

Vulnerable Plaque Detection by VH-IVUS

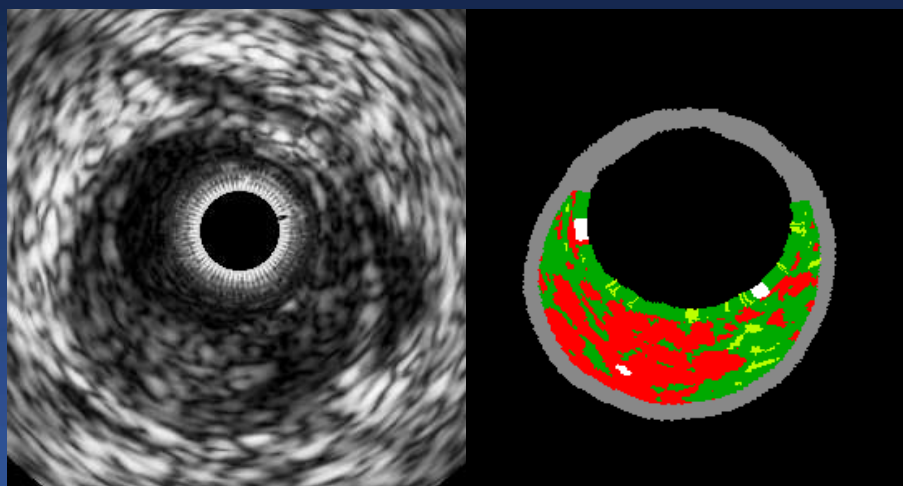
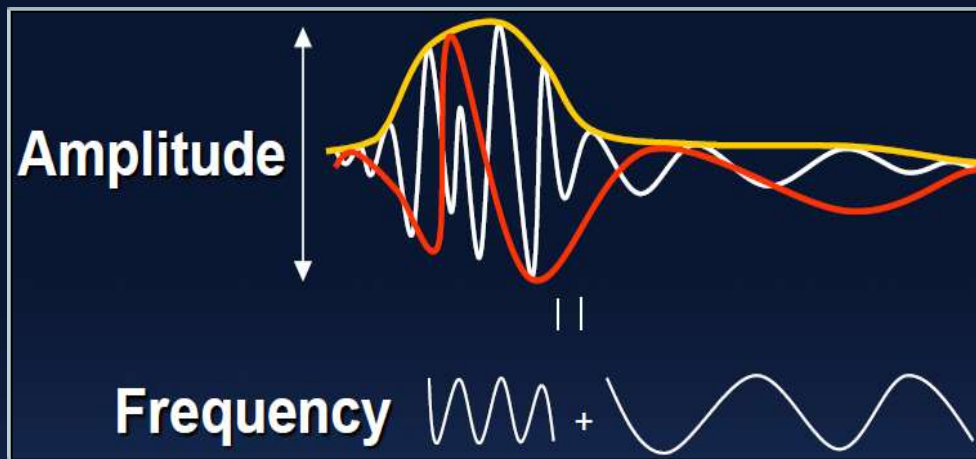
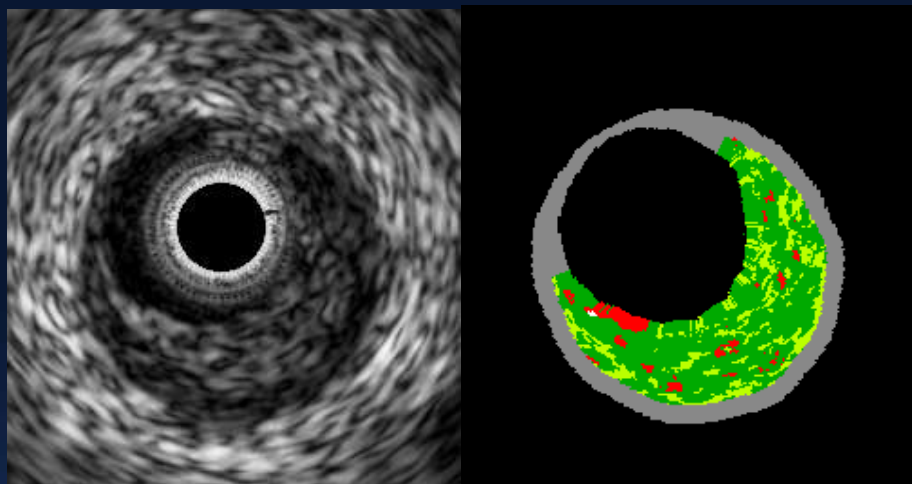
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Asan Medical Center, Seoul, Korea

Disclosure Statement of Financial Interest

I, Soo-Jin Kang DO NOT have a financial interest /arrangement or affiliation with organizations that could be perceived as a conflict of interest in the context of the subject of this presentation

Grayscale vs. VH IVUS



- ↓
-  **Fibrous**
 -  **Fibrofatty**
 -  **Necrotic core**
 -  **Dense calcium**

Validation of VH-IVUS

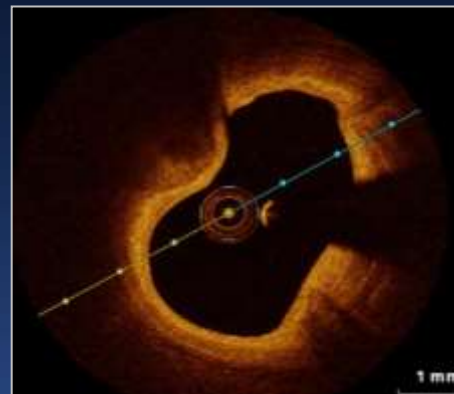
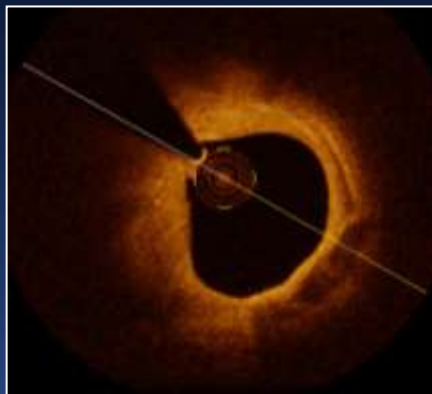
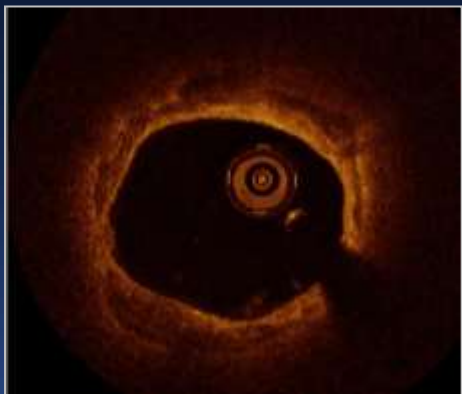
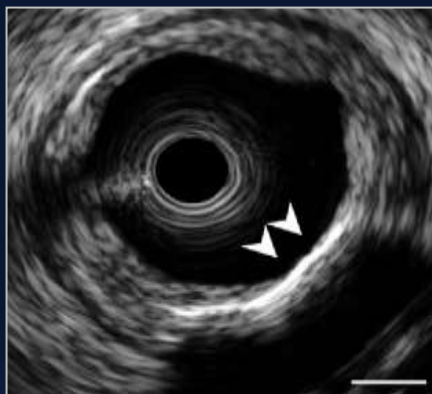
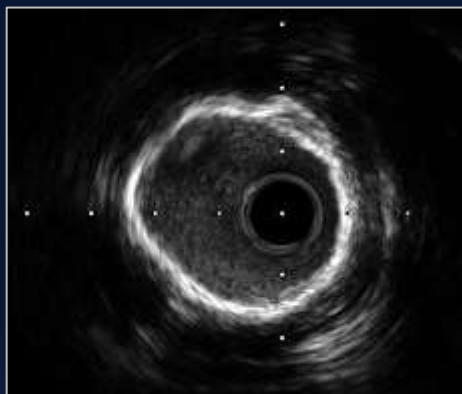
		Fibrous	Fibrofatty	NC	DC
Ex vivo (Nair et al.)	Sensitivity	96%	72%	92%	87%
	Specificity	91%	98%	97%	99%
	Accuracy	94%	94%	96%	97%
In vivo (Nasu et al.)	Sensitivity			67%	
	Specificity			93%	
	Accuracy	87%	87%	88%	97%
Ex vivo (porcine)	Accuracy	58%	38%	38%	

Nair et al. Eurointervention 2007;3:113-20

Nasu et al. J Am Coll Cardiol 2006;47:2405-12

Granada et al. Arterioscler Thromb Vasc Biol 27:387-93

Detection of Calcium

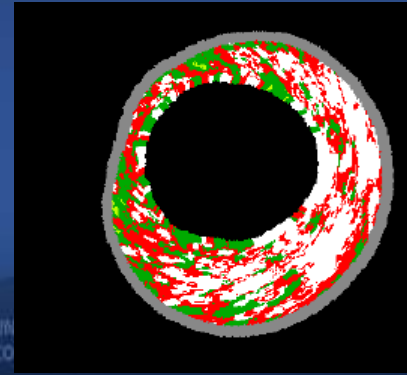
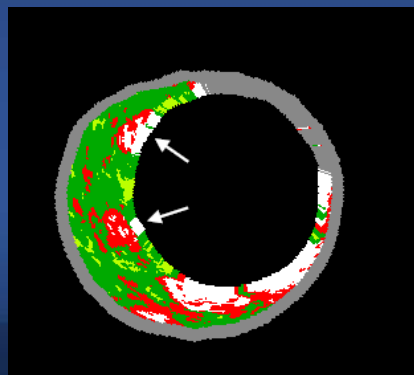
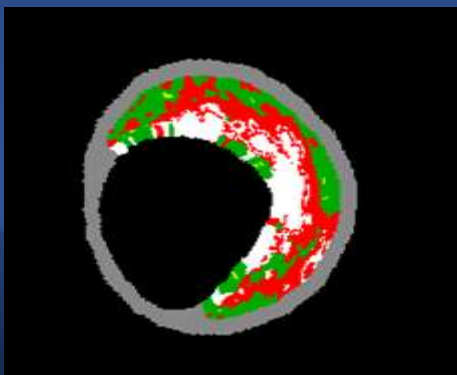


Superficial calcium

One pixel white border

Stent struts

Strong power

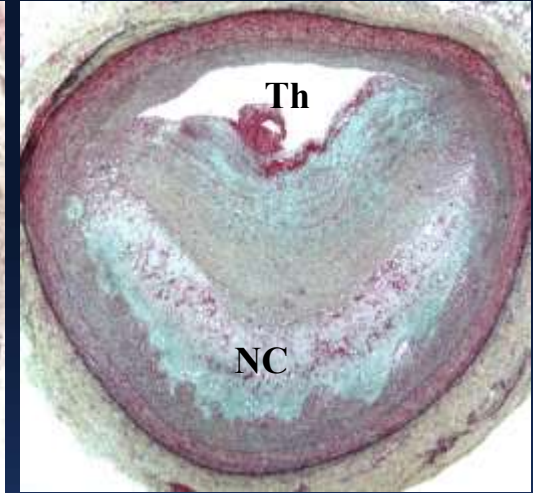
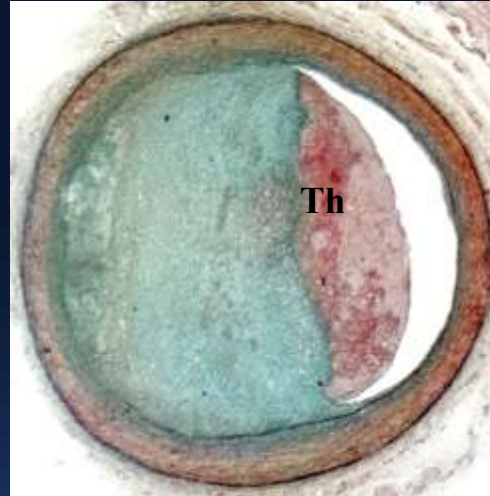


Causes of Coronary Thrombosis

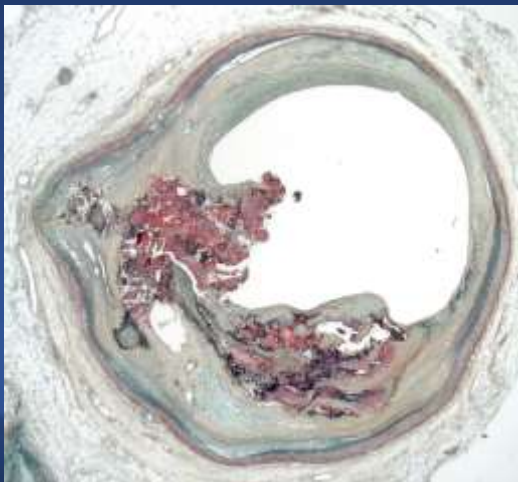
Rupture 60-75%



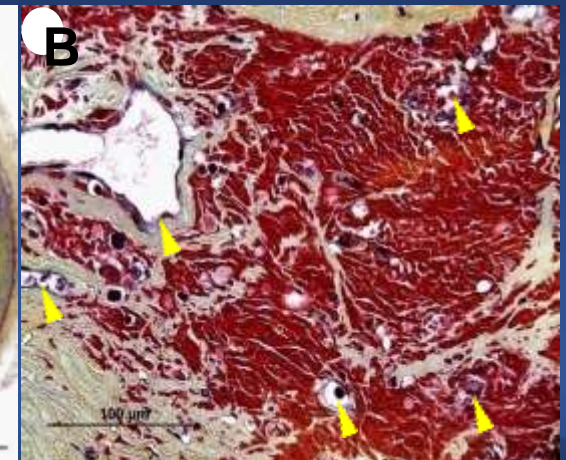
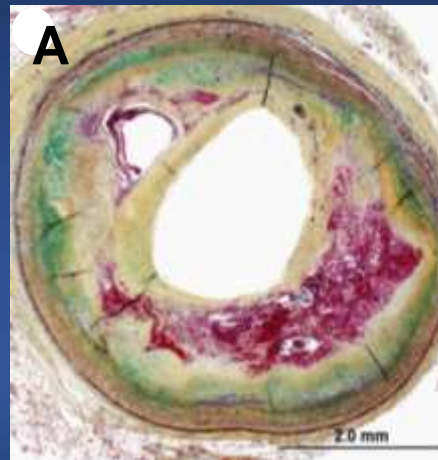
Erosion 30-35%



Calcified nodule (2-7%)



Intra-plaque hemorrhage

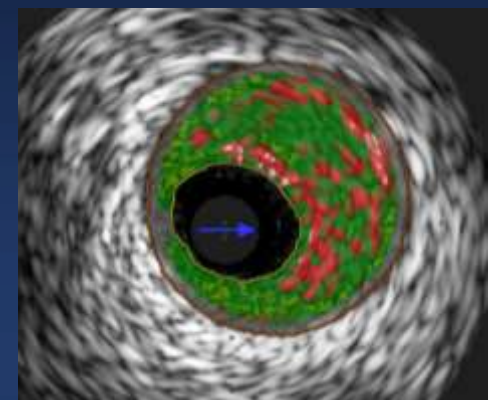
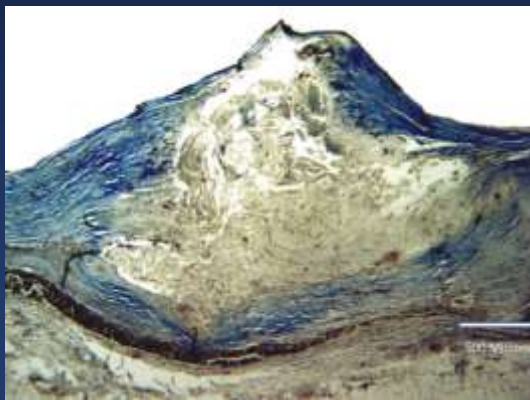


Morphological Predictors of Plaque Rupture

	p	Odds Ratio	95% CI
%Necrotic core	0.02	2.0	1.1 – 3.7
Cap thickness (<65 μm)	0.005	0.35	0.2 – 0.7
%Macrophage	0.052	1.8	1.0 – 3.2

Thin-cap Fibroatheroma (TCFA)

a Precursor of Plaque Rupture
a Prototype of Vulnerable Plaque



Rodriguez-Granillo et al. JACC 2005;46:2038-42

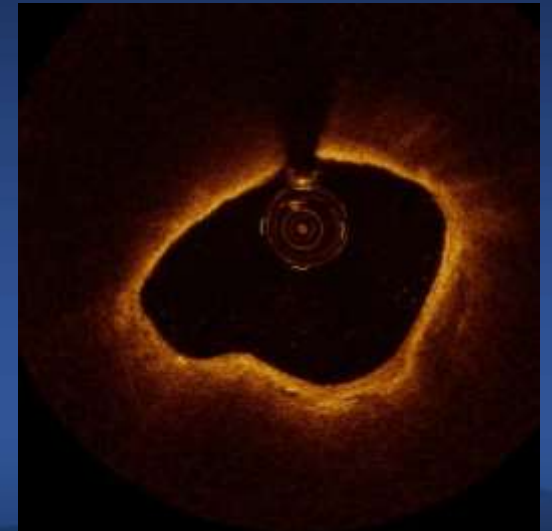
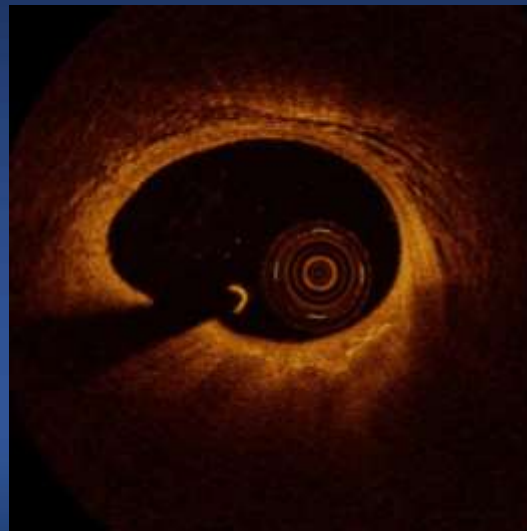
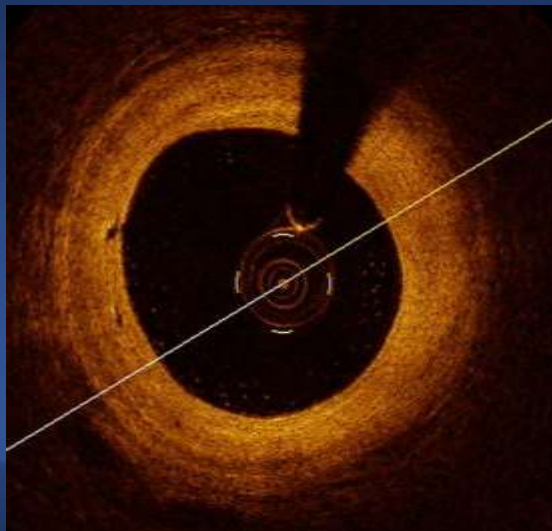
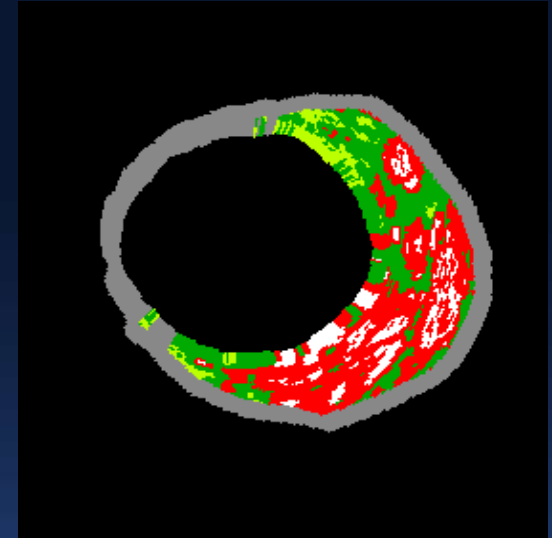
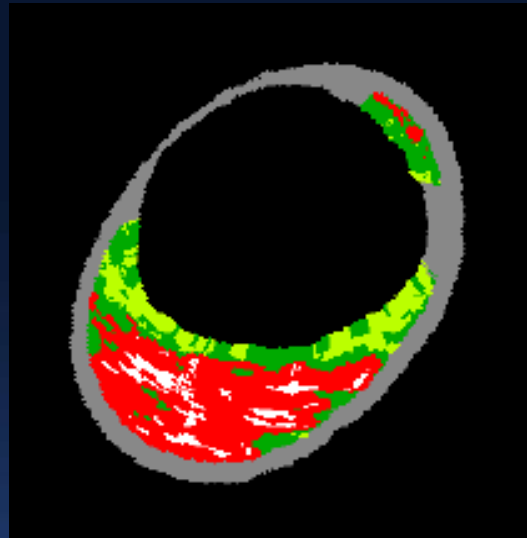
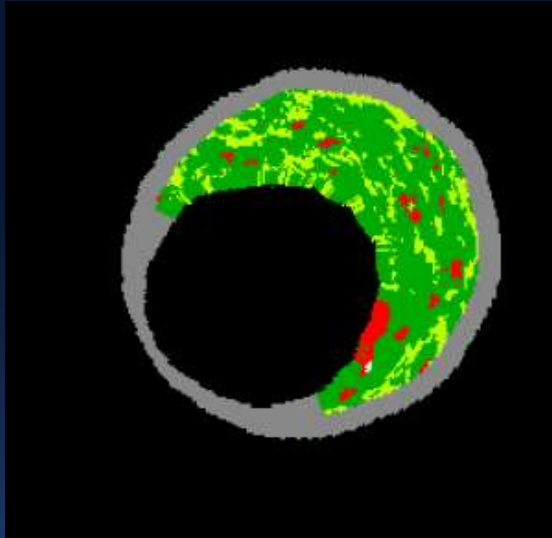
Naghavi et al. Circulation 2003;108:1664-72

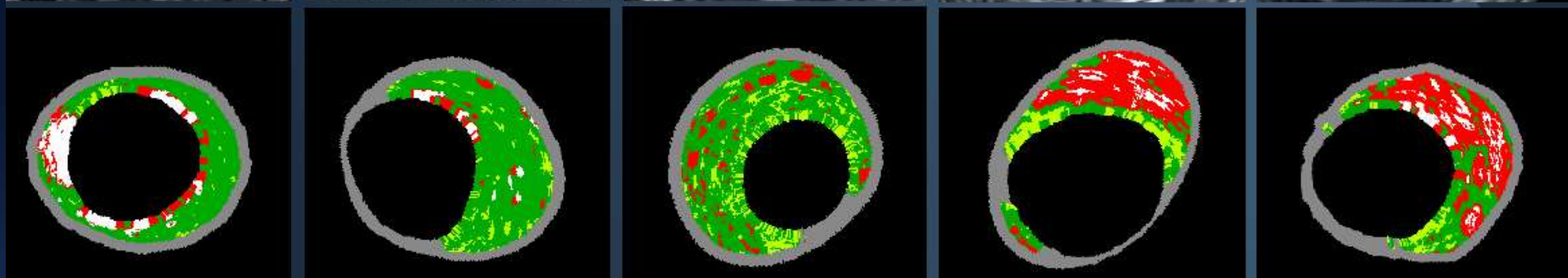
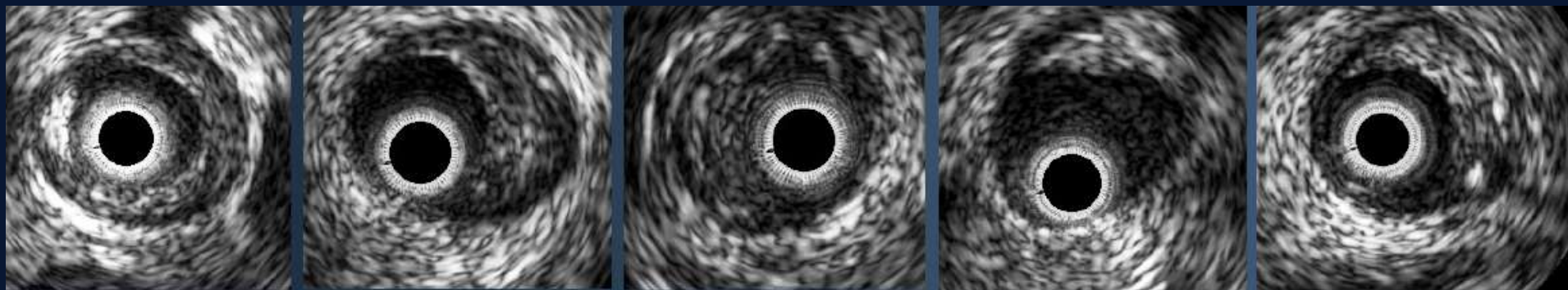
Pathologic intimal thickening

Fibroatheroma (FA)

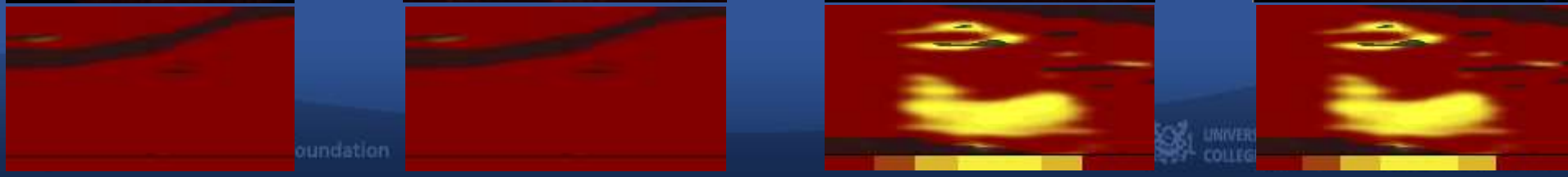
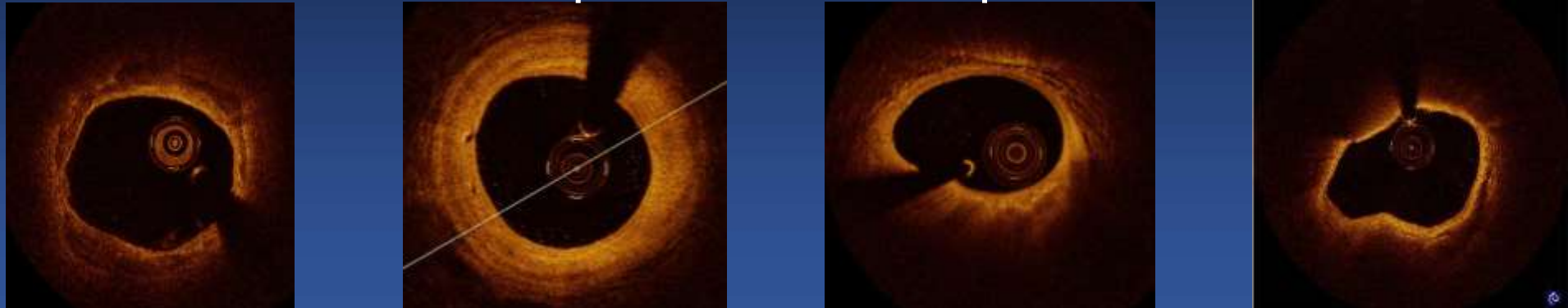
Thick-cap FA

Thin-cap FA (TCFA)



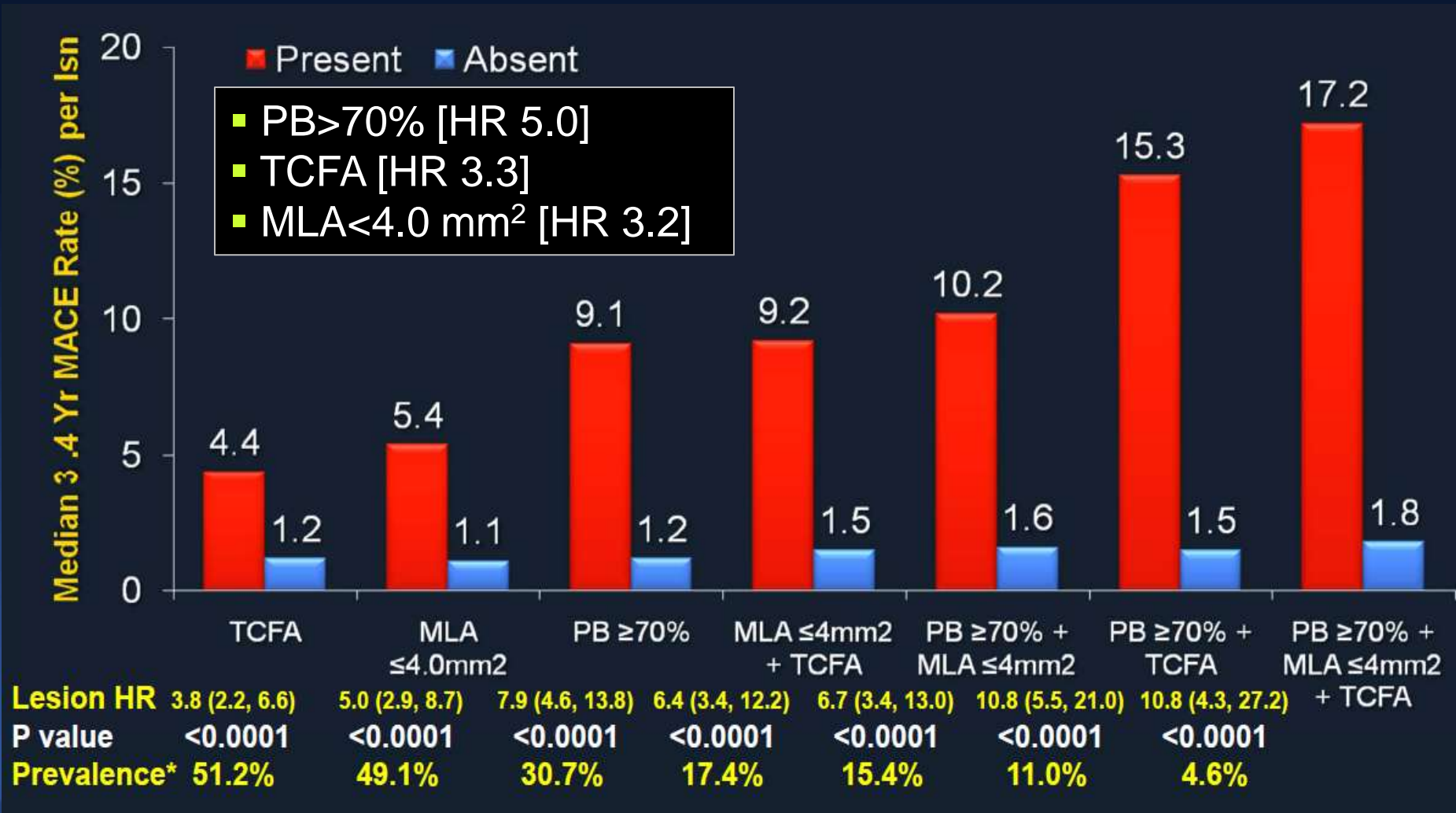


Fibrocalcific
Fibrous
PIT
Thick-cap FA
TCFA



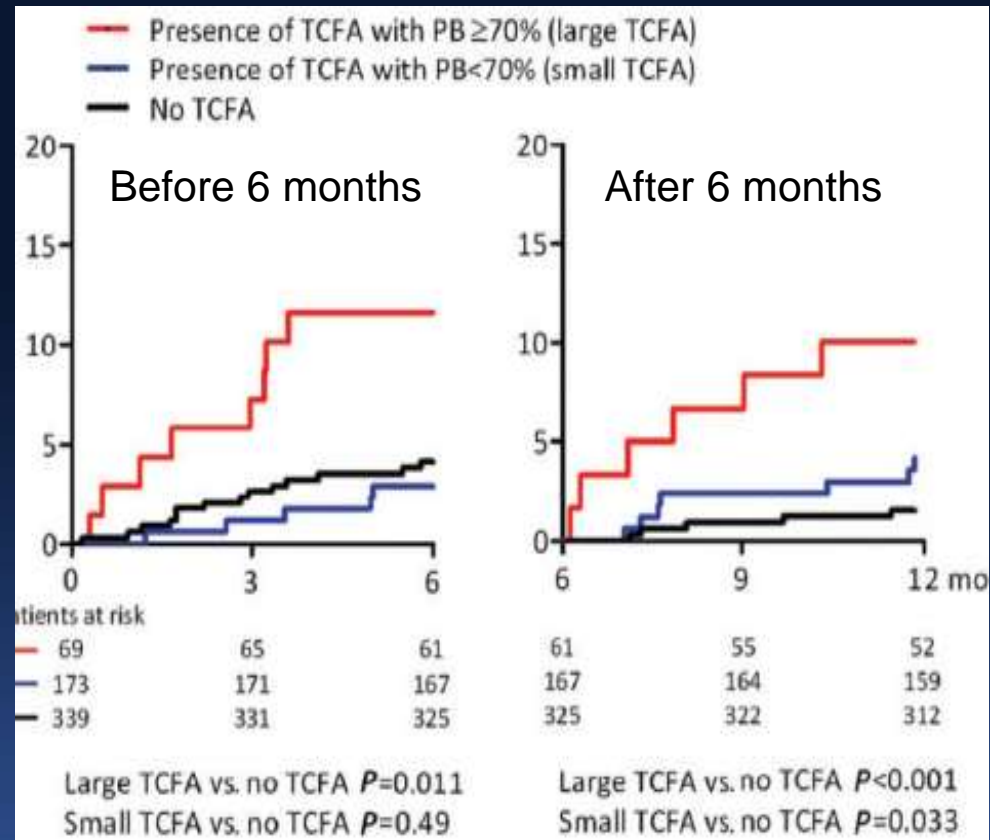
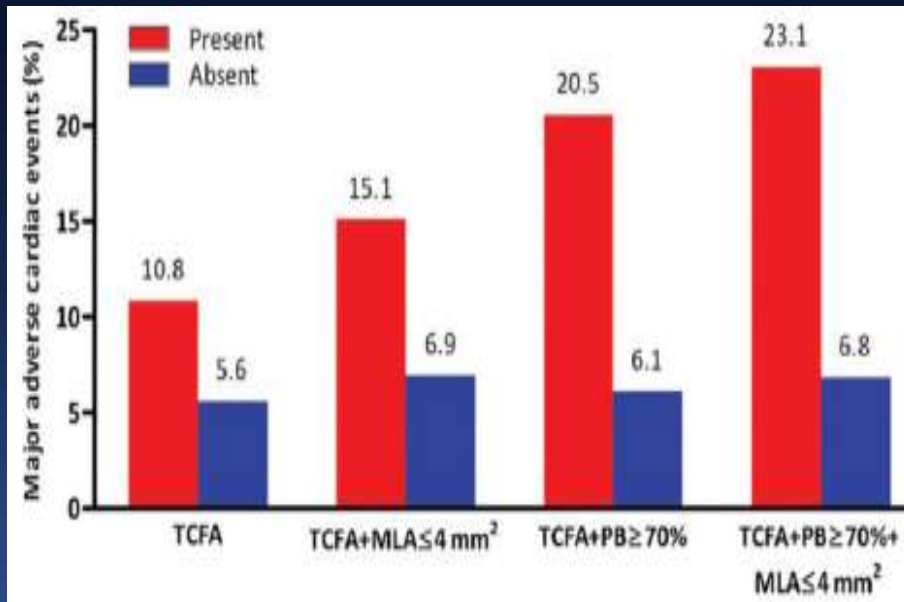
Predictors of Non-Culprit MACE

PROSPECT



Predictors of Non-Culprit MACE

ATHEROREMO



- PB > 70% [HR 2.9]
- TCFA [HR 1.9]

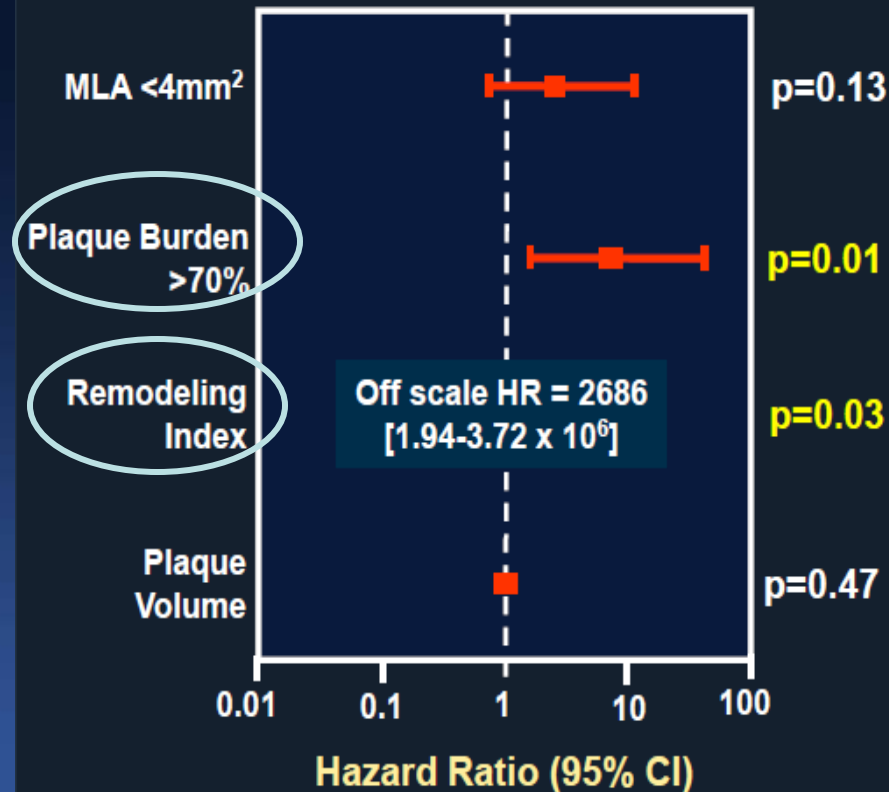
Cheng et al. EHJ 2014;35:639-47

Predictors of Non-Culprit MACE

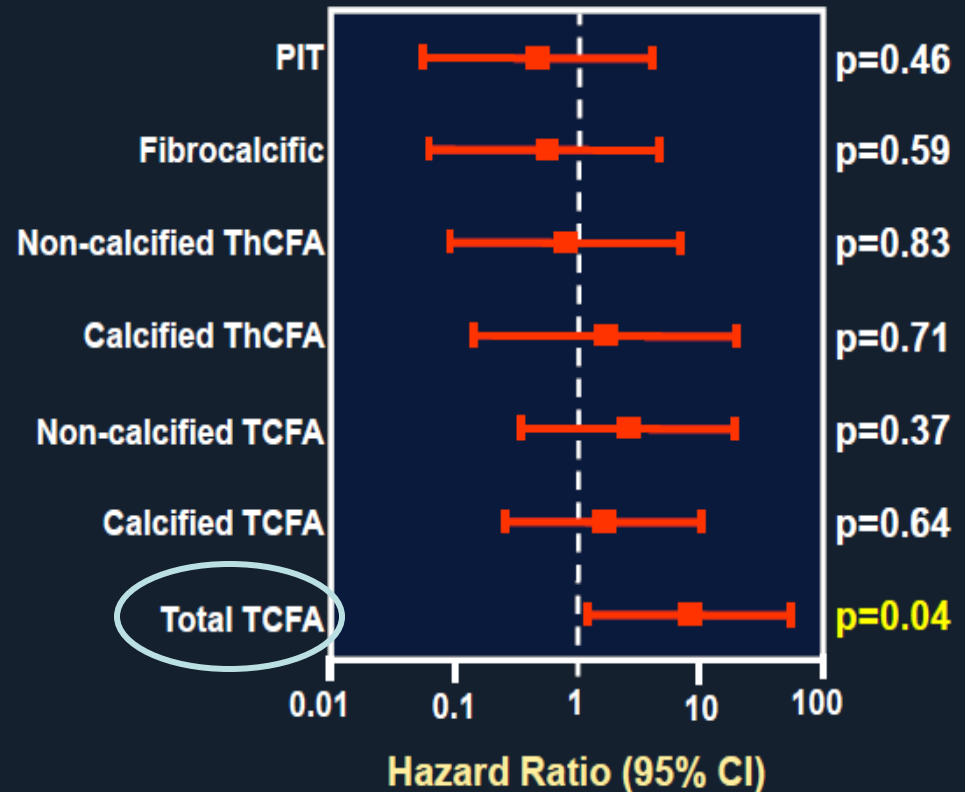
VIVA

Univariable analysis

Grayscale IVUS characteristics



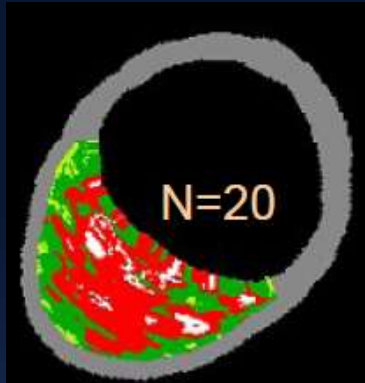
VH-IVUS lesion classification



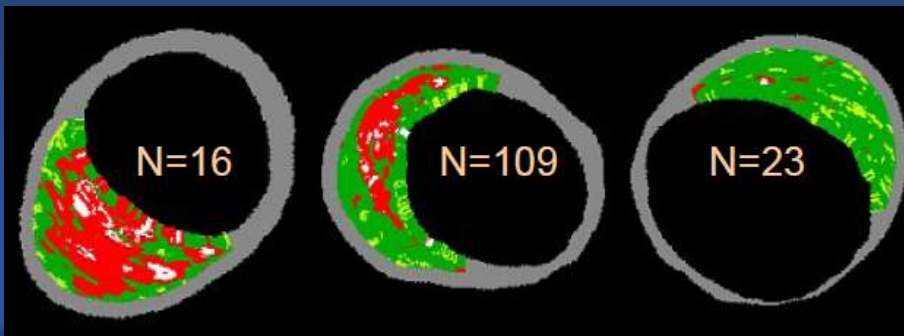
Calvert et al. JACC Cardiovasc Imaging 2011;4:894–901

Dynamic Change in TCFA

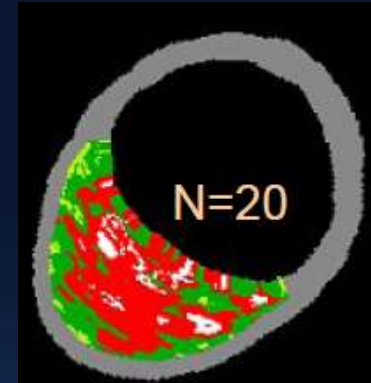
PROSPECT



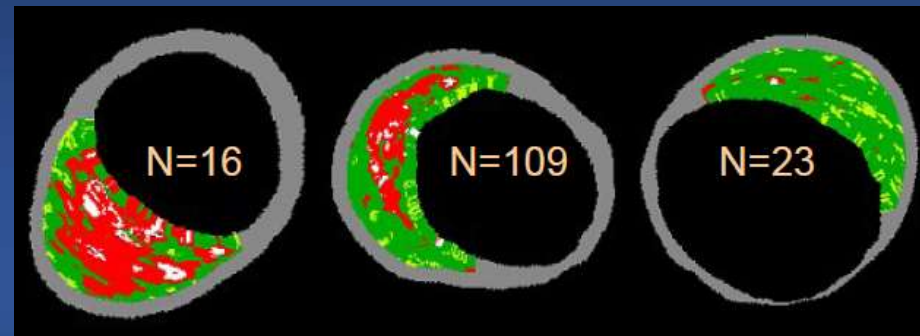
25% 65% 10%



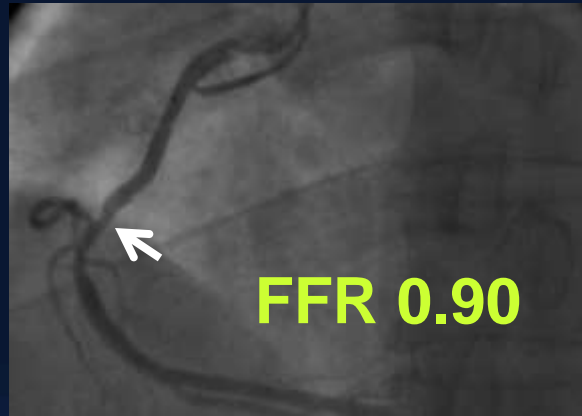
HORIZON-AMI



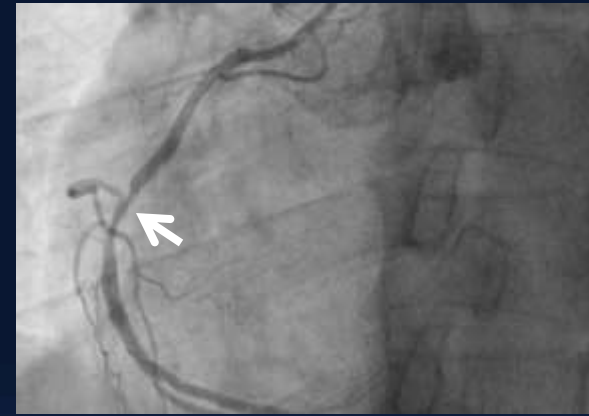
76% 14% 5%



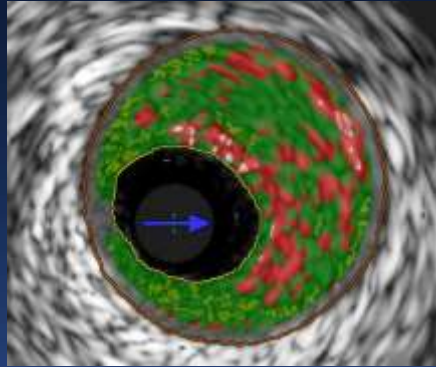
Baseline



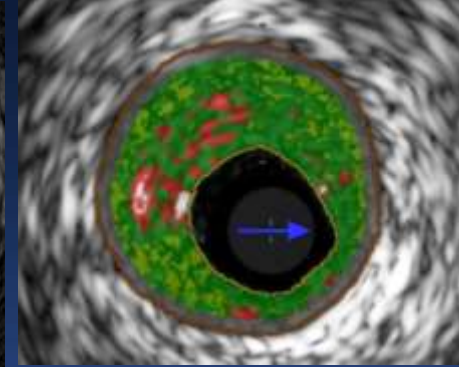
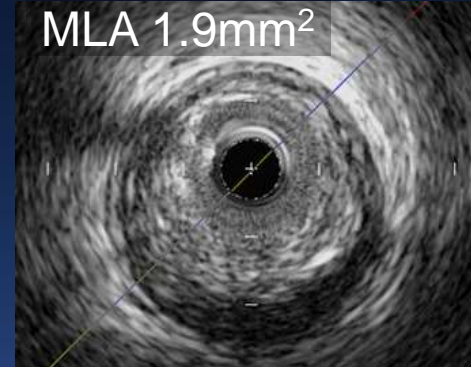
1-year F/U



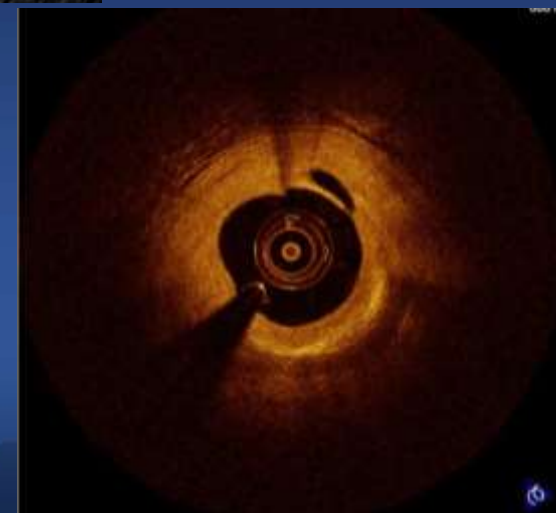
MLA 2.0mm²



MLA 1.9mm²

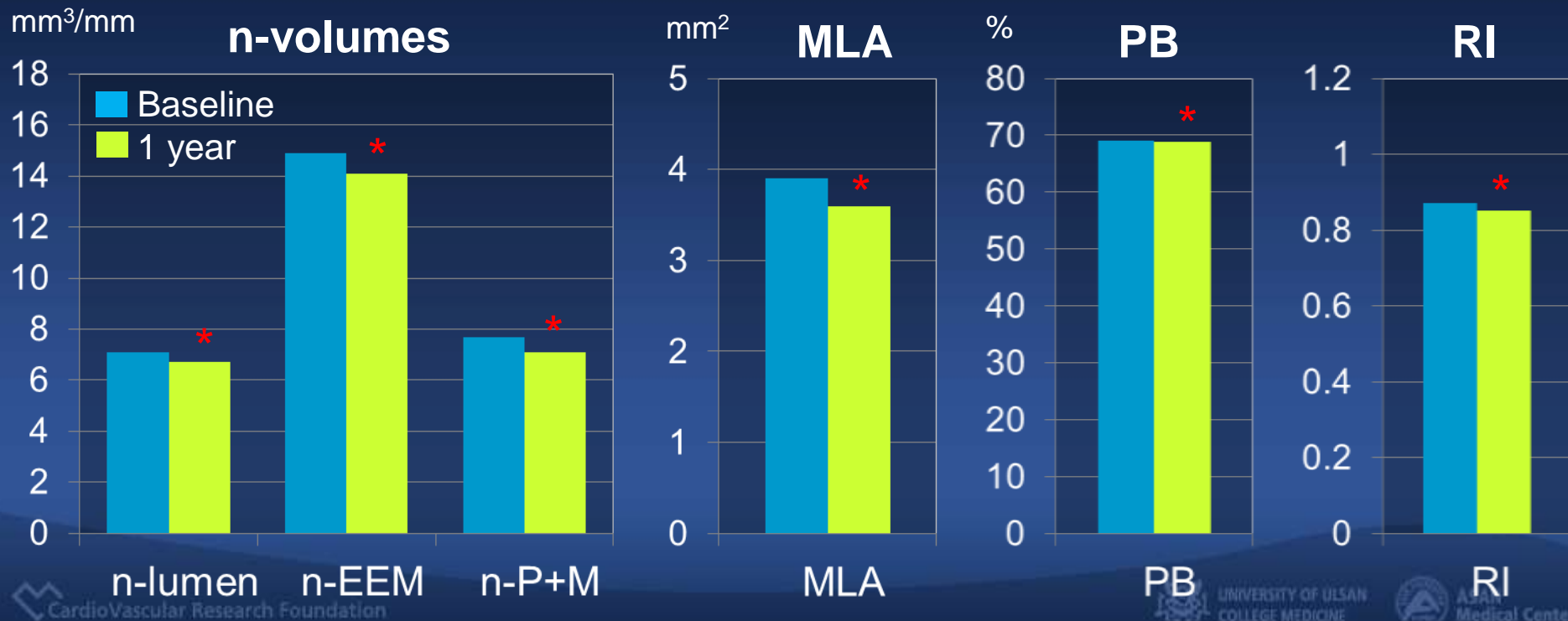
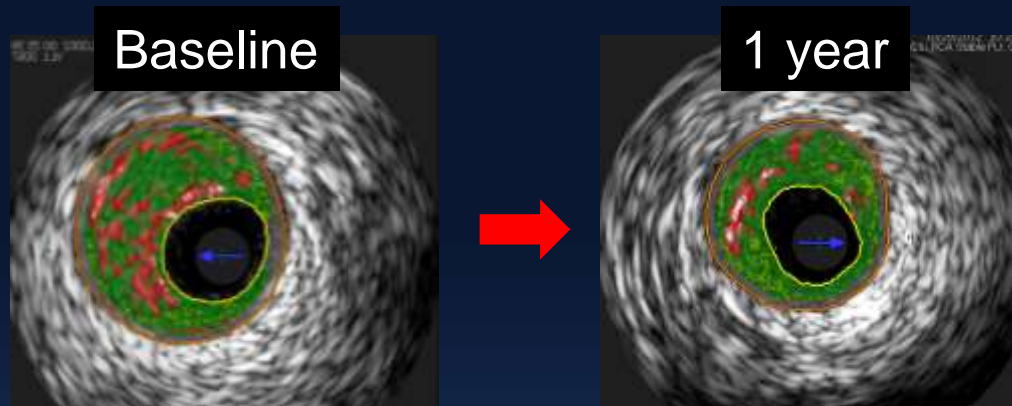


Plaque burden ↓
IVUS-attenuation ↓
Necrotic core ↓
Constrictive remodeling
Disappeared TCFA



STABLE Vascular Change after 1-year Statin

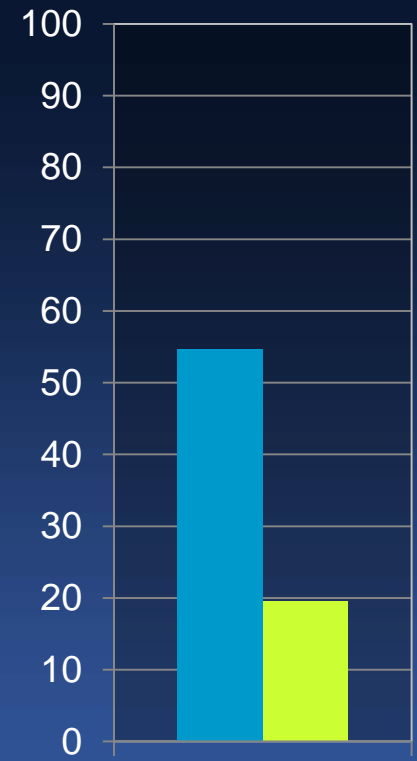
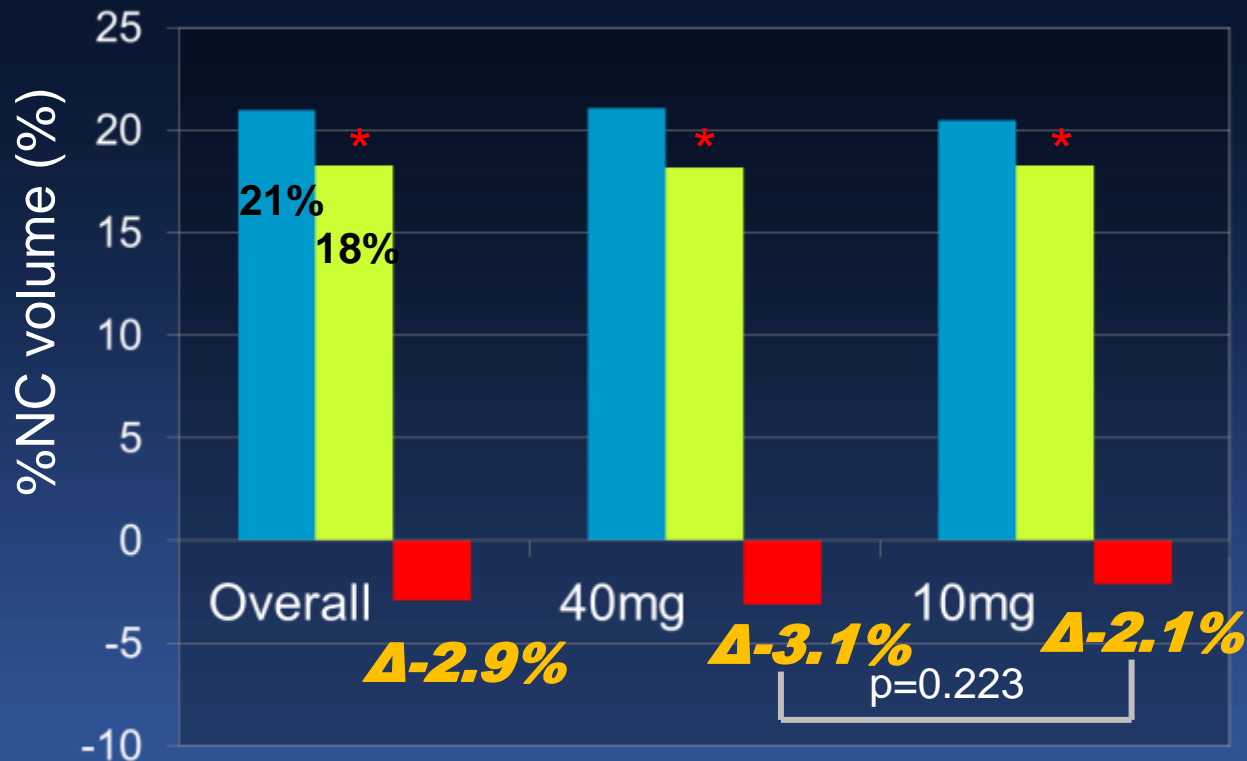
Fibroatheroma-containing non-culprit lesions



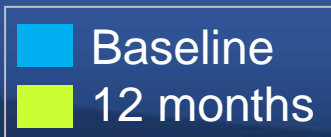
STABLE: Endpoints

Primary: change in %NC volume within target segment

Secondary: change in %NC volume in rosuvastatin 40 vs. 10mg

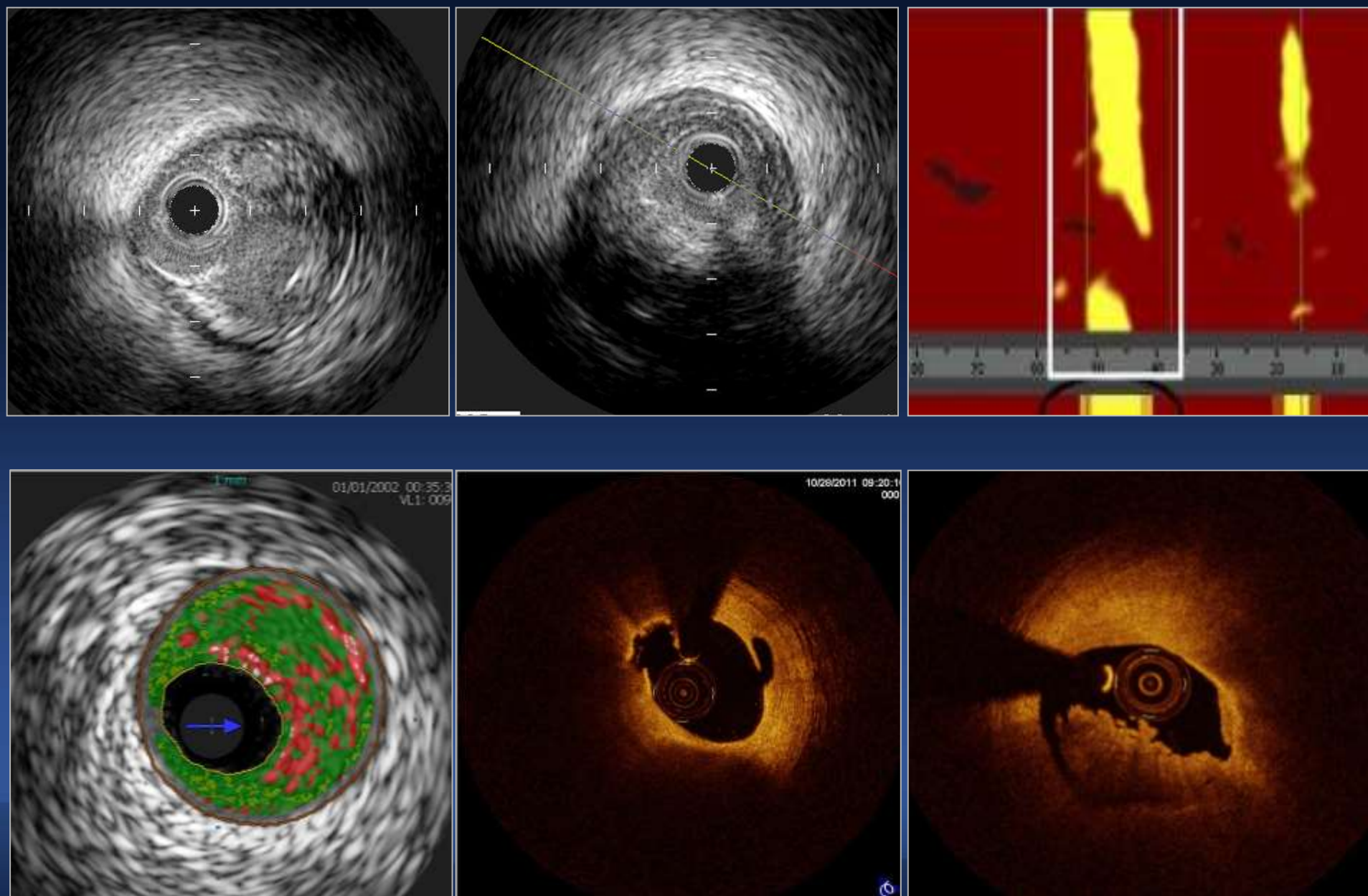


TCFA



* p value <0.05

Predictor for Distal Embolization



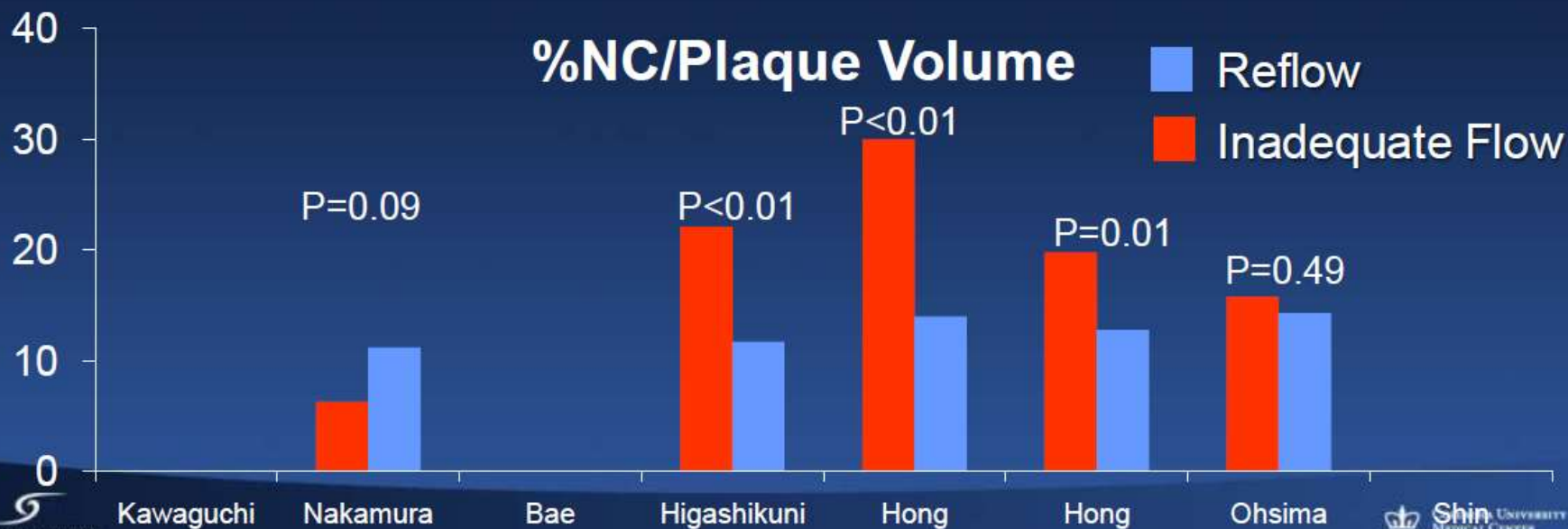
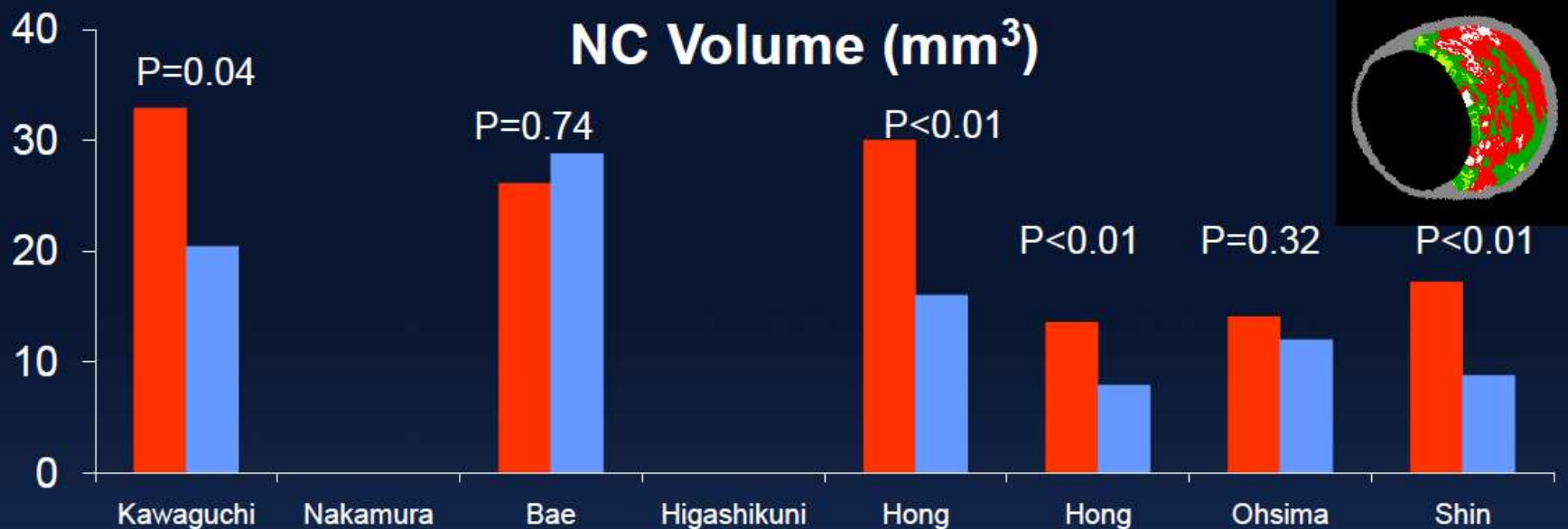
VH Plaque Characteristics to Predict Distal Embolization

from 11 published articles

First Author (Ref. #)	Year	N	Elective/ACS/ STEMI	NC Associated With Distal Embolization				
				NC Volume	% NC Volume	NC Area	% NC Area	VH-TCFA
Kawaguchi et al. (8)	2007	71	STEMI	+	n/a	n/a	n/a	n/a
Kawamoto et al. (9)	2007	44	Elective	n/a	n/a	+	n/a	n/a
Nakamura et al. (15)	2007	50	STEMI	n/a	–	n/a	n/a	n/a
Bae et al. (10)	2008	57	ACS	–	n/a	n/a	–	n/a
Higashikuni et al. (12)	2008	49	ACS	n/a	+	n/a	+	n/a
Bose et al. (11)	2008	55	Elective	+	+	n/a	n/a	n/a
Hong et al. (13)	2011	190	ACS	+	+	+	+	+
Hong et al. (14)	2009	80	Elective and ACS	+	+	+	+	n/a
Ohshima et al. (16)	2009	44	STEMI	–*	–*	n/a	n/a	+
Yamada et al. (18)	2010	29	Elective	n/a	n/a	n/a	n/a	+
Shin et al. (17)	2011	112	Unstable angina	+	n/a	+	+	n/a

Claessen et al. JACC Cardiovasc Imaging 2012;5:S111-8

VH Necrotic Core and Inadequate Flow

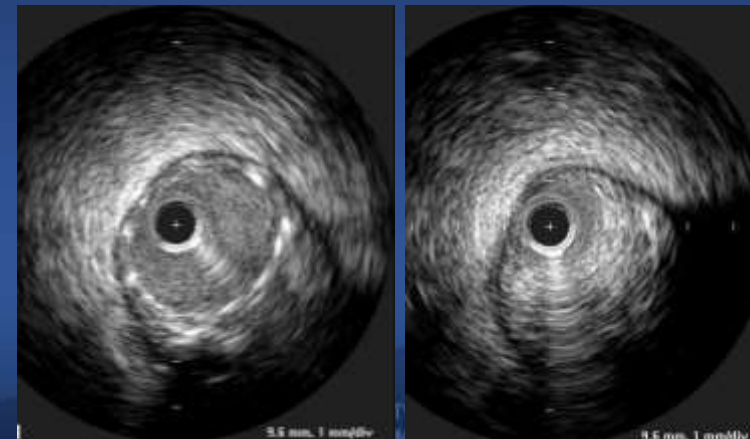
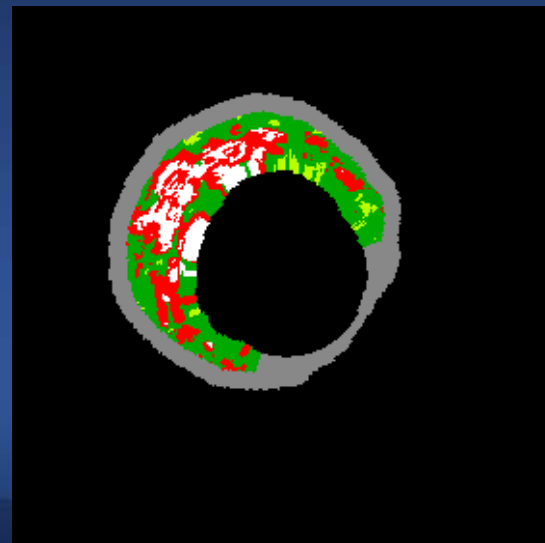
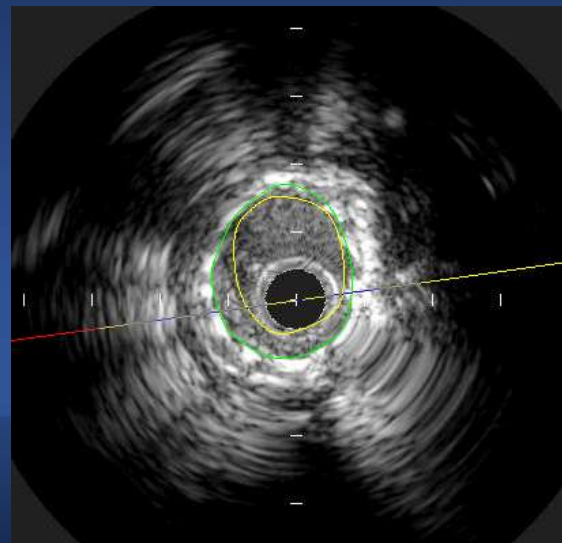
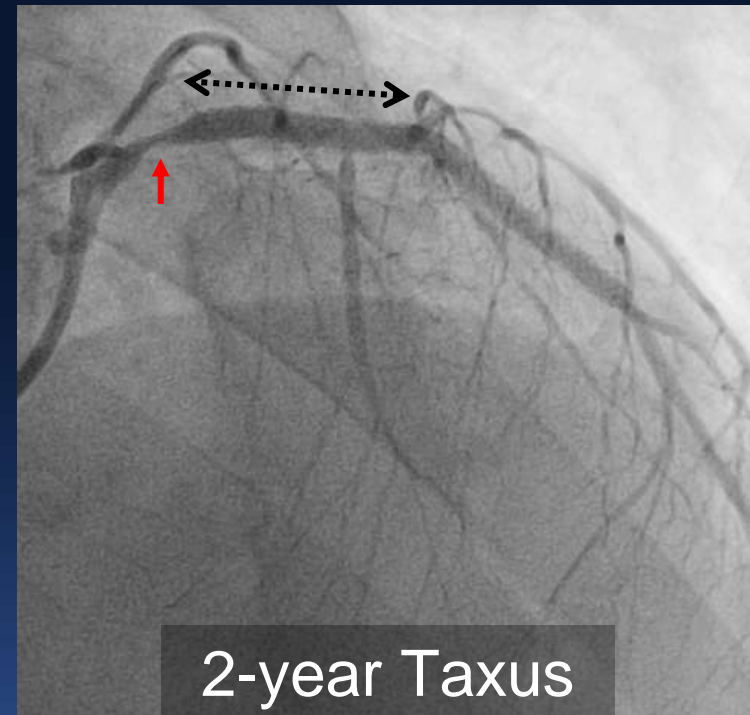
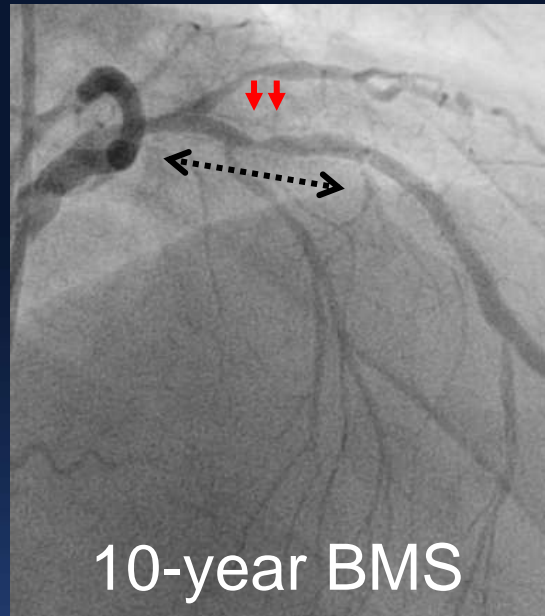
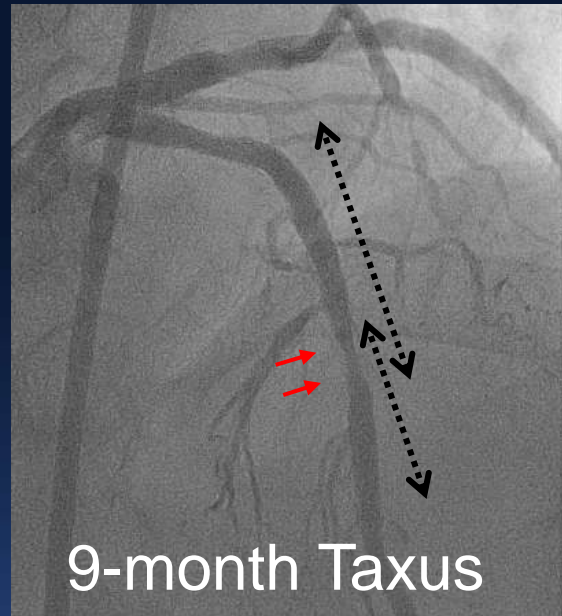


Mechanism of In-stent Restenosis

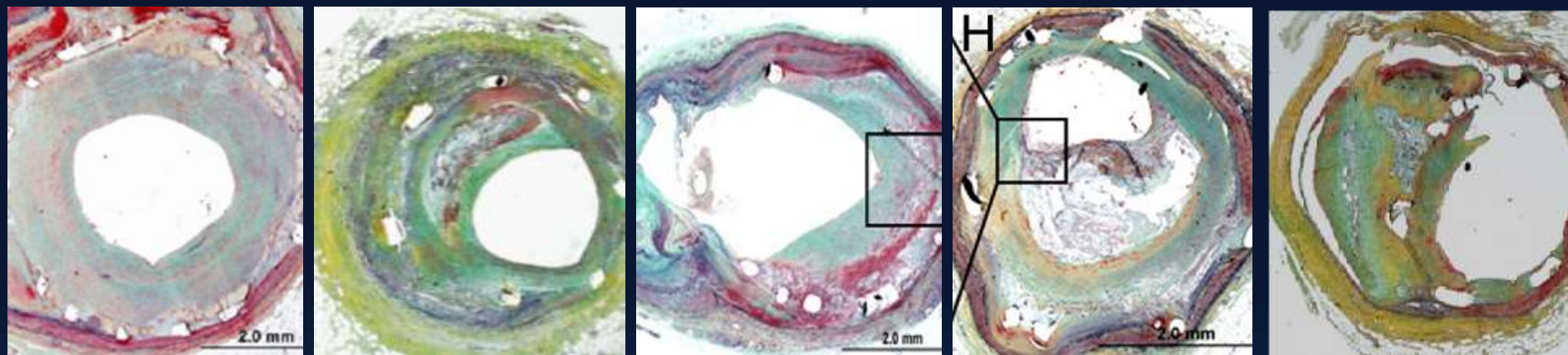
Underexpansion

Intimal HP

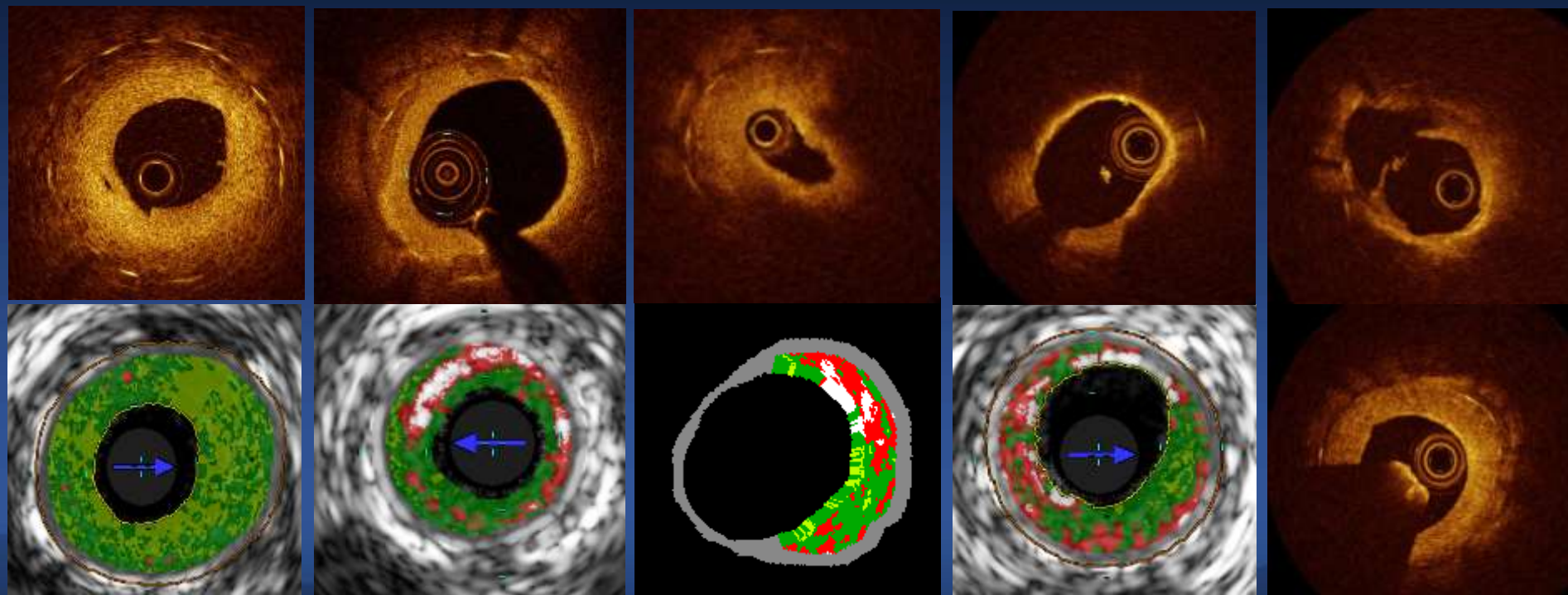
Edge Restenosis



Early neointima Fibrocalcific ThCFA TCFA Intimal rupture



Nakazawa et al. JACC Cardiovasc Imaging 2009;2:625-8



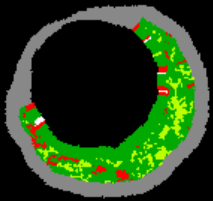
Tissue Characterization of In-Stent Neointima Using Intravascular Ultrasound Radiofrequency Data Analysis

Soo-Jin Kang, MD^a, Gary S. Mintz, MD^b, Duk-Woo Park, MD^a, Seung-Whan Lee, MD^a,
Young-Hak Kim, MD^a, Cheol Whan Lee, MD^a, Ki-Hoon Han, MD^a, Jae-Joong Kim, MD^a,
Seong-Wook Park, MD^a, and Seung-Jung Park, MD^{a,*}

The longer f/u duration, the greater atherosclerotic change

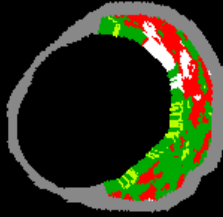
6-mo Taxus

%NC 8%
%DC 2%



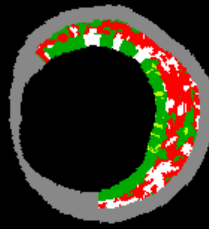
9-mo Taxus

%NC 28%
%DC 8%



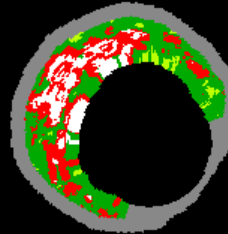
22-mo Taxus

%NC 39%
%DC 20%



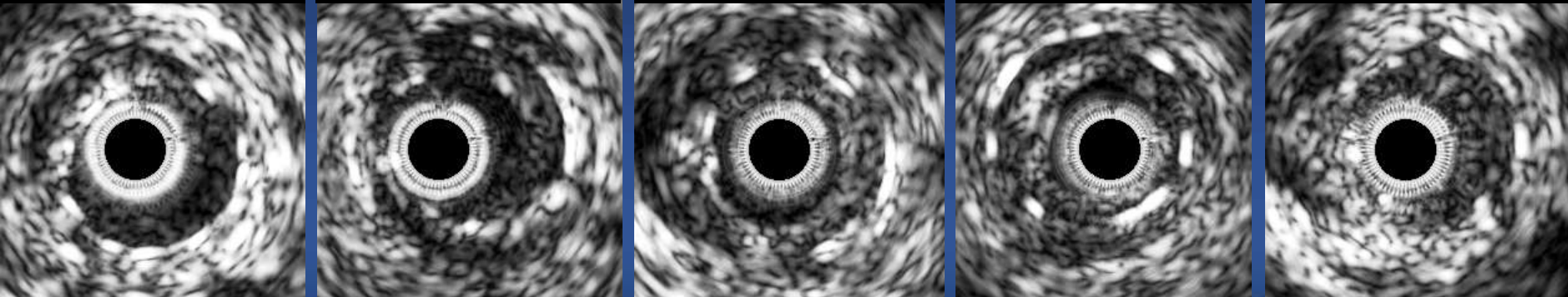
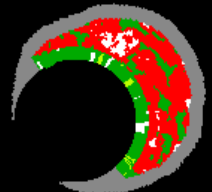
48-mo BMS

%NC 40%
%DC 25%



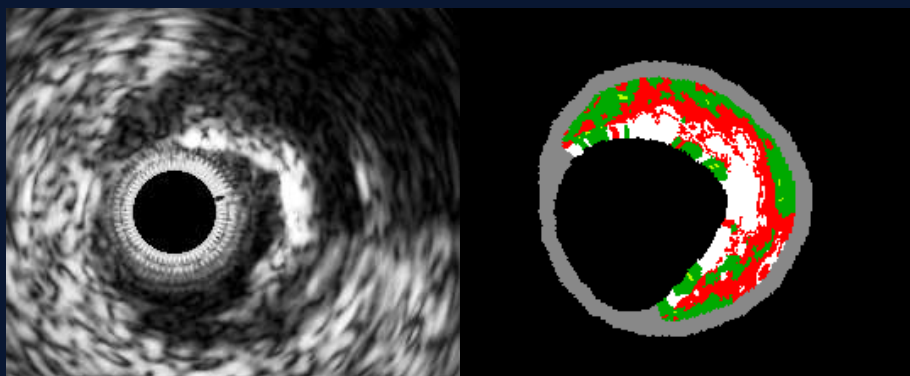
57-mo BMS

%NC 57%
%DC 15%

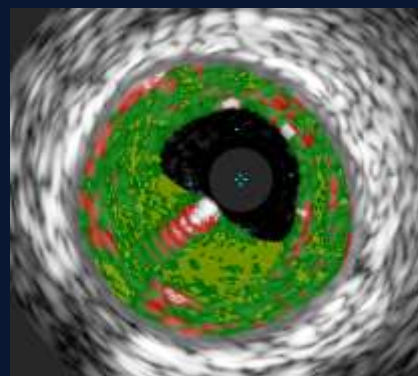


Kang SJ et al. AJC 2010 ;106:1561-5

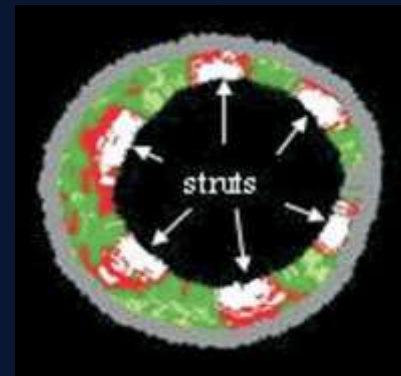
Plaque behind calcium



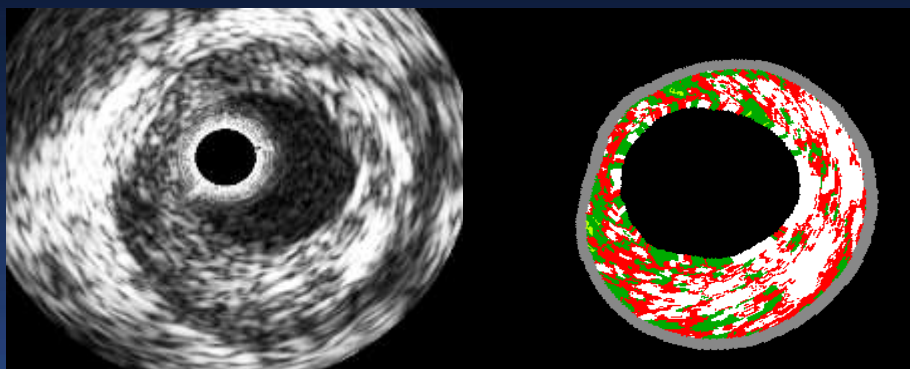
Guidewire



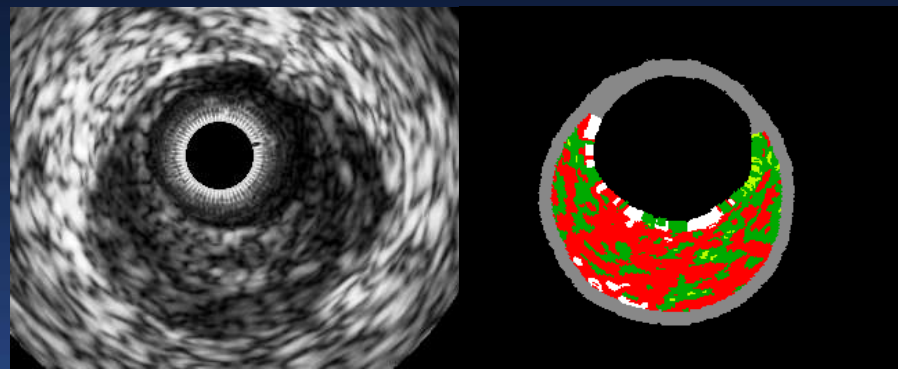
Peri-stent halo



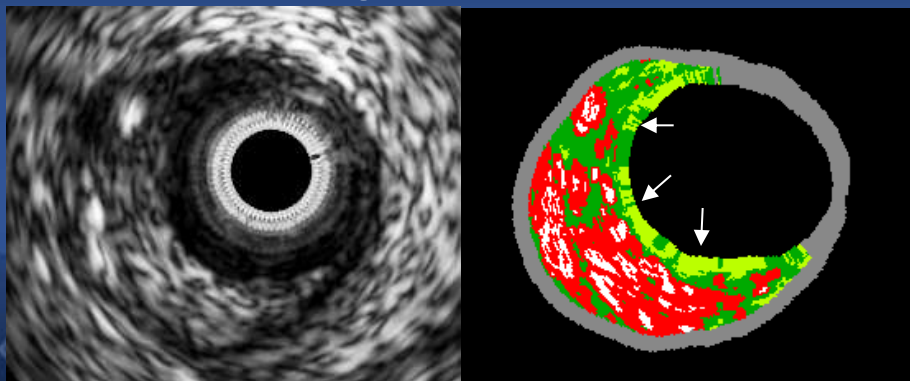
Strong power



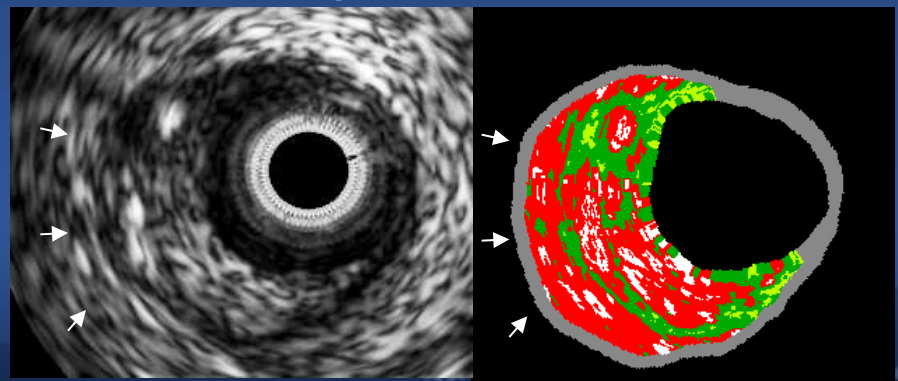
Isolated white pixel



Wrong lumen border



Wrong EEM border



Summary

- VH-TCFA is a predictor of NC-MACE, which has been validated by prospective trials
- VH-TCFA and a large necrotic core predict peri-procedural MI
- VH-IVUS is useful in neointimal characterization and provides a surrogate of neoatherosclerosis
- Despite pitfalls and methodological limitations, VH-IVUS is helpful to identify high-risk coronary lesion and to assess the effect of local or systemic treatment