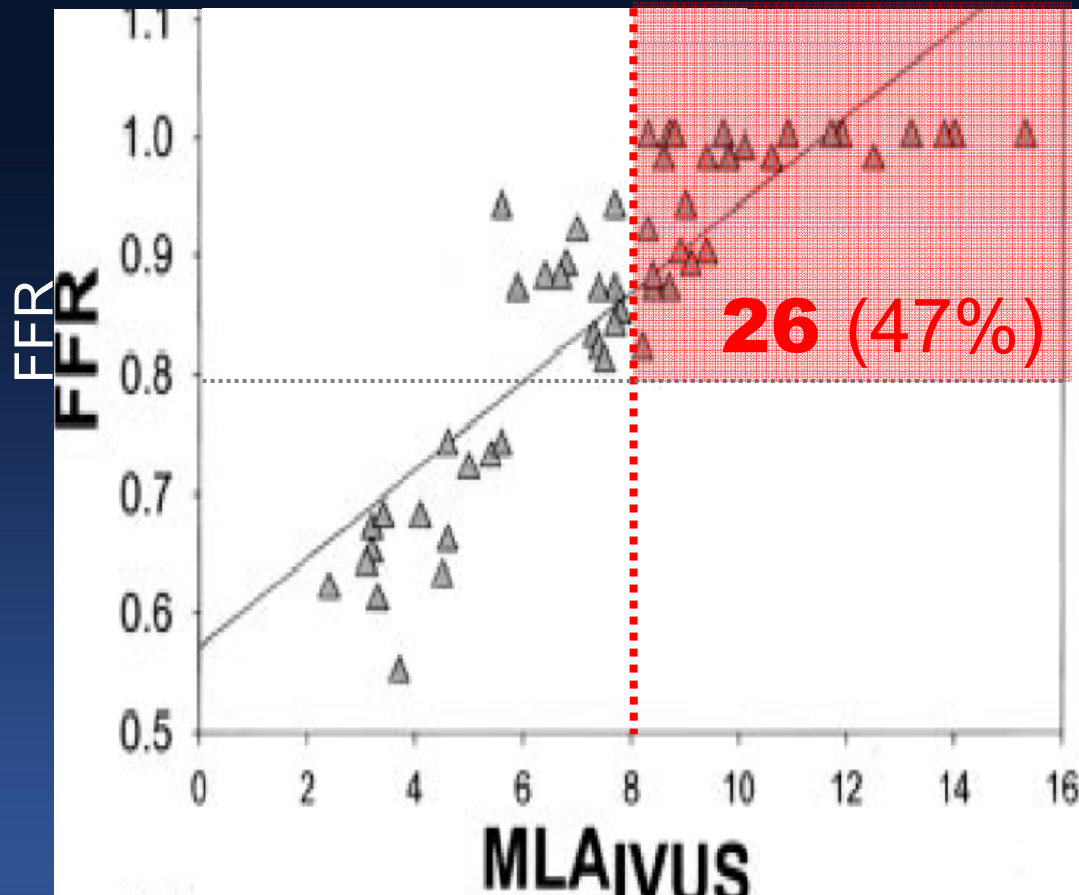
Accuracy **96%**

**If MLA 4.8mm<sup>2</sup>**

Accuracy **95%**

*Jasti et al. Circulation 2004;110:2831-6*

## Q6. Why is it Different from 6.0mm<sup>2</sup>?



**MLA 4.8mm<sup>2</sup>**

Sens 89%, Spec 83%

**Accuracy 86%**

**0.75**

**If add 26**  
**with larger MLA >8.0**  
**→ Accuracy 90%**

*Inclusion of extremely mild lesions makes the overall accuracy better*

*Kang et al. JACC Interv 2011;4:1168-74*

## Q7. Is LM Size Different Among Studies?

	<b>Jasti</b>	<b>Abizaid</b>	<b>Kang</b>
N	55	122	55
IVUS criteria	<b>MLA 5.9mm<sup>2</sup></b>	<b>MLD 3.0mm</b>	<b>MLA 4.8mm<sup>2</sup></b>
Validated with	FFR<0.75	MACE	FFR<0.80
FFR<0.80	25%	—	47%
Proximal RLD, mm	<b>4.2±1.0</b>	<b>3.9±0.8</b>	<b>3.9±0.6</b>
QCA-MLD, mm	2.1±0.9	2.3±0.8	2.0±0.5
IVUS-MLA, mm <sup>2</sup>	7.7±3.0	9.3±5.3	4.9±2.4

*Jasti et al. Circulation. 2004;110:2831-6*

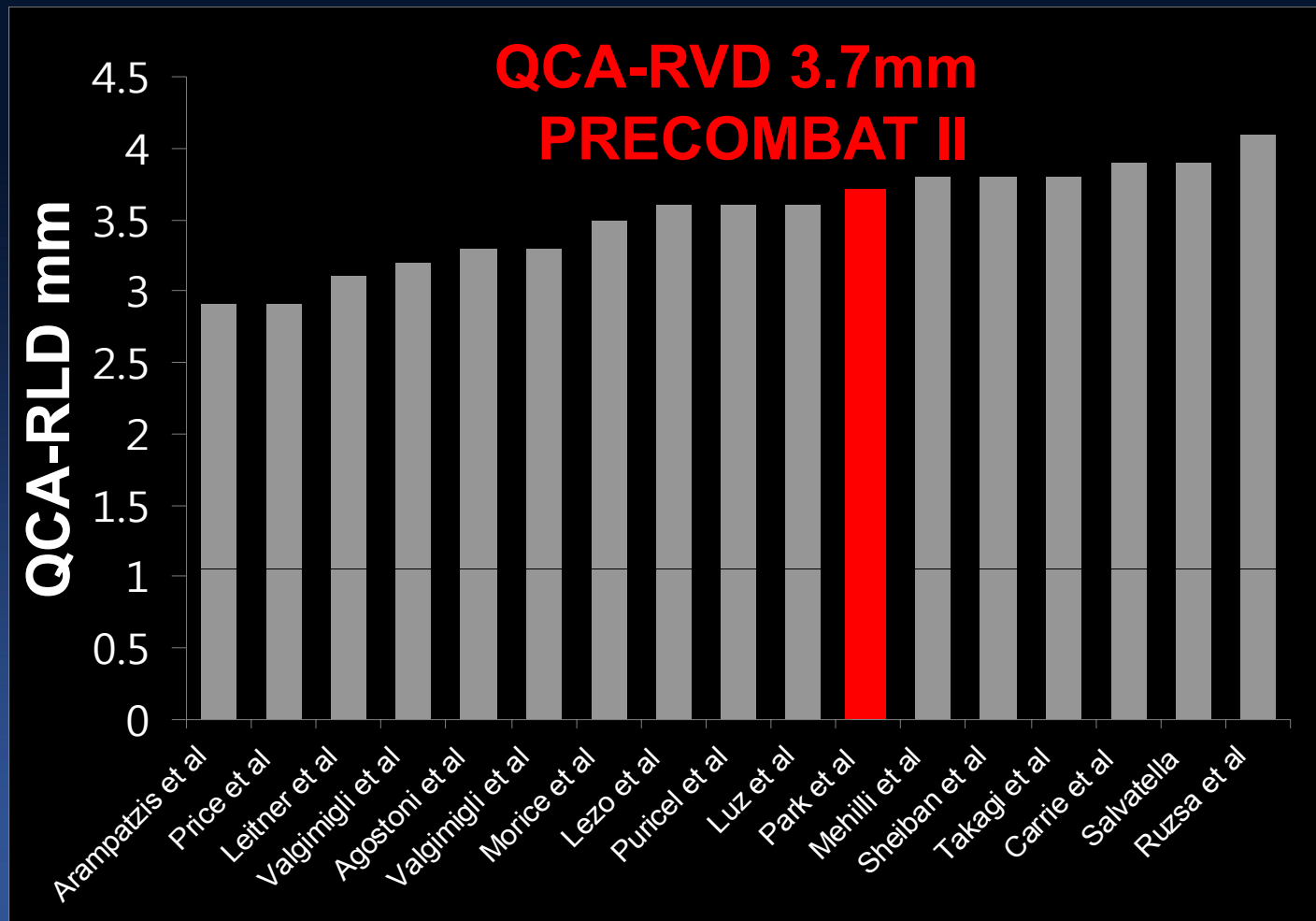
*Abizaid et al. J Am Coll Cardiol 1999;34:707-15*

*Kang et al. JACC Interv 2011;4:1168-74*



# Reference Vessel Size in LM PCI

2309 USA/EU Patients in 17 Studies

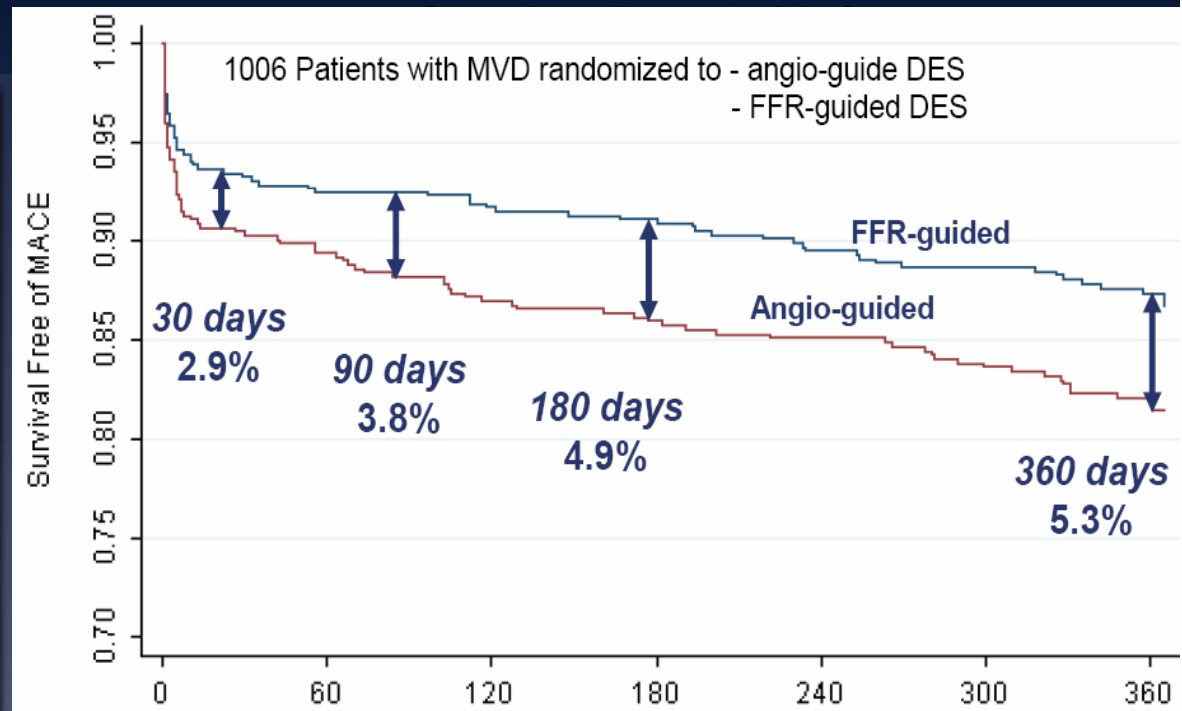
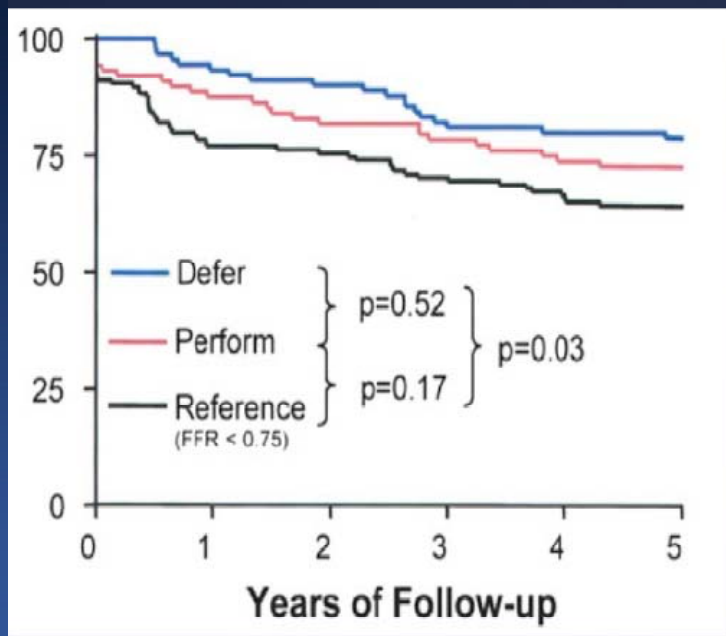


# Q8. FFR Criteria Safe for Deferral?

**DEFER**  
**FFR >0.75**

**FAME**  
**FFR >0.80**

Event-Free Survival (%)



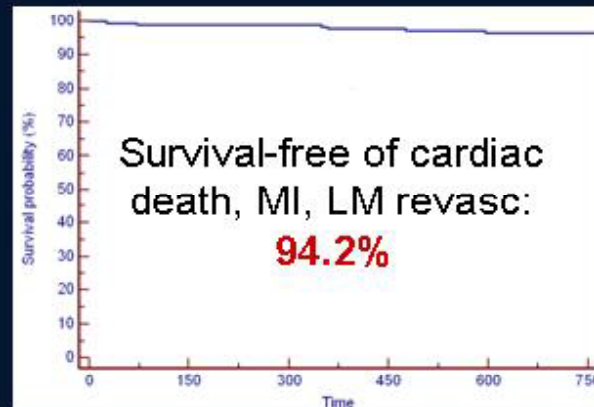
Pijls et al. *J Am Coll Cardiol* 2007;49:2105-11

Tonino et al. *N Engl J Med* 2009;360:213-24

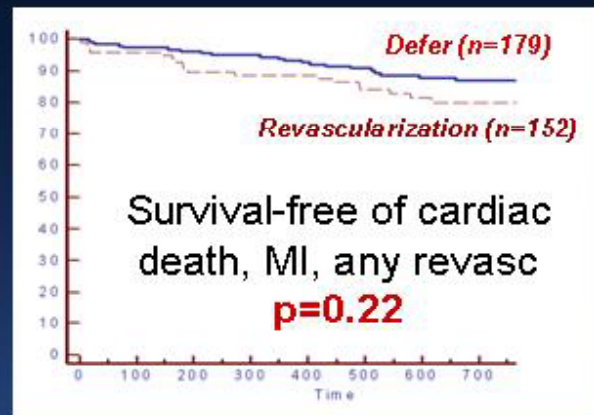
# Q9. Morphologic Criteria for Deferral?

## LITRO Study

2-Year Outcome of Deferred Lesions with MLA >6mm<sup>2</sup>



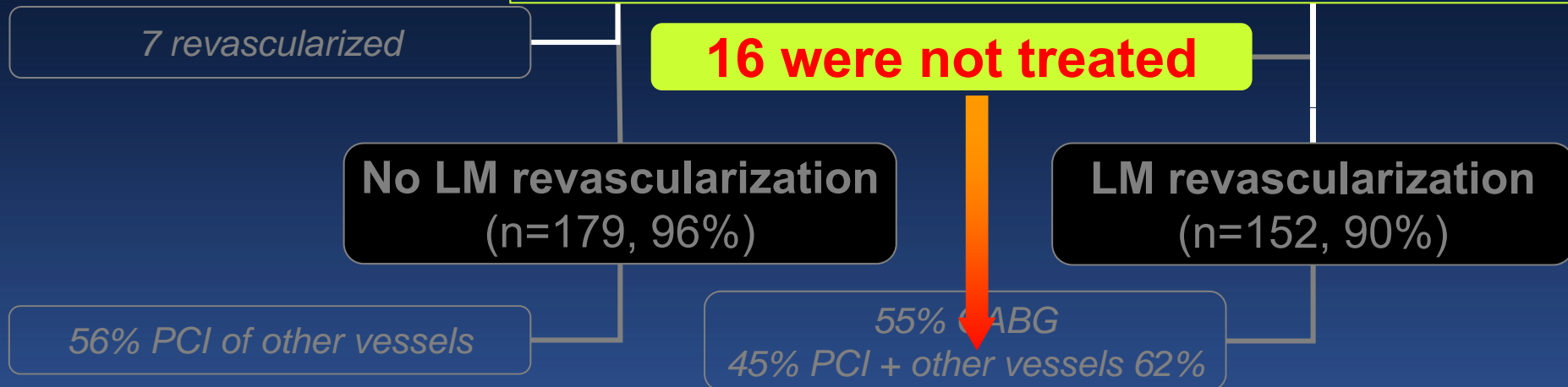
2-Year Outcome of Deferred vs. Revasc



Nobody deferred the lesions with MLA <6.0 in a prospective trial

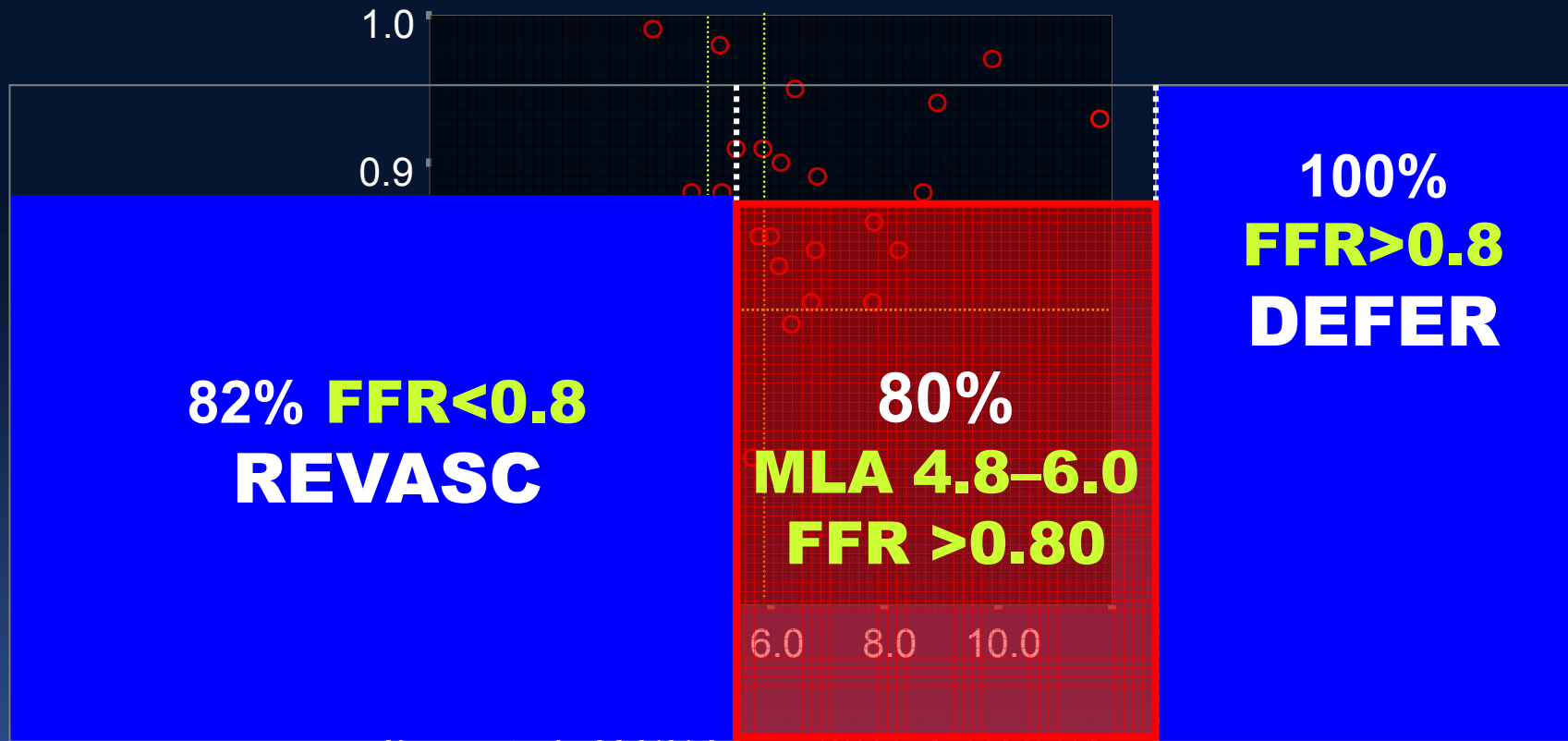
Prospective app

- 44% age < 75 years
- 31% high surgical risk
- 50% lung/renal comorbidity
- 75% bifurcations
- 38% heavy calcification
- 38% problem for dual anti-platelets



- Cardiac death-free survival → **86%** (vs. 98% DEFER)
- Composite events-free survival\* → **63%** (vs. 87% DEFER)

# Q10. Treatment, Where Are We?



*Kang et al. JACC Interv 2011;4:1168-74*



# Conclusions

Because IVUS-MLA is only one of various factors affecting coronary hemodynamics, even the subgroup-specific criteria were inaccurate to identify ischemia-inducing stenosis

**Don't Use a Larger MLA  
Just Measure FFR**