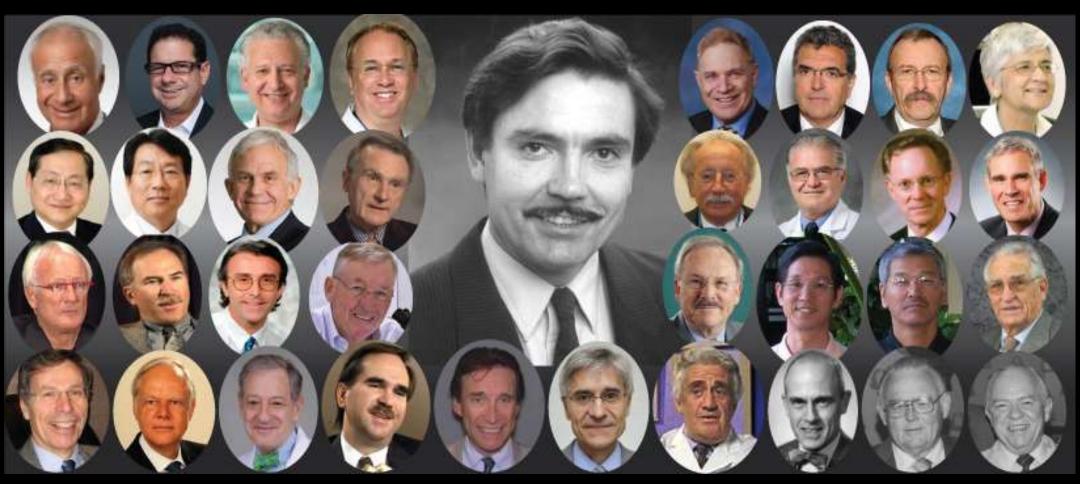
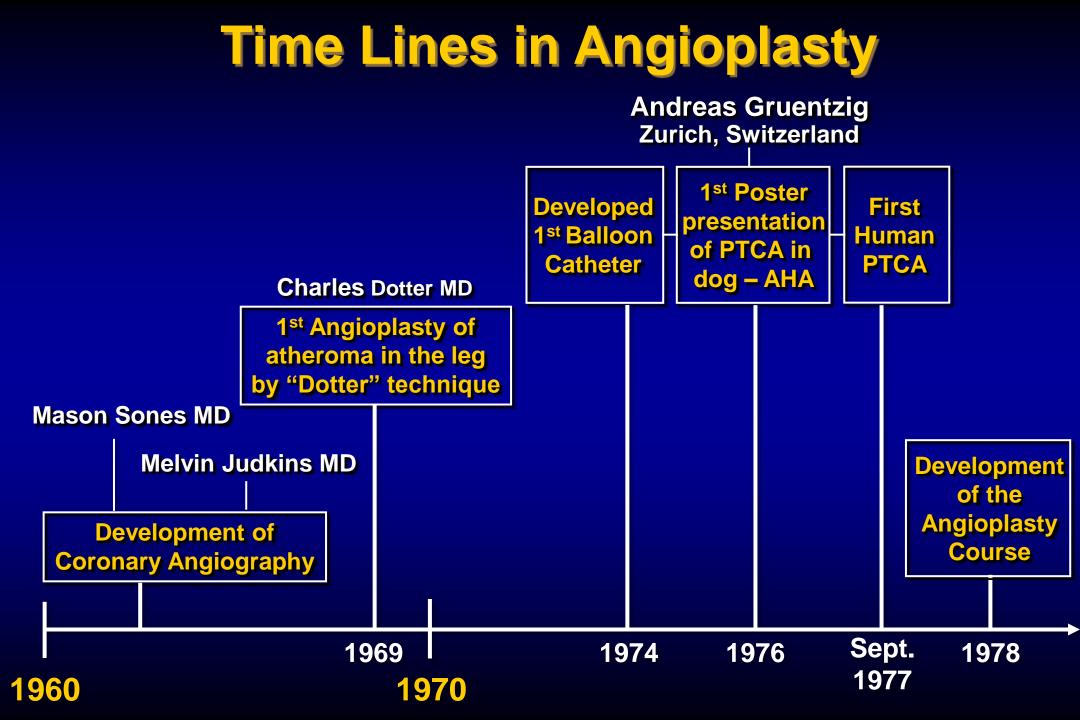
A Brief History of Angioplasty: Evolution of an Art

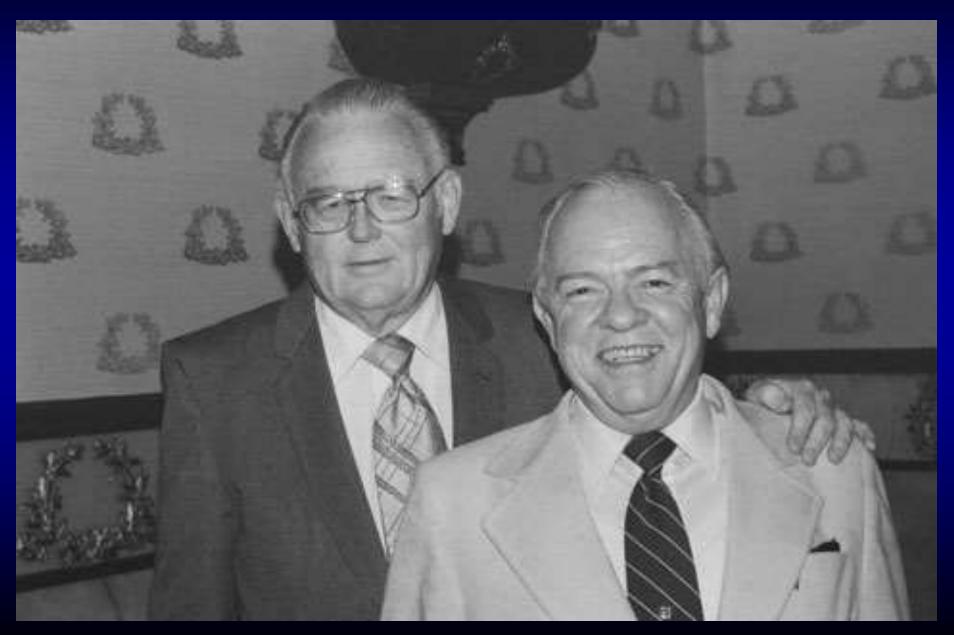
Barry D. Rutherford MD • TCT AP 2016



"We Stand on the Shoulders of Giants"



Melvin Judkins and Mason Sones



Miami, AHA 1976; poster presentation results of balloon angioplasty in animals

PERCUTANEOUS DIL'ATATION OF CORONARY ARTERY STENOSIS

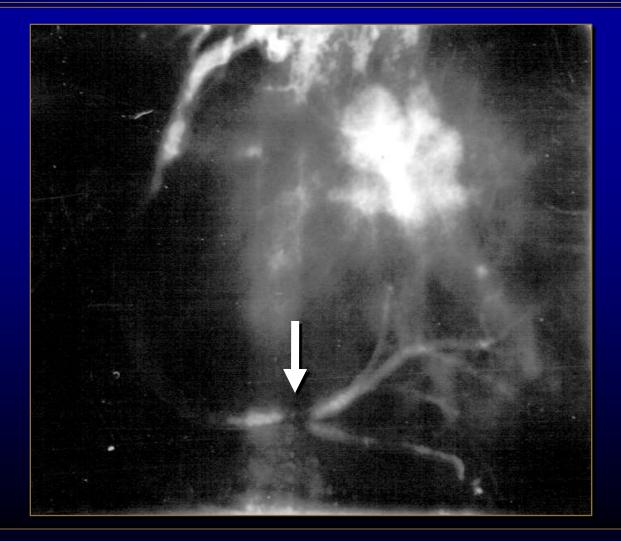
Adolph Bachman First Angioplasty Patient; September 1977



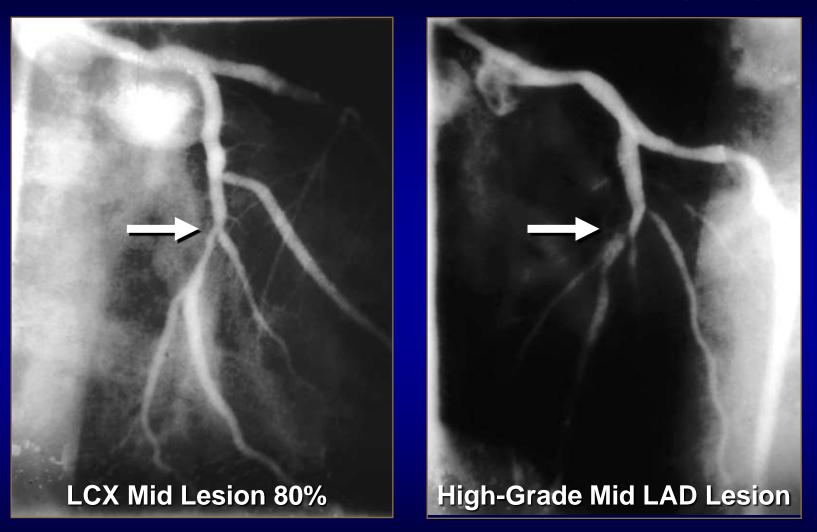
G.R. 46-Year-Old Male, Rhodes Scholar Director – IMF, Washington, DC

January 1982:	Onset of typical angina progressive course, developing rest and nocturnal pain
Risk Factors:	Strong FH of CAD; Heavy cig intake; Chol 240, HDL 30
Medications:	Inderal, NTG
ECG:	WNL
Cor Angio March 1982:	LVEDP – 10 mm Hg; EF 60%

G.R. March 1982 RCA High Grade Distal Disease



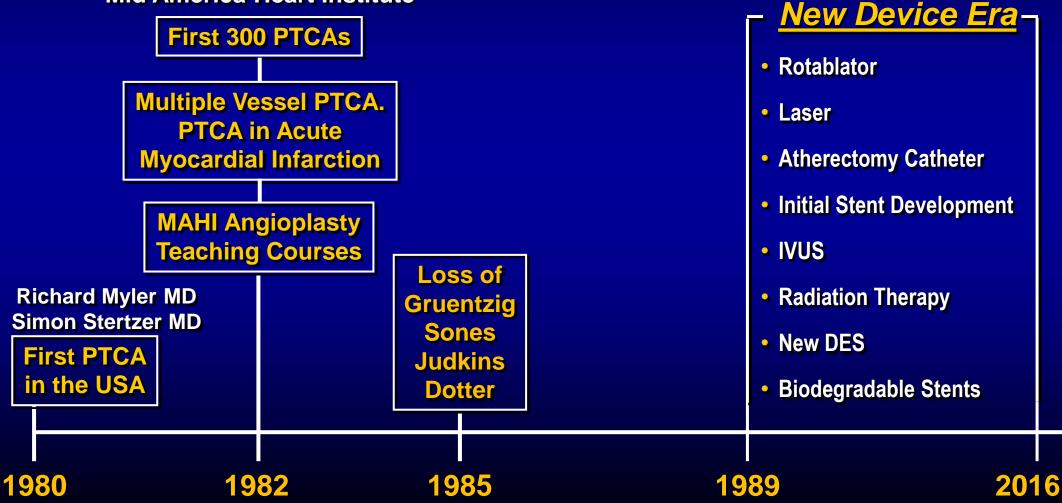
G.R. March 1982; Coronary Angiogram



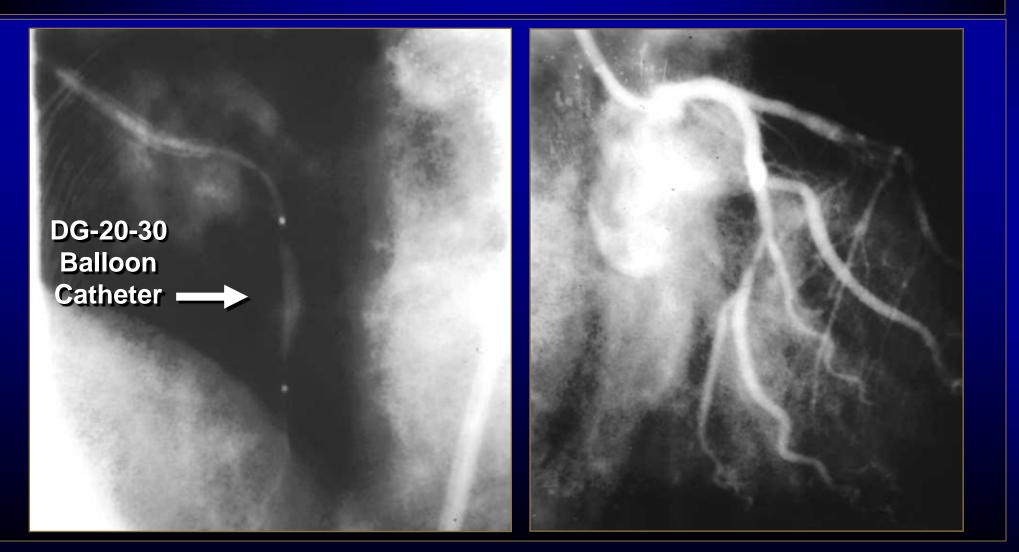
What Interventional Techniques were available at that time?

Time Lines in Angioplasty

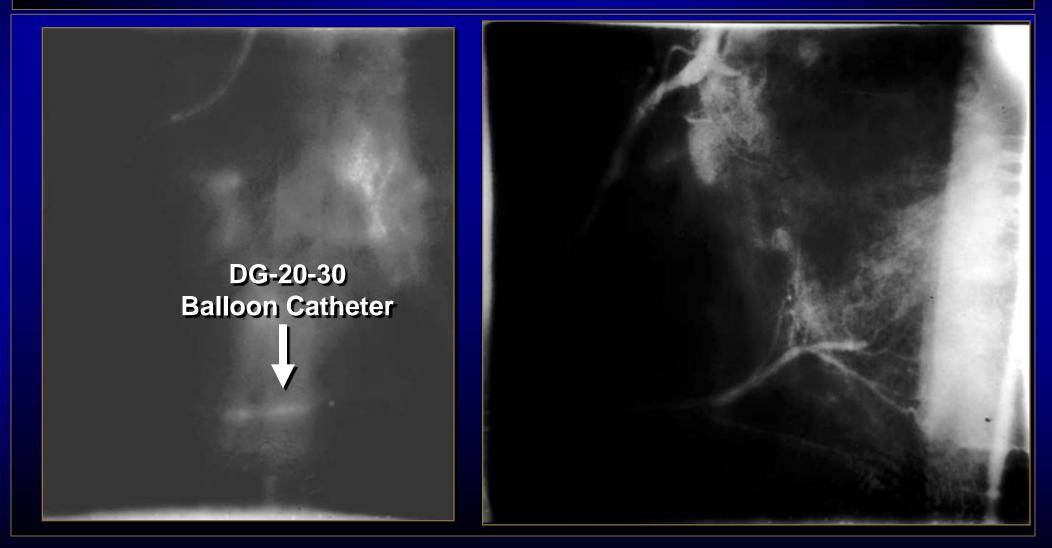
Geoffrey Hartzler MD David MaConahay MD Barry Rutherford MD Mid America Heart Institute



G.R. March 1982: Successful PTCA of LAD Unable to Cross LCX Lesion

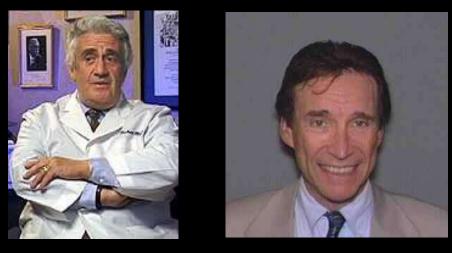


G.R. March 1982: Successful PTCA of RCA-PL



"A great teacher never strives to explain his vision: he simply invites you to stand beside him and see for yourself" Rev. R. Inman

Geoffrey O. Hartzler, MD • 1946-2012



First PTCAs in USA in 1980 Done on same day on East and West coasts

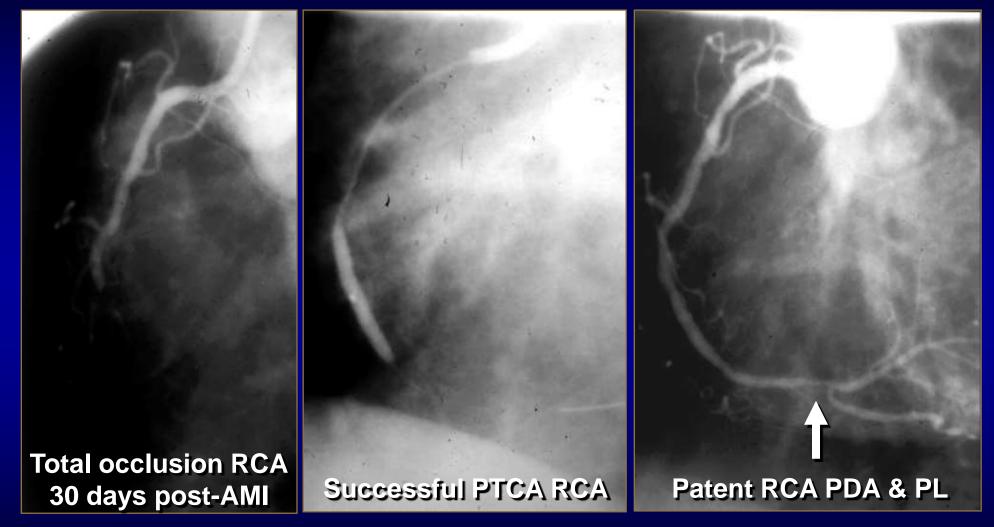
Richard Myler Simon Stertzer

John B. Simpson Developed the steerable wire and over the wire balloon

G.R. 46-Year-Old Male, Rhodes Scholar Director – IMF, Washington, DC

- Nov. 1988 Resume cig. Intake Bleeding ulcer, D/C aspirin
- Dec. 1988 Recurrent angina with exertion
- Jan. 1989 Vacation in New Zealand
- Feb 2, 1989 Sustained acute inferior infarct CPK 1000. No complication Received no thrombolytic agent, no PTCA
- March 1989 Returned to USA
- Mar 7, 1989 Repeat Coronary Angio, MAHI

G.R. March 1989



LAD was patent. Successful PTCA of LCX with steerable wire and over-the-wire balloon

Thursday, April 29, 1982

PERCUTANEOUS CORONARY ANGIOPLASTY WITH AND WITHOUT PRIOR STREPTOKINASE INFUSION FOR TREATMENT OF ACUTE MYOCARDIAL INFARCTION, <u>Geoffrey O. Hartzler, M.D., F.A.C.C.;</u> Barry D. Rutherford, M.D., F.A.C.C.; David R. McConahay, M.D., F.A.C.C., Mid-America Heart Institute, St. Luke's Hospital, Kansas City, Missouri.

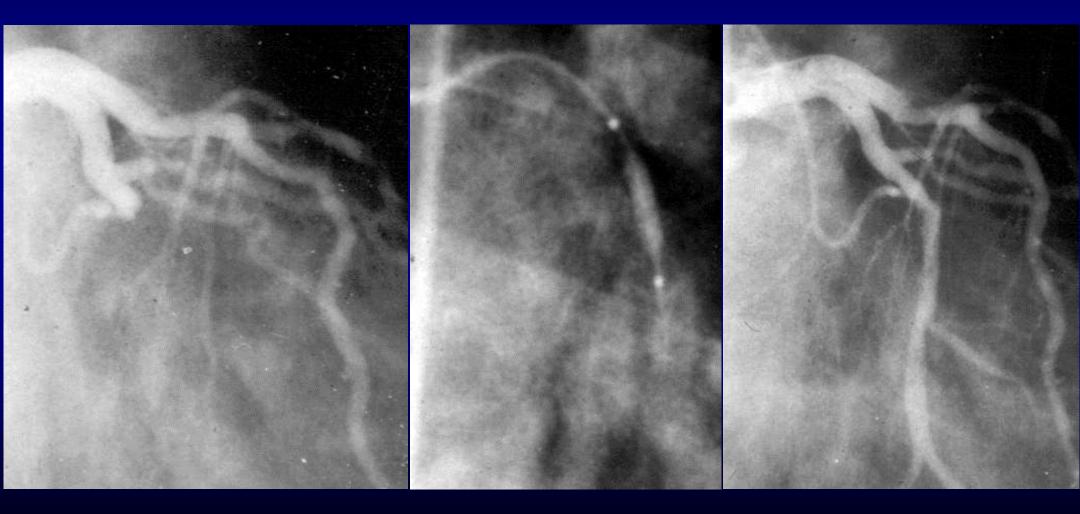
Coronary angioplasty (PTCA) was successfully performed in 16 pts during acute myocardial infarction (AMI). There were 13 males and 3 females with mean age of 62 yrs (46-74 yrs) catheterized at mean 3.3 hrs (1-10 hrs, mode 2.5 hrs) following onset of continuous chest pain with ST segment elevation in 13 pts, ST depression in 3 pts and new Q-waves in 6 pts. Intracoronary streptokinase (ICSK) opened 6 of 8 total occlusions and removed thrombus in 2 pts with subtotal occlusions (STO) prior to PTCA of residual high-grade atheromatous stenoses. PTCA without ICSK was performed in 2 pts with total occlusions and 6 pts with STO. Twenty segments were dilated including LAD - 8 pts, RCA - 6 pts, Circ - 5 pts, and vein graft -1 pt. Mean residual stenosis was 28% with reduction of intracoronary pressure gradients from mean 67 mm Hg. to 0-10 mm Hg. One laboratory death occurred following hemodynamically and angiographically successful PTCA in a pt with LV ejection fraction of 7%. A second pt underwent coronary bypass surgery because of additional inaccessible coronary stenoses. The post-procedure course was stable in all pts. Repeat cath in 11 pts at 12 days (5-36 days)' showed patency of all dilated segments, improved ejection fraction in 10 pts and improved regional wall motion in 10 pts. At follow-up of 6 mo (1.5-12.5 mo) no AMI have occurred, 13 pts are asymptomatic and 2 pts are functional-Class II. We conclude that urgent PTCA w/without ICSK can relieve pain, stabilize the course and limit myocardial infarction in selected pts with AMI.

"PTCA without ICSK was performed in 2 pts with total occlusions and 6 pts with STO."

"Repeat cath in 11 pts at 12 days showed patency of all dilated segments..."

"At follow-up of 6 mo no AMIs have occurred..."

Inferior MI Total Occlusion LCX 1981



Comparison of Invasive and Conservative Strategies after Treatment with Intravenous Tissue Plasminogen Activator in Acute Myocardial Infarction Results of the Thrombolysis in Myocardial Infarction (TIMI) Phase II Trial

"PTCA offered no advantage in terms of reductions in mortality or reinfarction over a more conservative strategy, according to which these procedures were provided only to patients with recurrent ischemia; the latter strategy was less complex and less costly." NEJM 1989;320:618-27

> "Balloon angioplasty no longer indicated for acute myocardial infarct patients"

> > "The air is out of the balloon"

"Balloon Angioplasty for AMI: Was It Buried Alive?" – Bernhard Meier, MD

"Primary PCI for STEMI pts set back a decade"



GWS to GOH – 1989 "We have to do a randomized trial of direct angioplasty vs. thrombolytic therapy in AMI"

GOH response

"I can't do that. Too many patients in the study would die. The best interest of the patient is the only interest to be considered (Dr. Charles Mayo)"

When asked to recommend a lytic regimen for acute infarct patients, it is *"a rapid injection of 100 milligrams of polyethylene on a balloon catheter"*

~ Geoffrey O. Hartzler, MD

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Number 10

A COMPARISON OF IMMEDIATE ANGIOPLASTY WITH THROMBOLYTIC THERAPY FOR ACUTE MYOCARDIAL INFARCTION

CINDY L. GRINES, M.D., KEVIN F. BROWNE, M.D., JEAN MARCO, M.D., DONALD ROTHBAUM, M.D., GREGG W. STONE, M.D., JAMES O'KEEFE, M.D., PAUL OVERLIE, M.D., BRYAN DONOHUE, M.D.,

No. Concline, M.D., Gerald C. Timmis, M.D., Ronald E. Vlietan, M.D.

KI, R.N., SYLVIA PUCHROWICZ-OCHOCKI, M.D., AND WILLI PRIMARY ANGIOPLASTY IN MYOCARDIAL INFARCTION STUD

> The "Saviors" of PTCA in AMI

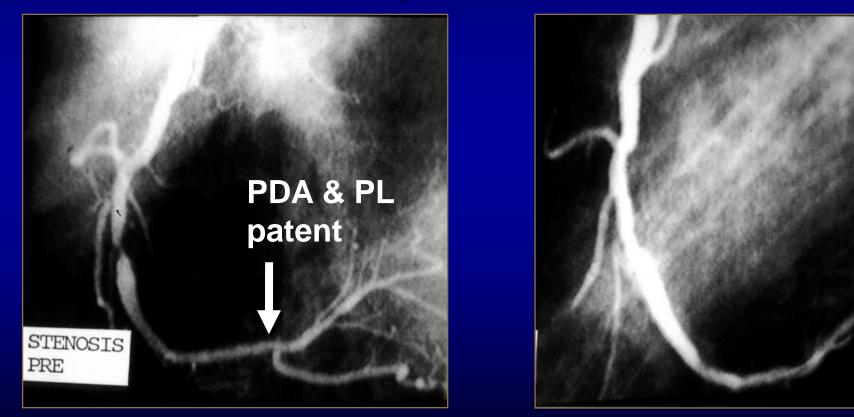


William W. O'Neill, MD

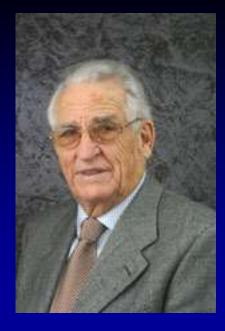
Cindy L. Grines, MD

G.R. July 28, 1989

- Recurrent angina
- Repeat cor angio, restenosis of RCA. Successful PTCA by Dr. K. Kent, Washington Hospital Center (DC)



What Interventional Techniques were available at that time?



Hans Wallsten

- First stent implanted in 1986 in Toulouse, France and then at Lausanne, Switzerland
- By 1989, 1200 Wallstents had been implanted!



The NEW ENGLAND JOURNAL of MEDICINE

Intravascular Stents to Prevent Occlusion and Re-Stenosis after Transluminal Angioplasty

Ulrich Sigward, MD; Jacques Puel, MD; Velimir Mirkovitch, MD; Francis Joffre, MD; and Lukas Kappenberger, MD



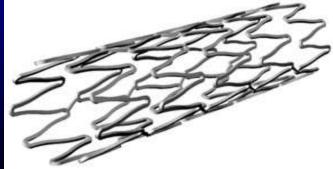
Ulrich Sigward

NEJM 1987;316:701-706

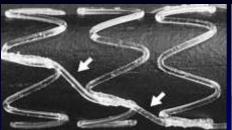
Julio Palmaz and Richard Schatz



Palmaz-Schatz: First BMS in 1994

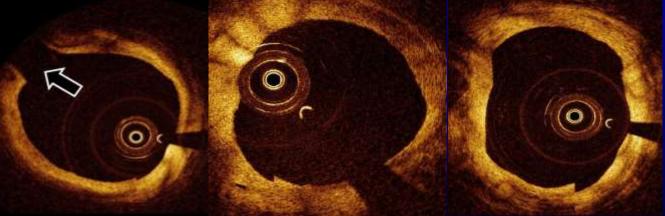


Igaki-Tamai Scaffold



- **1.** Polymer: PLLA
- 2. Deployment: Complex-Self expanding & balloon inflation w/ heated contrast
- 3. BMS like results in FIM coronary trial of 50 pts
- 4. No coronary implants for 10 yrs
- 5. Pts at 10 year F/U raise no safety concerns for PLA





Tamai Circulation 2000:102:399;Tamai CCT 04; Onuma EuroIntervention 2009

10-yr OCT F/U – Golden Tube

G.R.

1994 – Now residing in London, England

- Recurrent angina
- Stenting of RCA with BMS Dr Anthony Rickards, Royal Brompton Hospital, London

1996

- Asymptomatic abnl stress test with LAD ischemia
- New lesion of Proximal LAD stented with DES by Dr Anthony Rickards

2008

- Retired and living in New Zealand
- Asymptomatic

G.R.: October 2015, 80 years old



Asymptomatic 34 years after multivessel angioplasty

A Brief History of Angioplasty: Evolution of an Art

- Incredible innovation and persistence in technical development
 - Daring, aggressive, thoughtful physicians and engineers

International network of dedicated interventional cardiologists

Extraordinary and courageous patients