

Imaging-guided PSP

Optimizing PCI For Complex Lesions

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Intracoronary stenting without anticoagulation accomplished with **IVUS** guidance

Antonio Colombo et al. *Circulation*. 1995 (25 years ago);91:1676–1688

Intracoronary Stenting Without Anticoagulation Accomplished With Intravascular Ultrasound Guidance

Antonio Colombo, MD; Patrick Haïl, MD; Shigeru Nôkamura, MD; Yaron Almagor, MD; Liqiang Maizels, MD; Giovanni Martini, CCP; Antonio Gaglione, MD; Steven L. Goldberg, MD; Jonathan M. Tuttle, MD

Background The placement of stents in coronary arteries has been shown to reduce mortality in comparison to balloon angioplasty. However, clinical use of intracoronary stents is impeded by the risk of substrate stent thrombosis and coronary

arterial re-narrowing (ISR) at the stent site. At 6-month clinical follow-up, angiographically documented stent occlusion had occurred in 5 patients (1.6%). At 6-month clinical follow-up, there was a 5.7% incidence of coronary

sub-... More recently, the BENEST and STRESS randomized trials compared stents and angioplasty in treating de novo native coronary artery lesions.^{12,20}

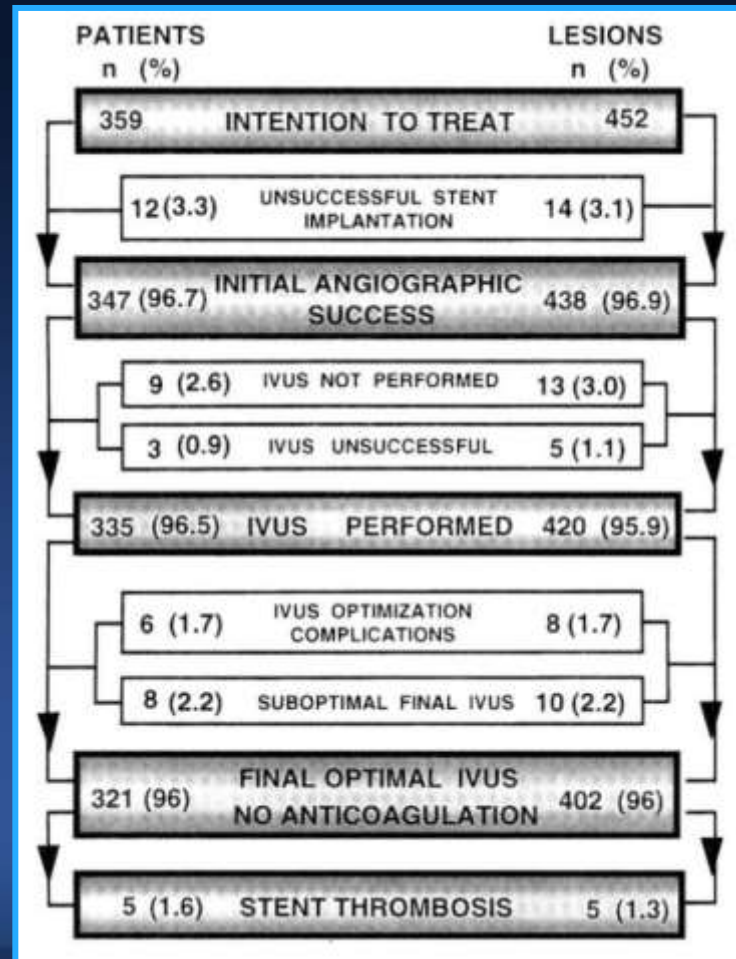
Received August 2, 1994; revision received October 3, 1994; accepted November 24, 1994.

From the Centro Cardio Coronario, Milan, Italy (A.C., P.H., S.N., Y.A., L.M., G.M., S.L.G.), the VISA Banca, Bari, Italy (A.G.), and the University of California at Irvine, Orange, Calif (J.M.T.).

Presented in part at the 86th Scientific Sessions of the American Heart Association, Atlanta, Ga, November 6-11, 1993, and the American College of Cardiology Meeting, March 1994.

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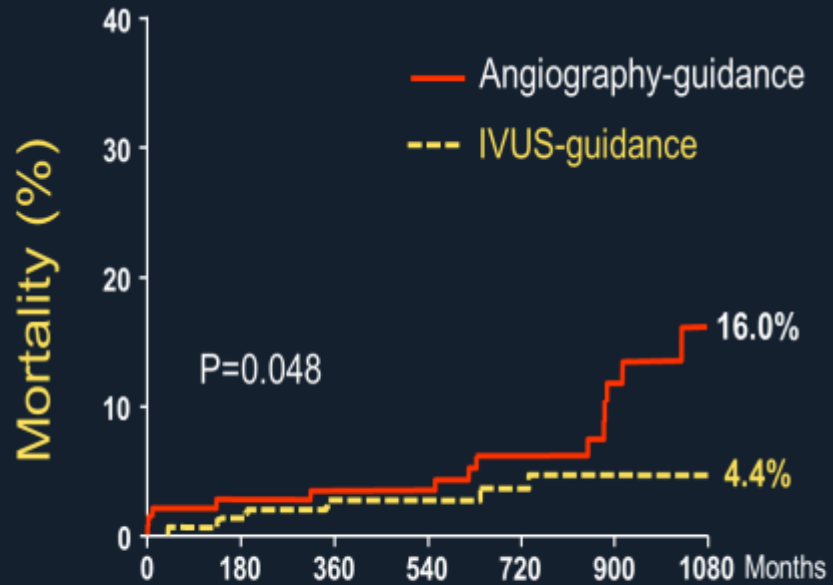
Stent Thrombosis

3-4%

↓

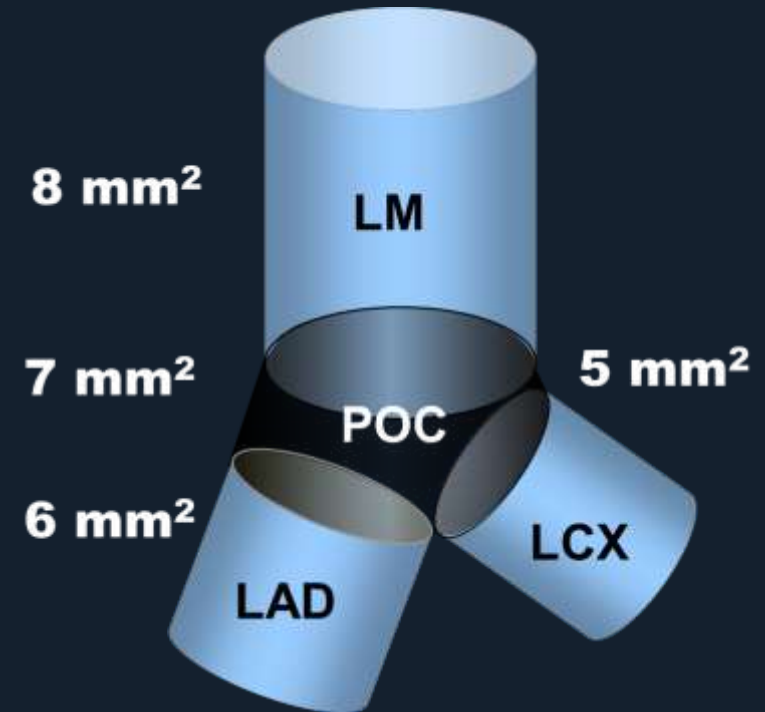
1.6% at 6 months

IVUS Guided LM PCI



Patients after risk

IVUS-guidance	145	140	98	37
Angiography-guidance	145	137	88	29

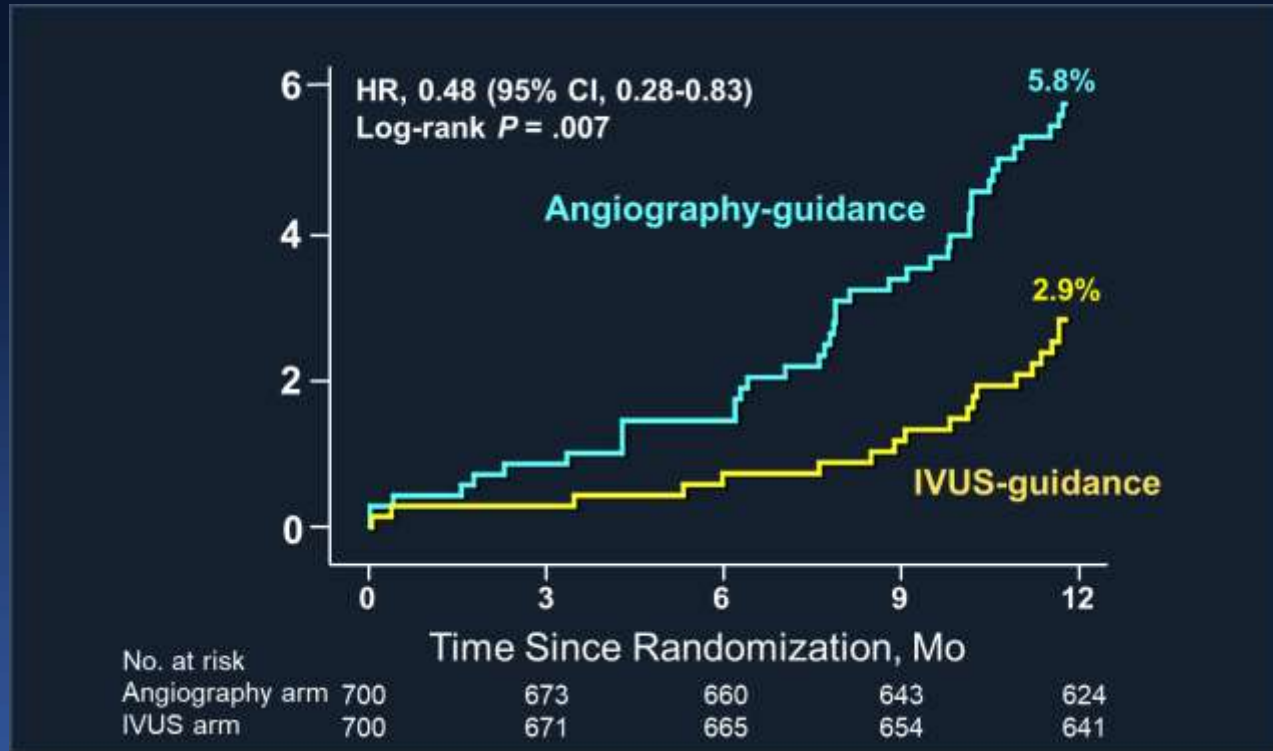


Park SJ et al, Circ Cardiovasc Interv. 2009;2(3):167-77.

Kang SJ, Park SJ et al. Circ Cardiovasc Interv 2011;4:1168-74

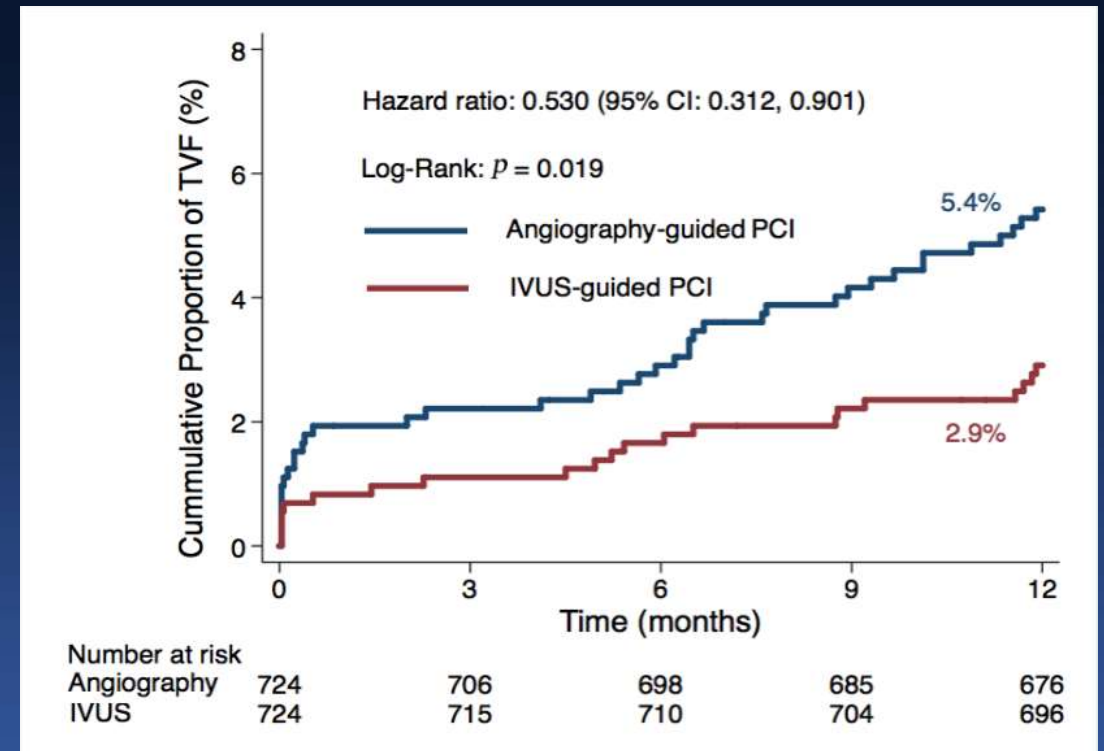
Randomized Trials

IVUS-XPL RCT



Hong SJ et al, *JAMA* 2015;314:2155-63

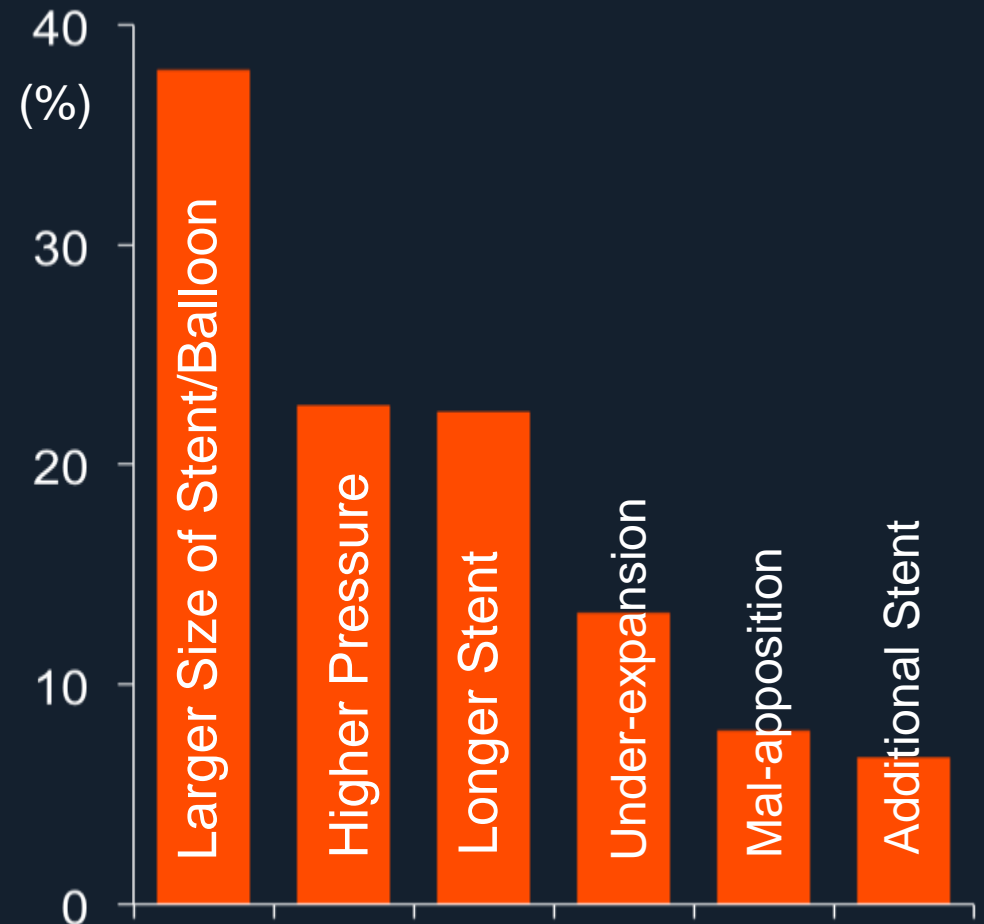
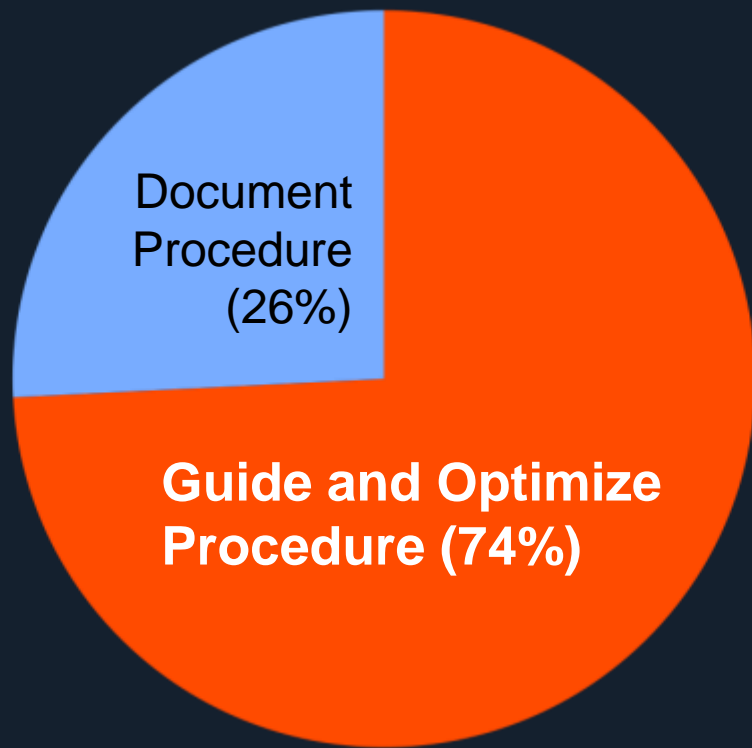
ULTIMATE RCT



JACC. 2018 Sep 17. pii: S0735-1097(18)38433-X.

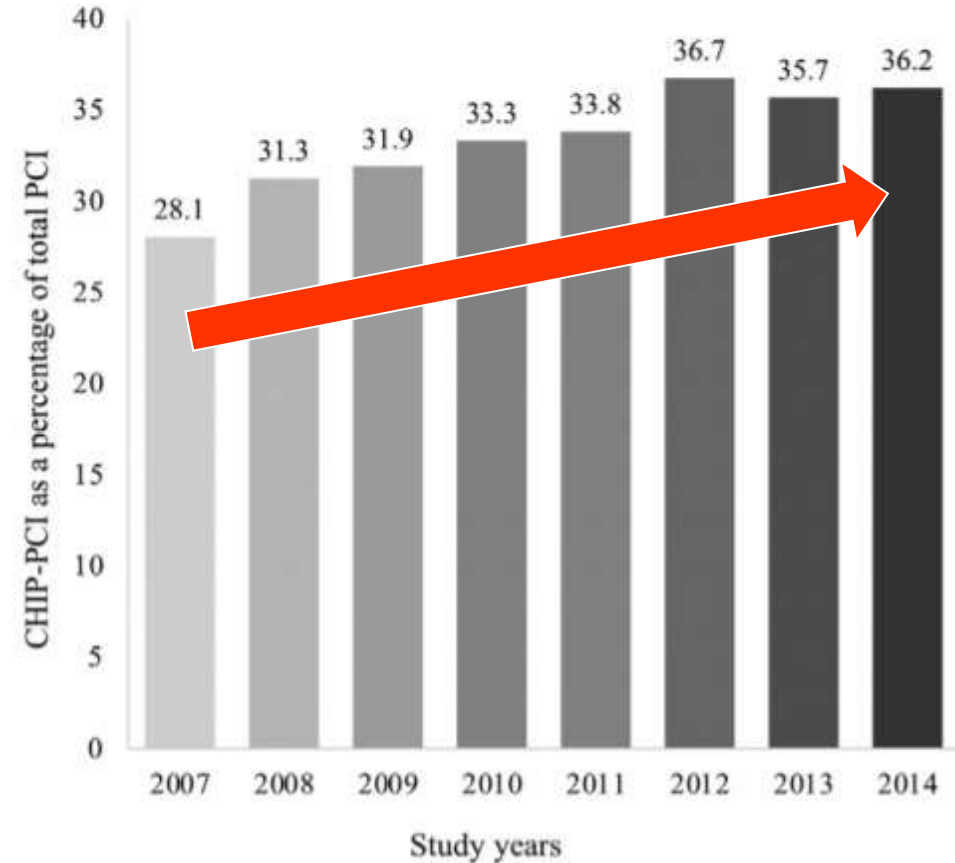
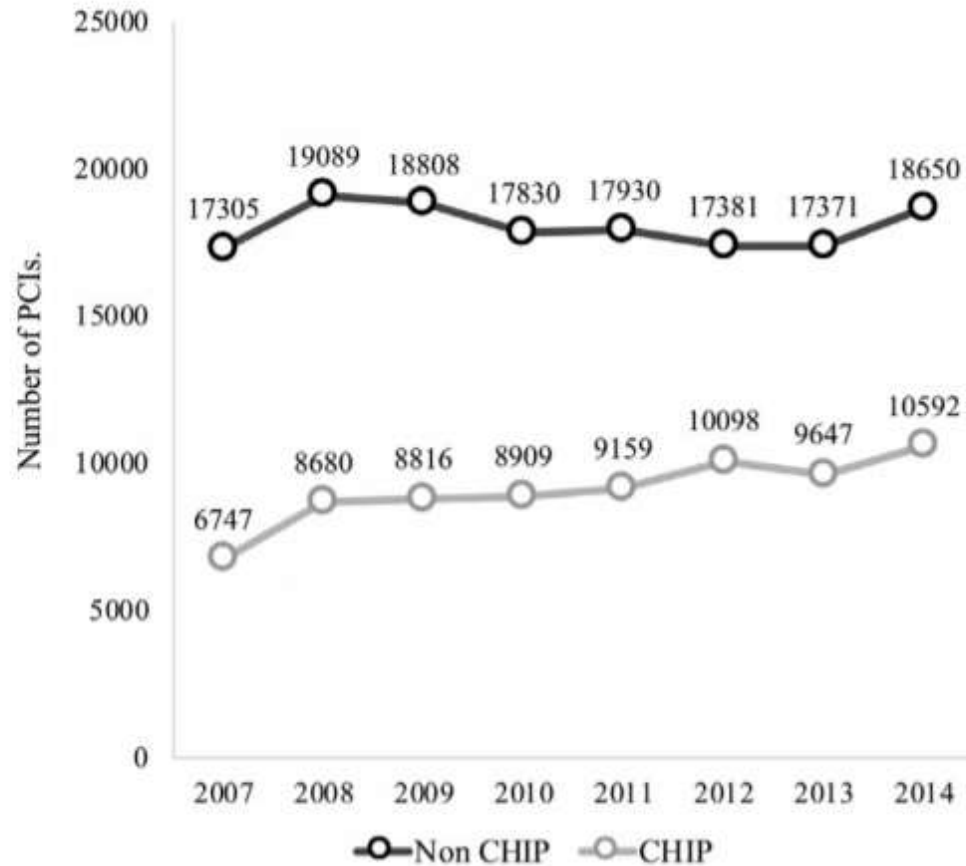
ADAPT DES Study

Procedural Changes After IVUS in 74%



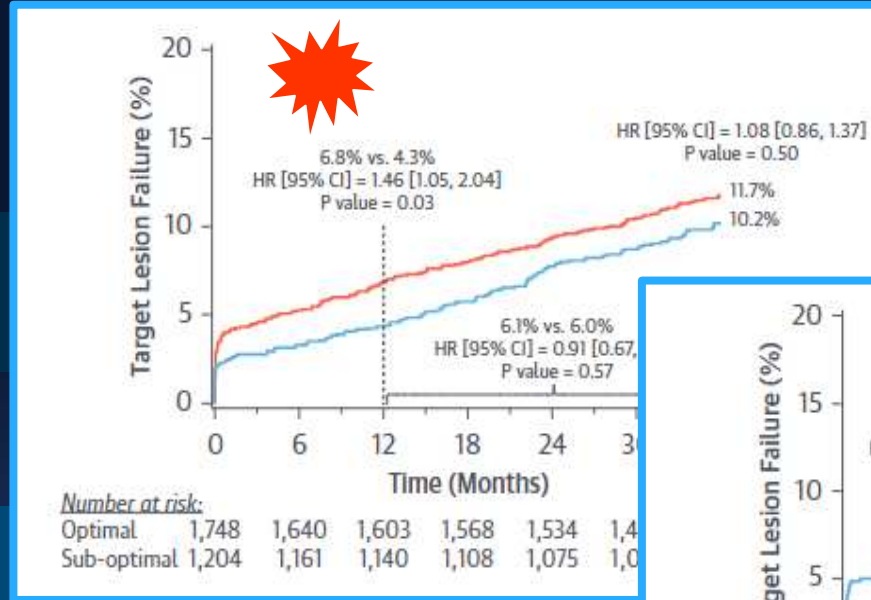
Complex PCI Is Increasing

BCIS dataset between 2007-2014

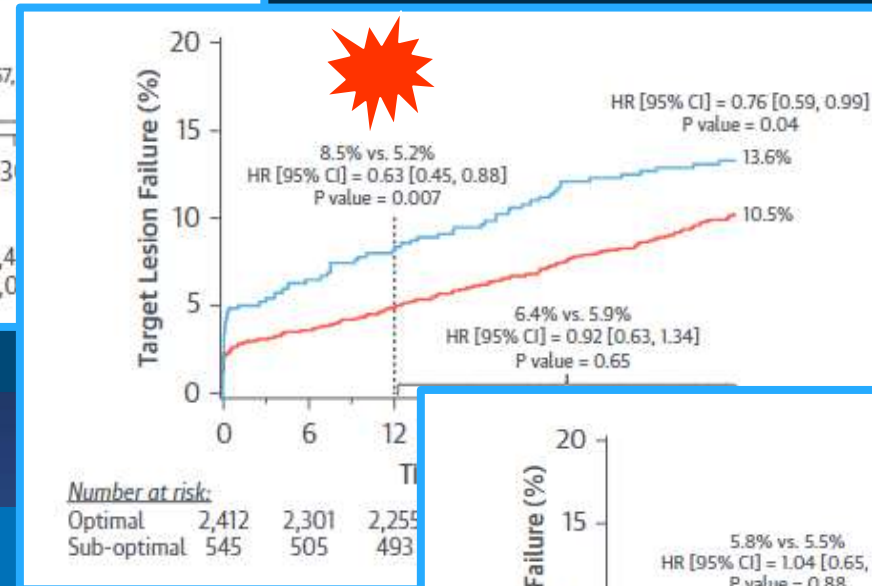


BRS Experience From the ABSORB Trials

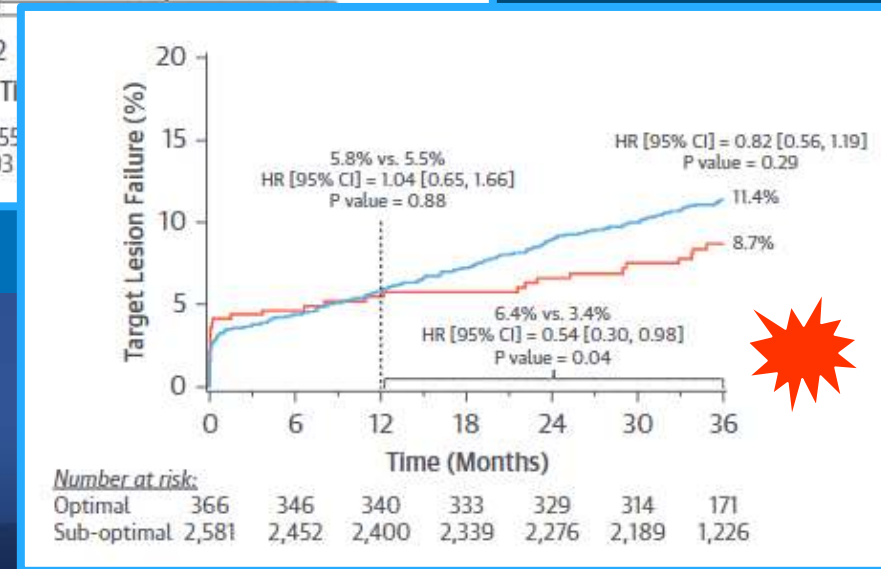
P Pre-Dilation



S Sizing



P Post-Dilation



- Only 5% of Patients Achieved Optimal PSP

Gregg W. Stone et al. JACC 2017;70:2863-74

Objective

- We evaluated the 3-year outcomes of intracoronary imaging-guided PSP (*iPSP*) in patients with complex coronary artery lesions underwent PCI with DES.

Imaging Guided PSP

Under the Intracoronary Imaging Guidance

Inspection of lesion characteristic by IVUS

Calcification
Plaque burden and configuration
Opening of side branch

Selection of stent size and length by IVUS

Stent landing zone configuration
Lesion length
Reference vessel size

Surveillance of stent outcomes

Stent apposition
Stent area
Procedural complications

P

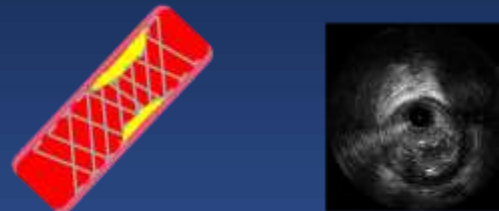
Pre-dilation



Lesion pre-modification for stent delivery and expansion:
High pressure balloon
Cutting or scoring balloon
Rota-ablation

S

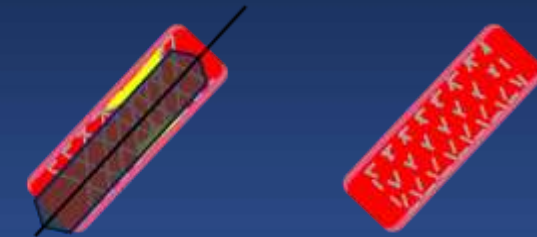
Stent Sizing



Full lesion coverage
Adequate stent size

P

Post-dilation

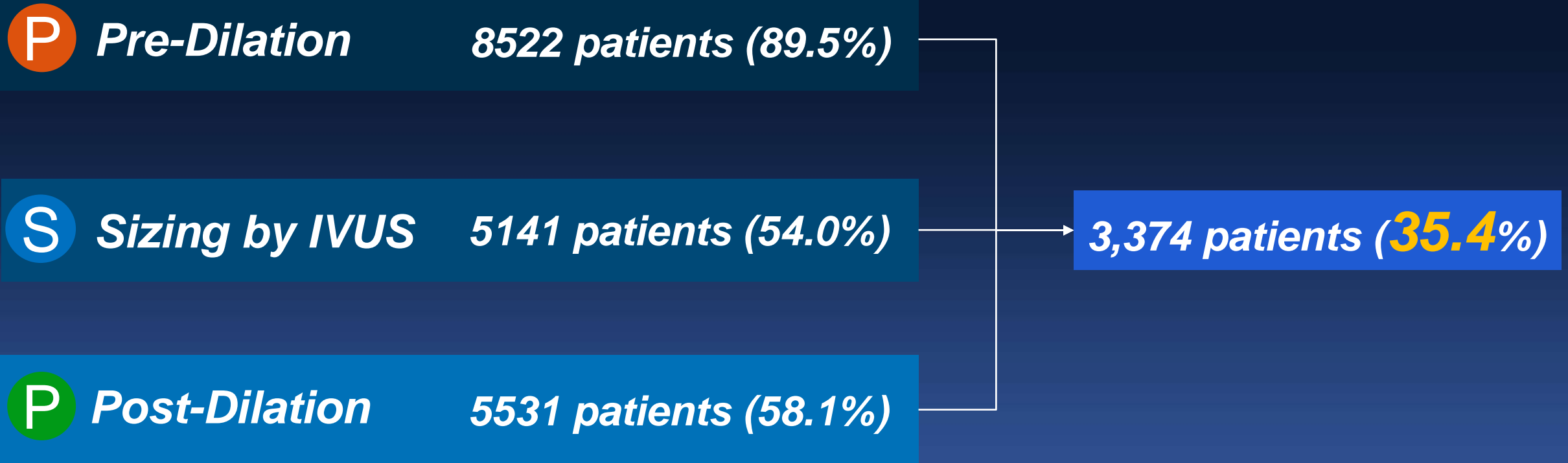


Complete stent apposition
Sufficient stent area
No geographic miss
No procedural complications

Methods

- From IRIS-DES Registry (NCT01186133) Between 2008 and 2017.
- A total 9525 patients with single complex coronary lesions were enrolled in this analysis.
- Complex coronary lesions were included
 1. LMCA
 2. Bifurcation
 3. Diffuse lesion (>30mm)
 4. Severely calcified lesion
 5. In-stent restenosis
- Primary outcome was the composite of cardiac death, target vessel MI and target vessel revascularization

Imaging Guided PSP

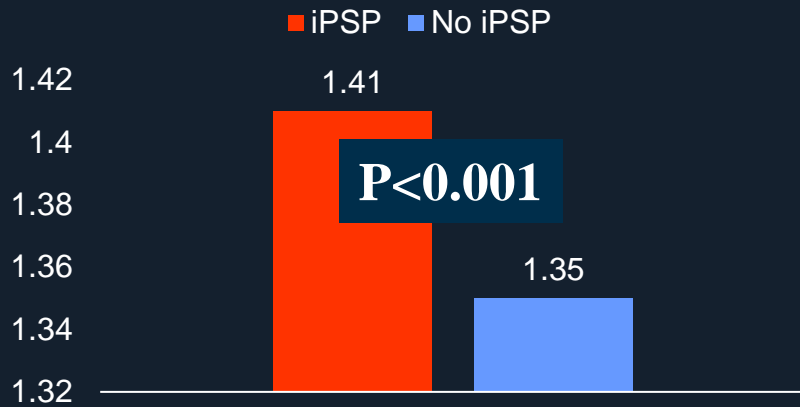


Baseline Characteristics

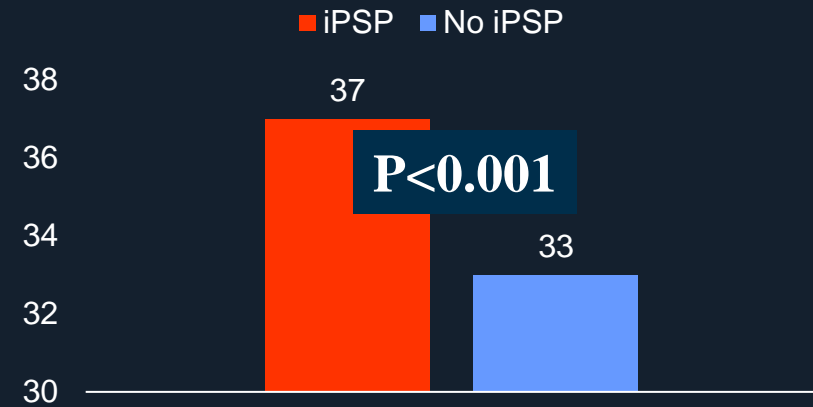
	iPSP (N=3374)	No iPSP (N=6151)	P value		iPSP (N=3374)	No iPSP (N=6151)	P value
Age, years	62.8 ± 10.5	64.3 ± 11.0	<0.001	Chronic lung disease	82 (2.4)	130 (2.1)	0.32
Male sex, n (%)	2530 (75.0)	4286 (69.7)	<0.001	Chronic kidney disease	129 (3.8)	260 (4.2)	0.34
Body mass index, kg/m ²	24.8 ± 3.0	24.7 ± 3.3	0.03	Atrial fibrillation	93 (2.8)	215 (3.7)	0.03
Diabetes mellitus	1096 (32.5)	2067 (33.6)	0.27	LV Ejection fraction, %	59.1 ± 8.9	57.8 ± 11.1	<0.001
Hypertension	2120 (62.8)	3731 (60.7)	0.04	Extent of disease			0.001
Hyperlipidemia	2137 (63.3)	2838 (46.1)	<0.001	Single-vessel disease	2216 (65.7)	3862 (62.8)	
Current smoker	956 (28.3)	1734 (28.2)	0.88	Two-vessel disease	793 (23.5)	1477 (24.0)	
Family history of CAD	285 (8.5)	313 (5.1)	<0.001	Three-vessel disease	365 (10.8)	812 (13.2)	
Previous MI	160 (4.7)	343 (5.6)	0.08	LMCA lesion	193 (5.7)	261 (4.2)	0.001
Previous Heart failure	69 (2.1)	134 (2.2)	0.67	Bifurcation lesion	2365 (70.7)	3462 (56.3)	<0.001
Previous Stroke	215 (6.4)	415 (6.8)	0.48	Long lesion	1923 (57.0)	3219 (52.3)	<0.001
Peripheral artery disease	72 (2.1)	114 (1.9)	0.35	Severe calcification	185 (5.5)	575 (9.4)	<0.001

Procedural Outcomes

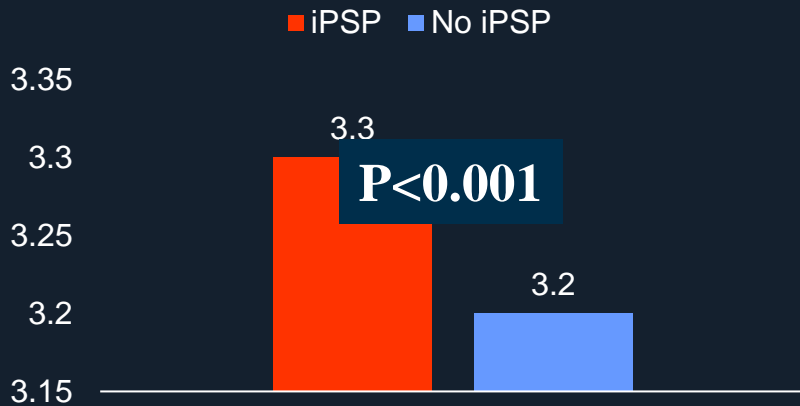
Stent Number



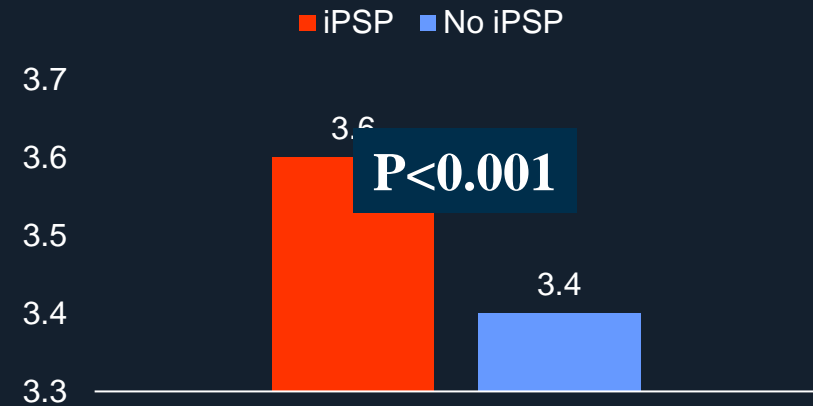
Stent Length (mm)



Stent Diameter (mm)

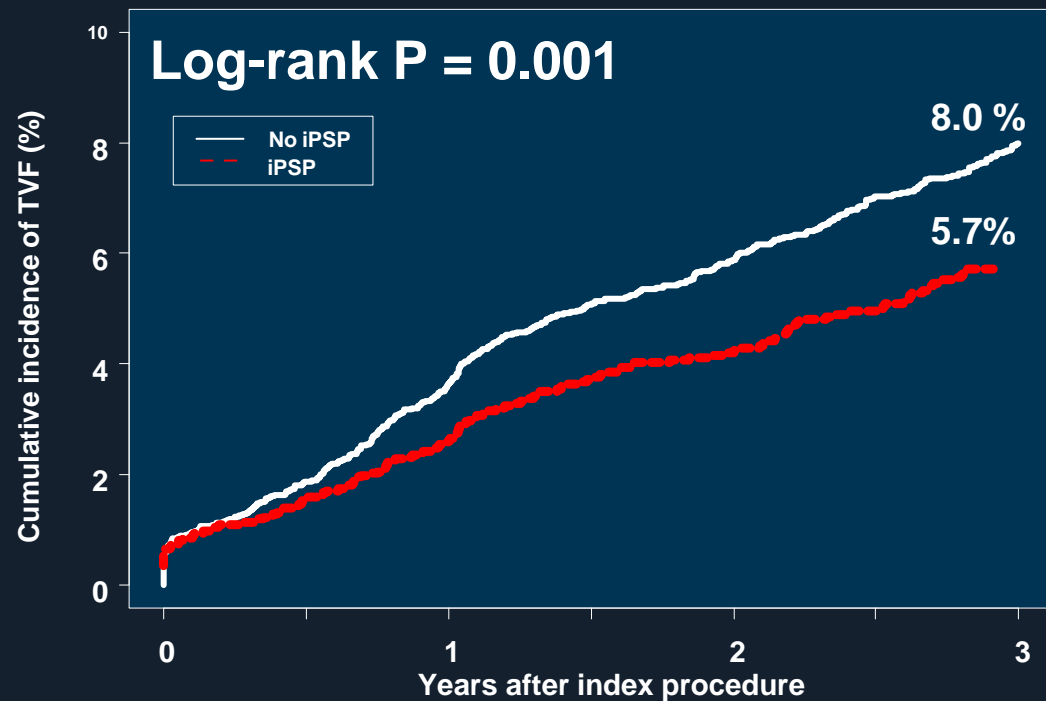


Final Balloon Size (mm)



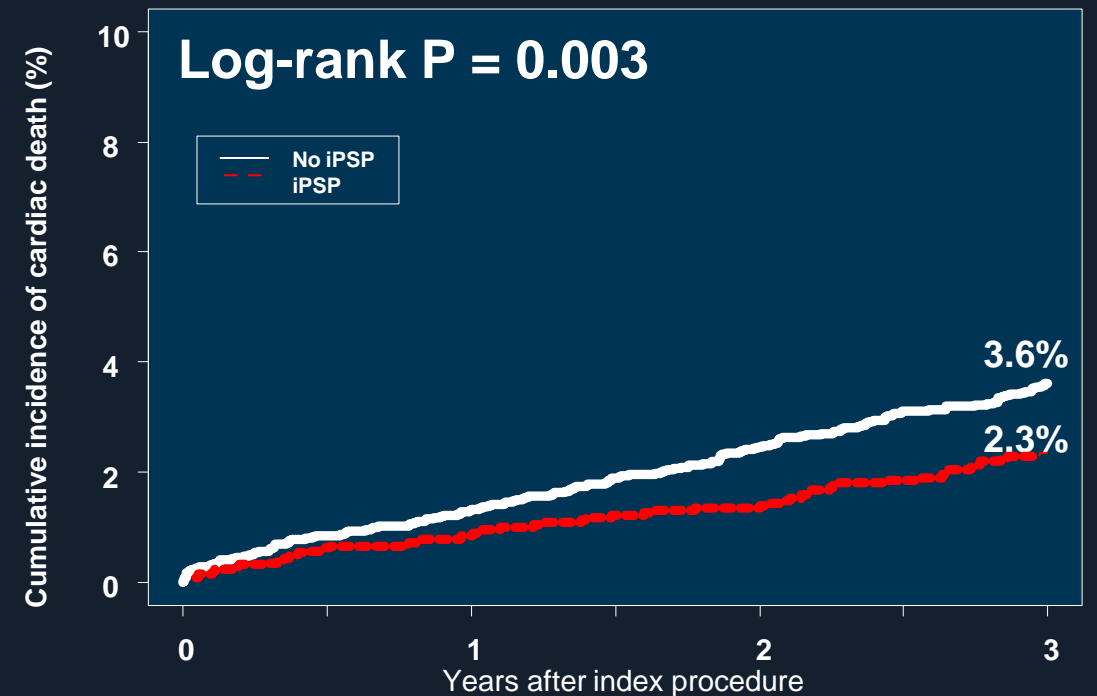
Unadjusted Kaplan-Meier Curves

Primary Outcome



No. of at risk		0	1	2	3
No iPSP	6151	4928	3993	3324	
iPSP	3374	2733	2147	1897	

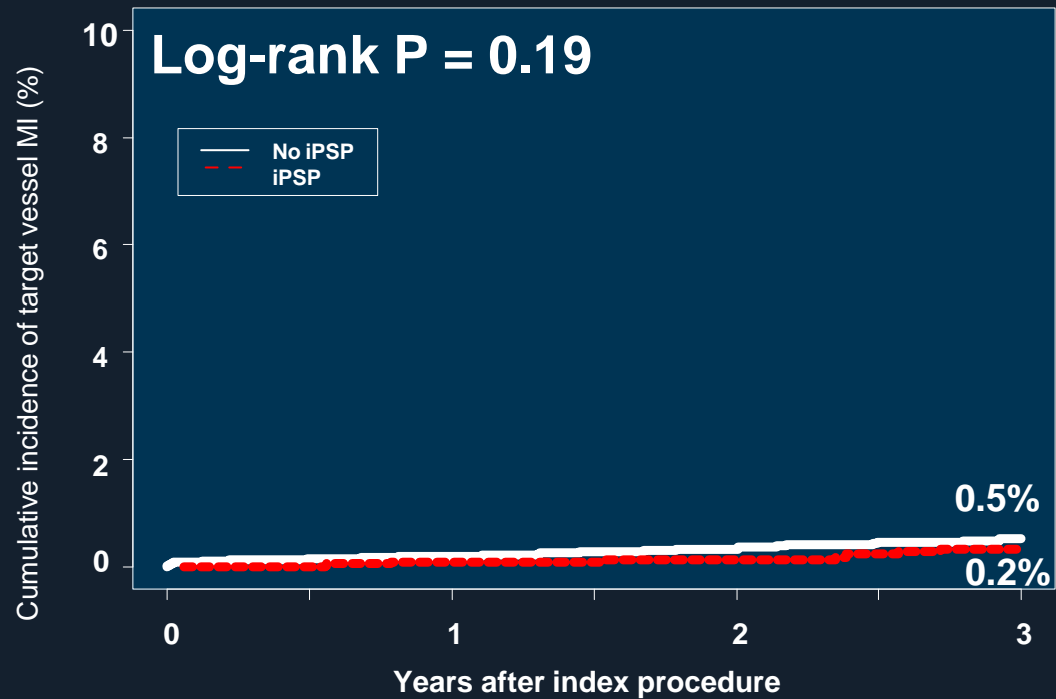
Cardiac Death



No. of at risk		0	1	2	3
No iPSP	6151	5039	4140	3538	
iPSP	3374	2886	2206	1794	

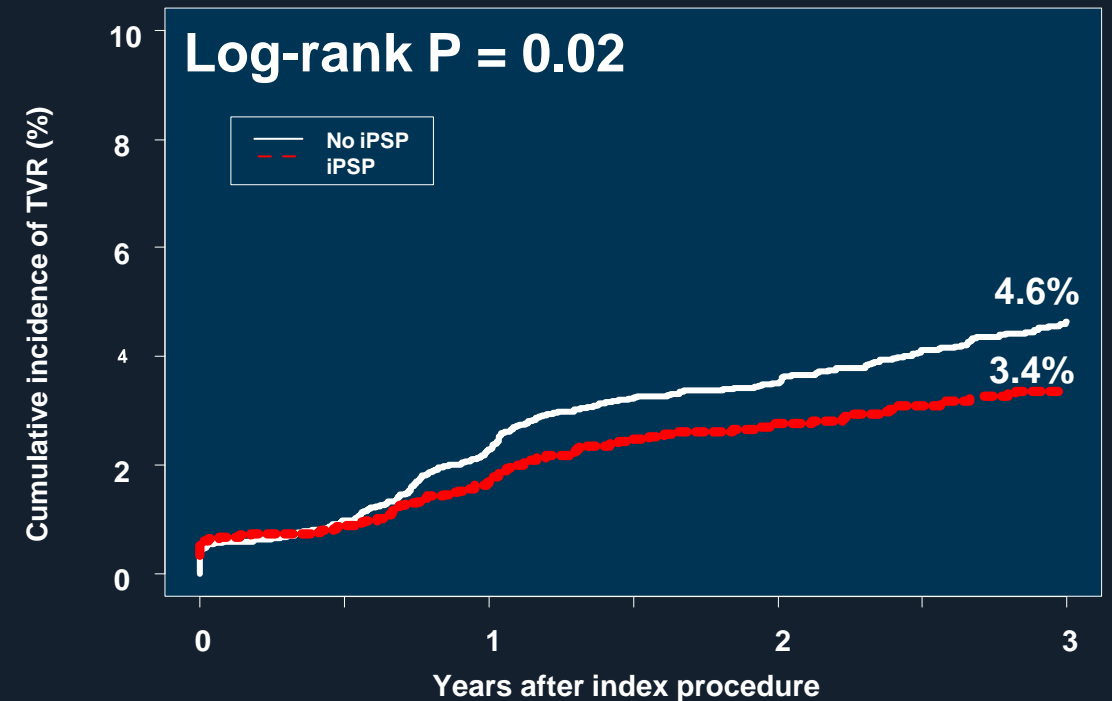
Unadjusted Kaplan-Meier Curves

Target Vessel MI



No. of at risk	0	1	2	3
No iPSP	6151	5633	4231	3682
iPSP	3374	3111	2273	2062

Target Vessel Revascularization



No. of at risk	0	1	2	3
No iPSP	6151	4957	4018	3347
iPSP	3374	2736	2163	1921

Clinical Outcomes At 3 Years

	Crude cumulative incidence (%)		Multivariate analysis		PS matching		IPTW		
	iPSP	No iPSP	P	HR (95% CI)	P	HR (95% CI)	P	HR (95% CI)	P
	Primary outcome	5.7	8.0	0.001	0.74 (0.61-0.90)	0.003	0.71 (0.56-0.90)	0.005	0.71 (0.63-0.81)
Cardiac death	2.3	3.6	0.003	0.73 (0.53-0.99)	0.047	0.78 (0.53-1.15)	0.20	0.62 (0.51-0.75)	0.003
Target vessel MI	0.2	0.5	0.19	0.68 (0.30-1.55)	0.36	0.78 (0.29-2.09)	0.62	0.65 (0.38-1.10)	0.10
TVR	3.4	4.6	0.02	0.73 (0.57-0.94)	0.02	0.68 (0.50-0.92)	0.01	0.74 (0.63-0.87)	<0.001

Adjusted Hazard Ratios for Primary Outcomes According to Components of iPSP

	Univariate analysis		Multivariate analysis*	
	HR (95% CI)	P value	HR (95% CI)	P value
Pre-dilation	0.89 (0.69-1.15)	0.374	0.84 (0.64-1.11)	0.216
Stent-sizing	0.79 (0.67-0.93)	0.004	0.89 (0.74-1.07)	0.219
Post-dilation	0.79 (0.67-0.94)	0.006	0.80 (0.67-0.96)	0.016

* The multivariate analysis model included 18 clinical variables: age, sex, body mass index, hypertension, diabetes mellitus, prior history of MI, prior history of heart failure, prior history of stroke, hyperlipidemia, chronic kidney disease, peripheral artery disease, chronic lung disease, atrial fibrillation, acute coronary syndrome at presentation, left ventricular ejection fraction, disease extent of CAD (1-, 2-, or 3-vessel disease), involvement of LMCA, and angiographically severely calcified lesion. The primary outcome was defined as the composite of cardiac death, target vessel MI, or target vessel revascularization.

Procedures and Clinical Outcomes by iPSP Scenarios

Scenario	Pre-dilation	IVUS	Post-dilation	No. of patients (%)	Stent diameter (mm)	Post balloon size (mm)	Annualized event rate	Adjusted HR (95% CI)	P value
1	No	No	No	406 (4.3)	3.19 ± 0.46		3.94 %	Reference	
2	Yes	No	No	2130 (22.4)	3.06 ± 0.40		2.69 %	0.85 (0.57-1.26)	0.413
3	No	Yes	No	159 (1.7)	3.41 ± 0.45		2.03 %	0.71 (0.33-1.56)	0.394
4	No	No	Yes	129 (1.4)	3.04 ± 0.41	3.10 ± 0.81	3.04 %	0.81 (0.35-1.85)	0.613
					$\Delta +0.05$ (P=0.550)				
5	Yes	Yes	No	1299 (13.6)	3.26 ± 0.85		2.90 %	0.91 (0.60-1.38)	0.663
6	Yes	No	Yes	1719 (18.0)	3.08 ± 0.38	3.12 ± 0.86	3.07 %	0.80 (0.53-1.21)	0.297
					$\Delta +0.04$ (P=0.104)				
7	No	Yes	Yes	309 (3.2)	3.43 ± 0.41	3.79 ± 0.70	2.04%	0.72 (0.39-1.35)	0.306
					$\Delta +0.35$ (P<0.001)				
8	Yes	Yes	Yes	3374 (35.4)	3.26 ± 0.39	3.58 ± 0.60	1.98%	0.63 (0.42-0.93)	0.022
					$\Delta +0.32$ (P<0.001)				

Summary

- This study showed that the so called iPSP strategy was significantly associated with a lower risk of cardiac death, target vessel MI, or TVR at 3 years in patients with complex coronary artery disease.
- In addition, iPSP was significantly associated with a lower risk of cardiac mortality and TVR, respectively.
- The clinical benefit of iPSP seems to be attributed to safe and effective post-dilation, with the larger final balloon size guided by intracoronary imaging.
- This study suggested that physicians should recognize the importance of iPSP strategy and more actively consider it for the treatment of complex coronary artery stenosis, even in the current era of second- and third-generation DES.
- Our findings should be further evaluated through randomized controlled trial such as ILUMIEN IV to confirm the effects of iPSP.