

Debate: Proximal LAD CTO With Nice Collaterals - To Treat or Not to Treat

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Disclosure

- **Speaker: Dr. Kambis Mashayekhi**

☒ I have the following potential conflicts of interest to declare:

- **Personal:** **None**

- **Institutional:**

Speaker honoraria, consultancy fees, and research grants from Abbott, Abiomed, Asahi Intecc, Astra Zeneca, Biotronik, Boston, Cardinal Health, Daiichi-Sankyo, Medtronic, Philips Healthcare Shockwave, SIS, Teleflex, Terumo.

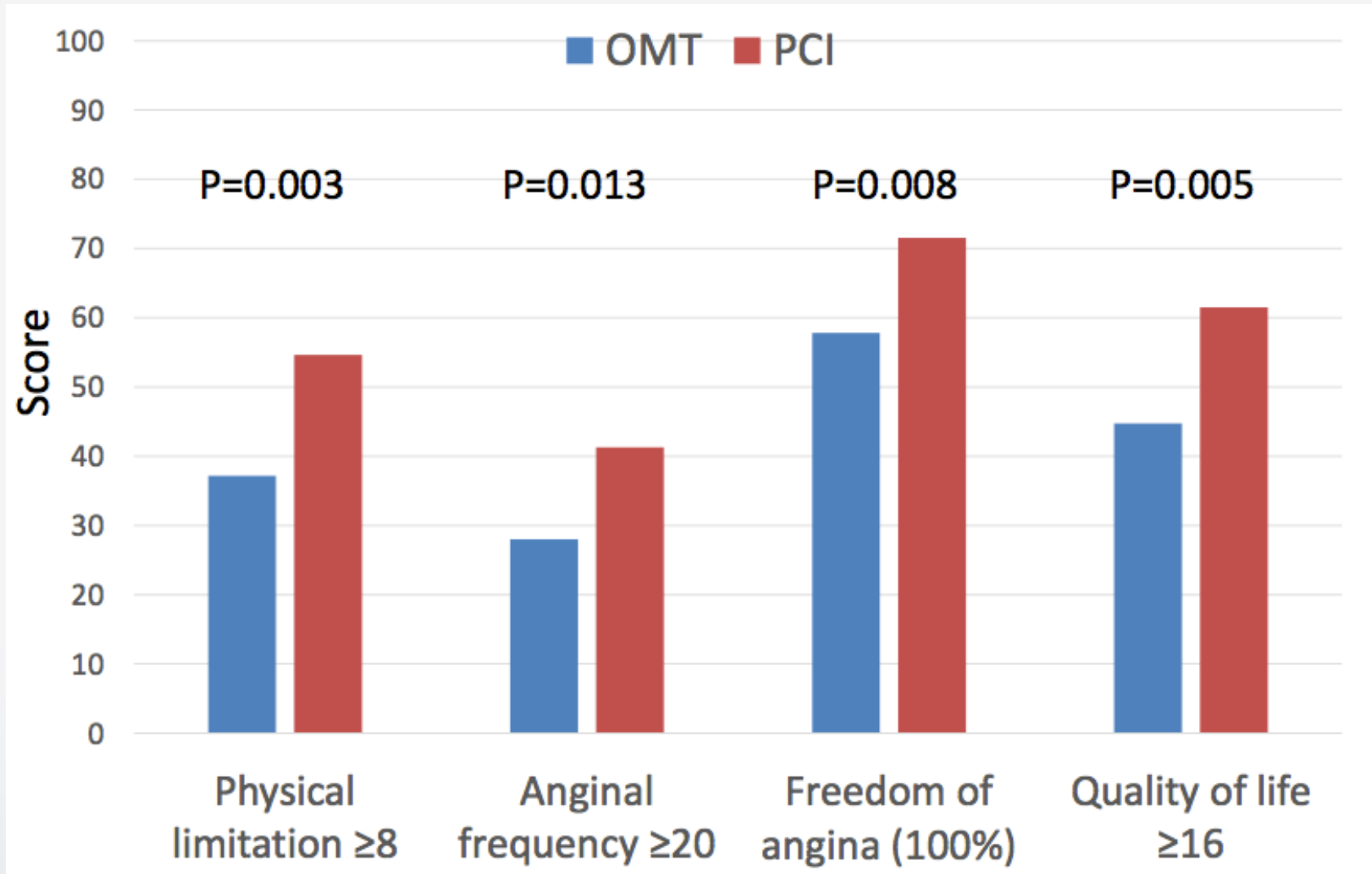
Thought Process

- **How symptomatic is the patient?**
- **How old and how fit is the patient? What about his co-morbidities?**
- **Is the CTO in the setting of a multi-vessel disease or not?**
- **How is the left ventricular function?**
- **Is the myocardium viable?**
- **Is the patient a heart failure patient?**
- **How complex is the lesion?**

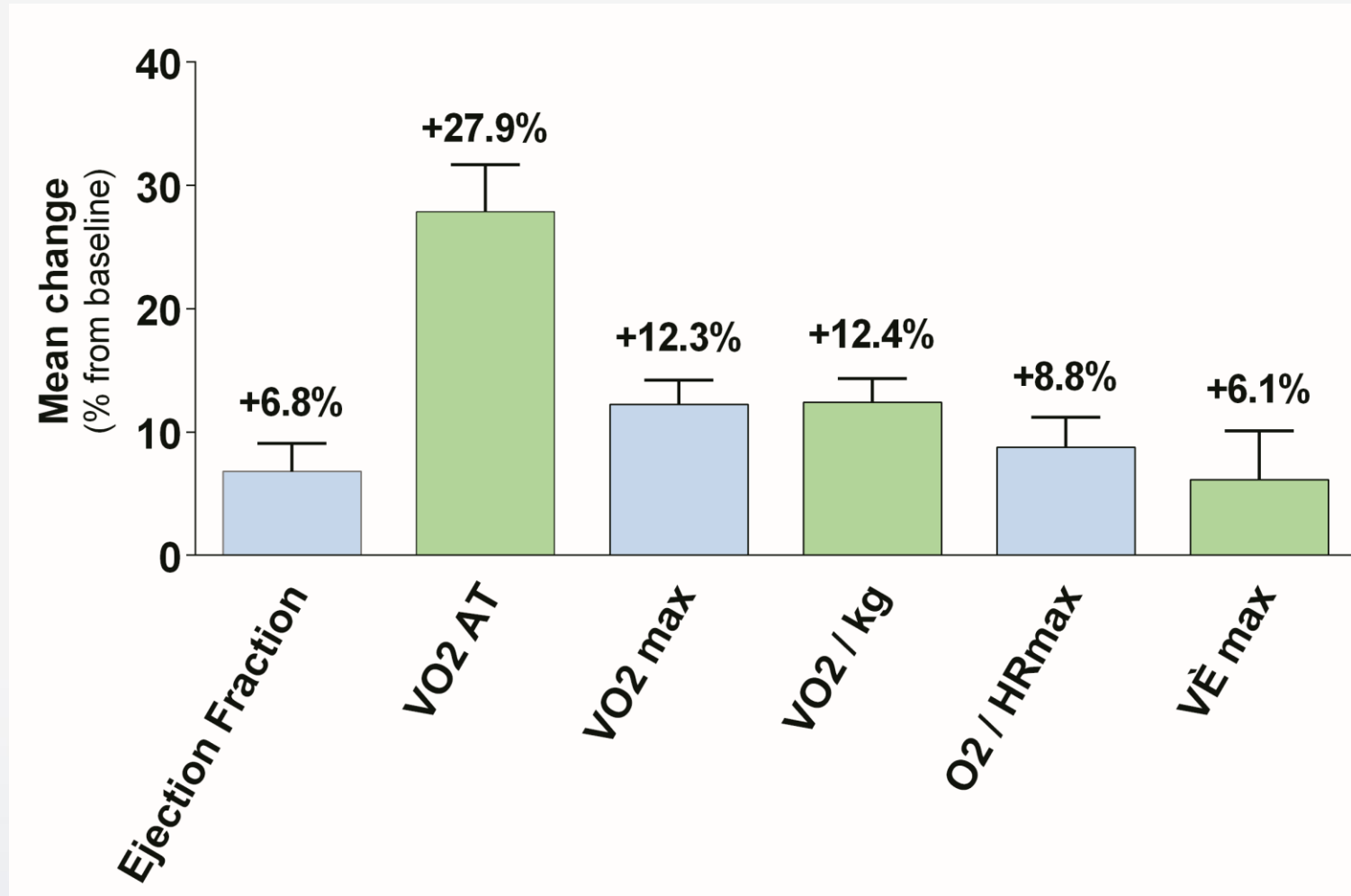
SYMPTOMS

Euro-CTO Trial

SAQ Subscales – Significant Changes



Improving Cardiopulmonary Exercise Capacity in Patients With CTO-PCI



ISCHEMIA

The Role Of Collaterals

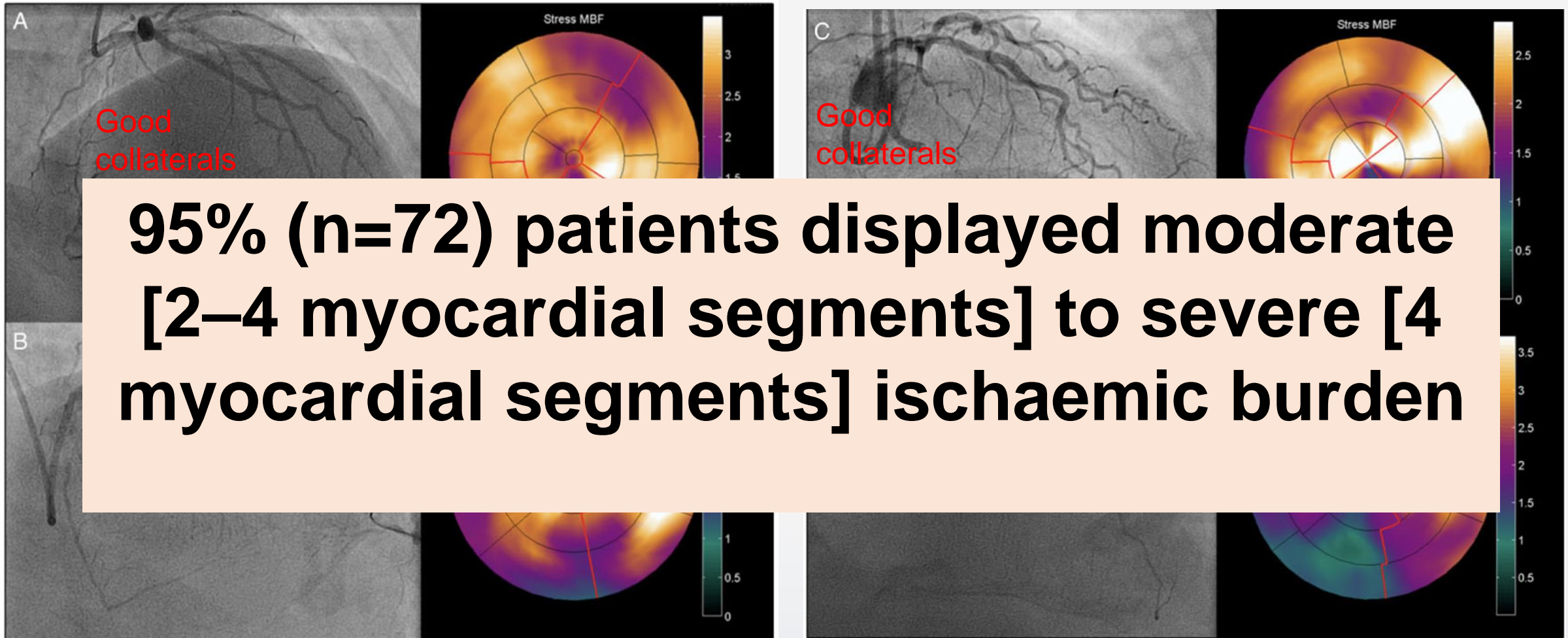
Interventional

To provide visualization & access to the vessel beyond the occlusion

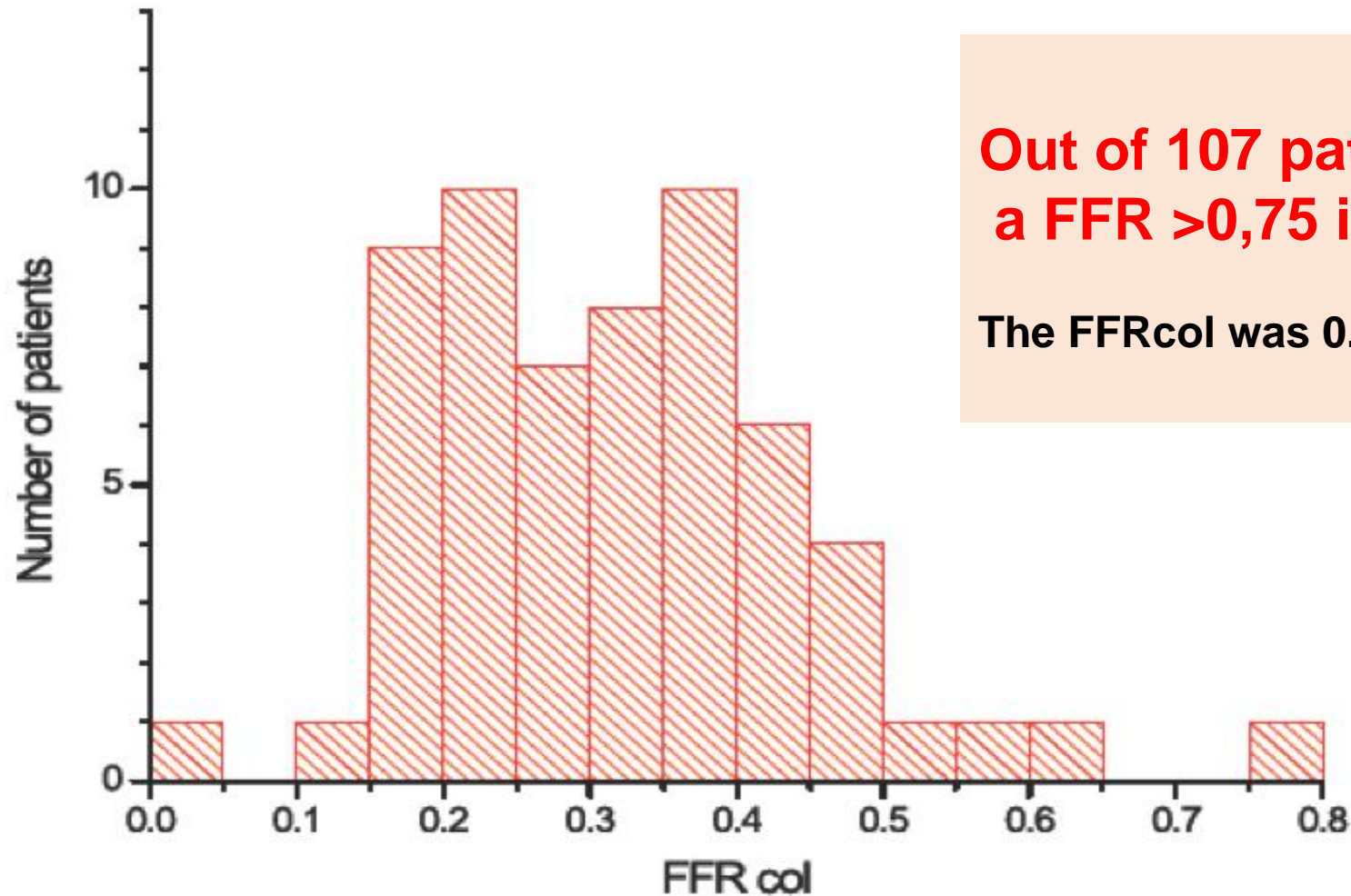
Physiological

To preserve the integrity of the myocardium and ventricular function

Lacking relationship between the collateral state and stress myocardial perfusion



The collateral flow is not sufficient to prevent myocardial ischemia in CTO patients



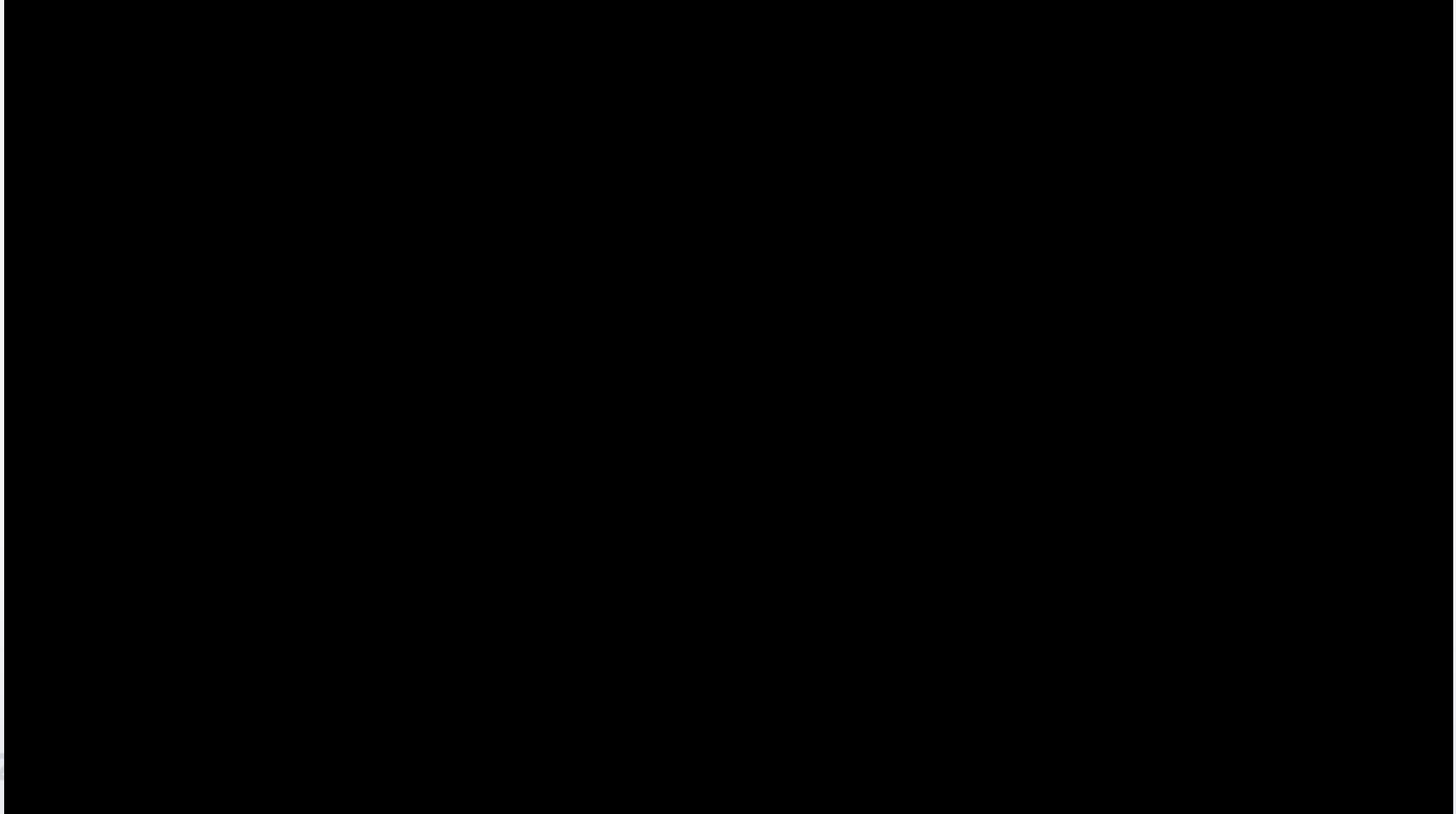
Out of 107 patients, only 1 had a FFR >0,75 in the CTO region

The FFRcol was 0.32 ± 0.13 [0.03 to 0.78]

PROGNOSIS

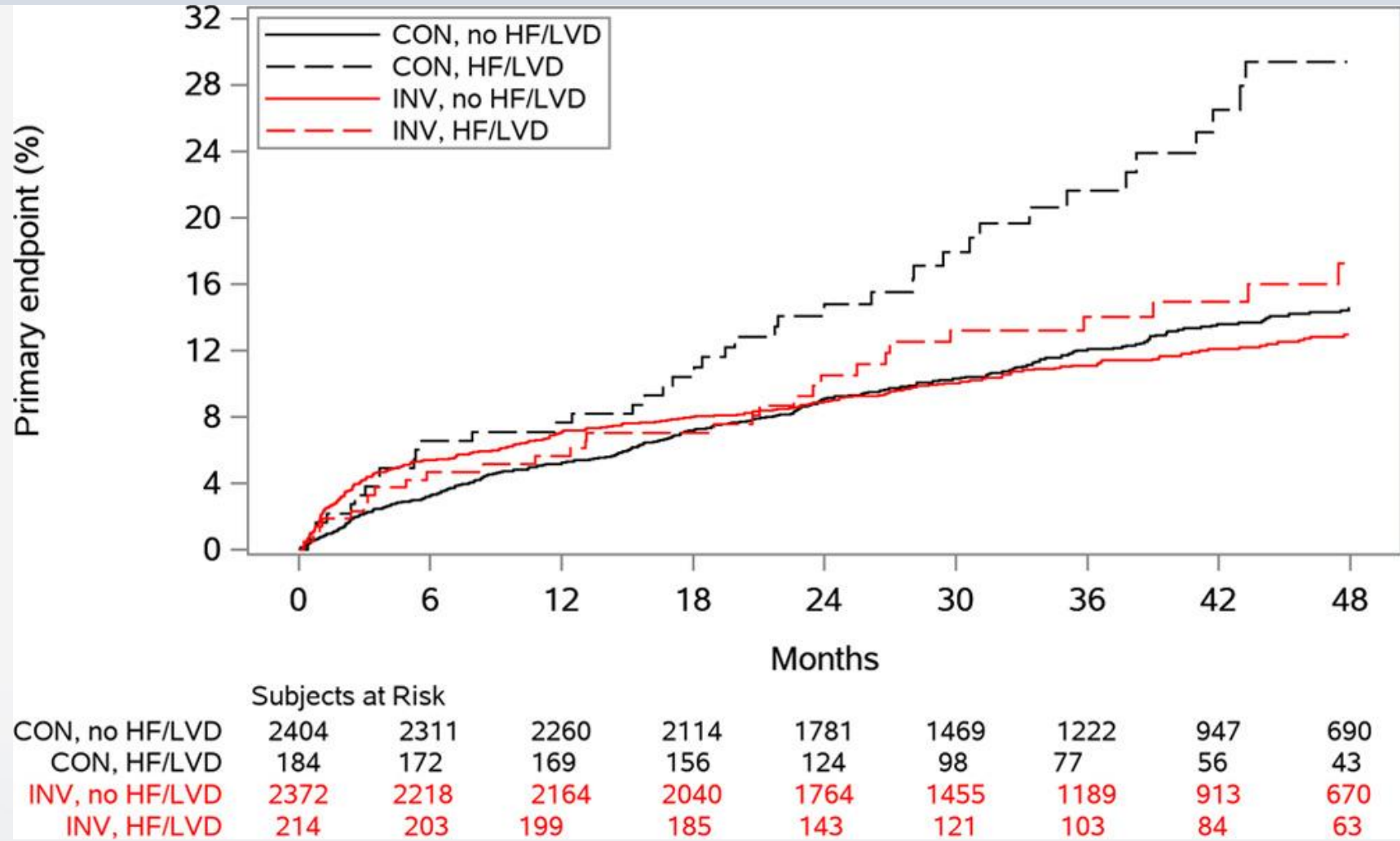
CHIP CTO CASE for EuroPCR 2021

Angiographic Syntax Score = 90.5, 4year mortality for PCI 99,9%



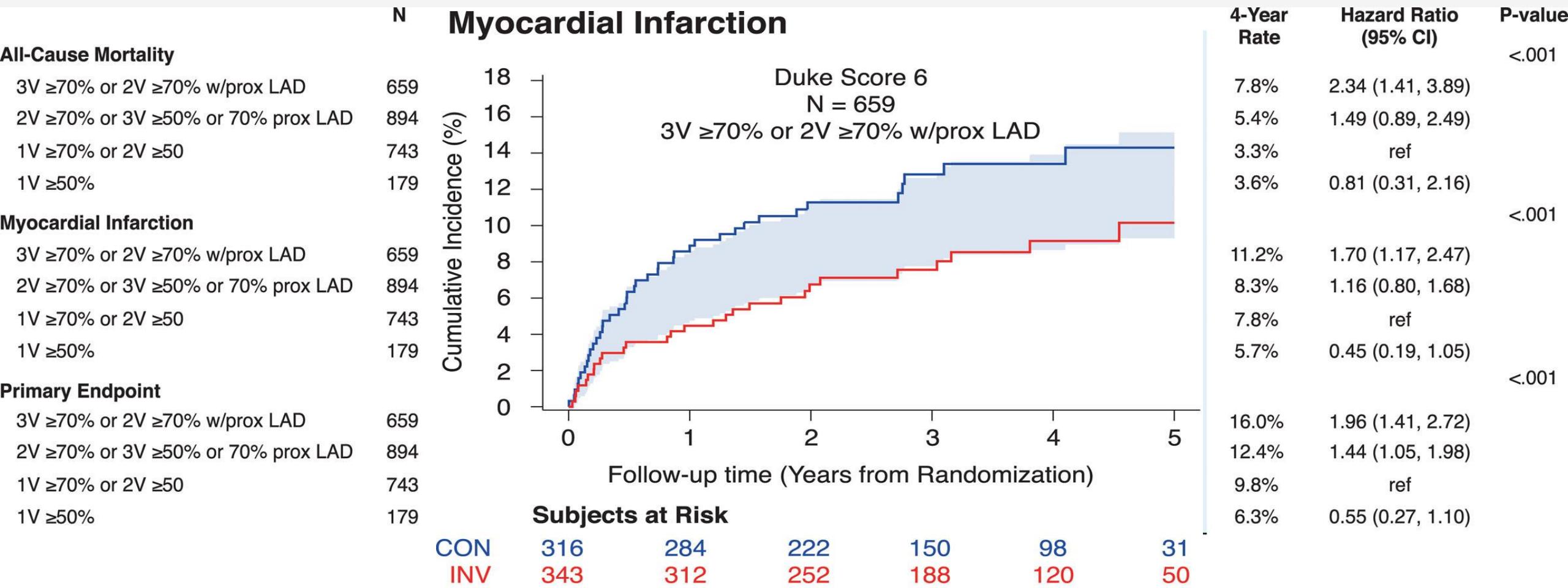
Initial Invasive Versus Conservative Management of Stable Ischemic Heart Disease in Patients With a History of Heart Failure or Left Ventricular Dysfunction ($\geq 35\%$ but $<45\%$)

Insights From the ISCHEMIA Trial



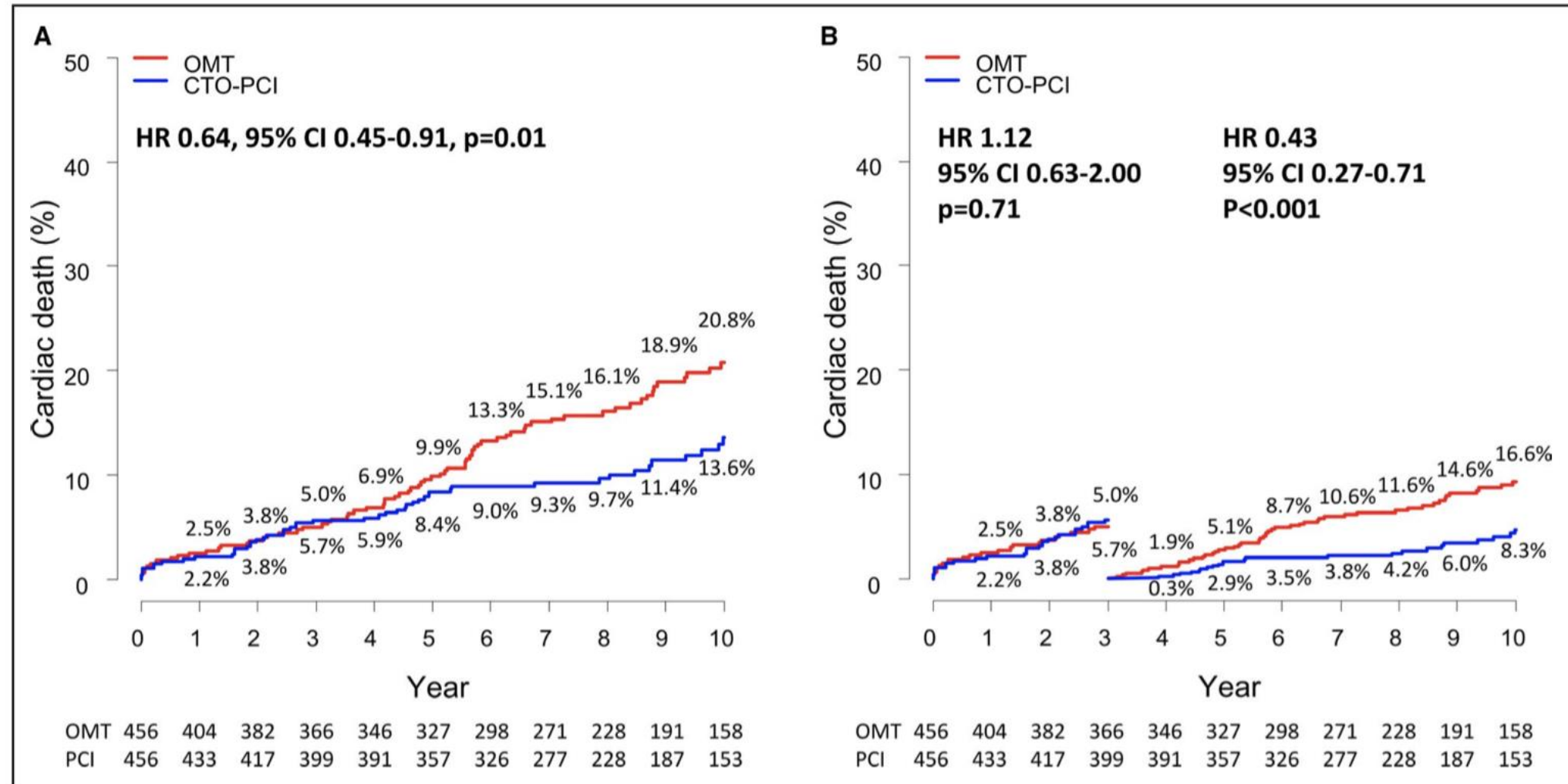
*composite of cardiovascular death, nonfatal myocardial infarction, or hospitalization for unstable angina, HF, or resuscitated cardiac arrest

ISCHEMIA Trial



10years Outcomes: OMT vs. CTO PCI

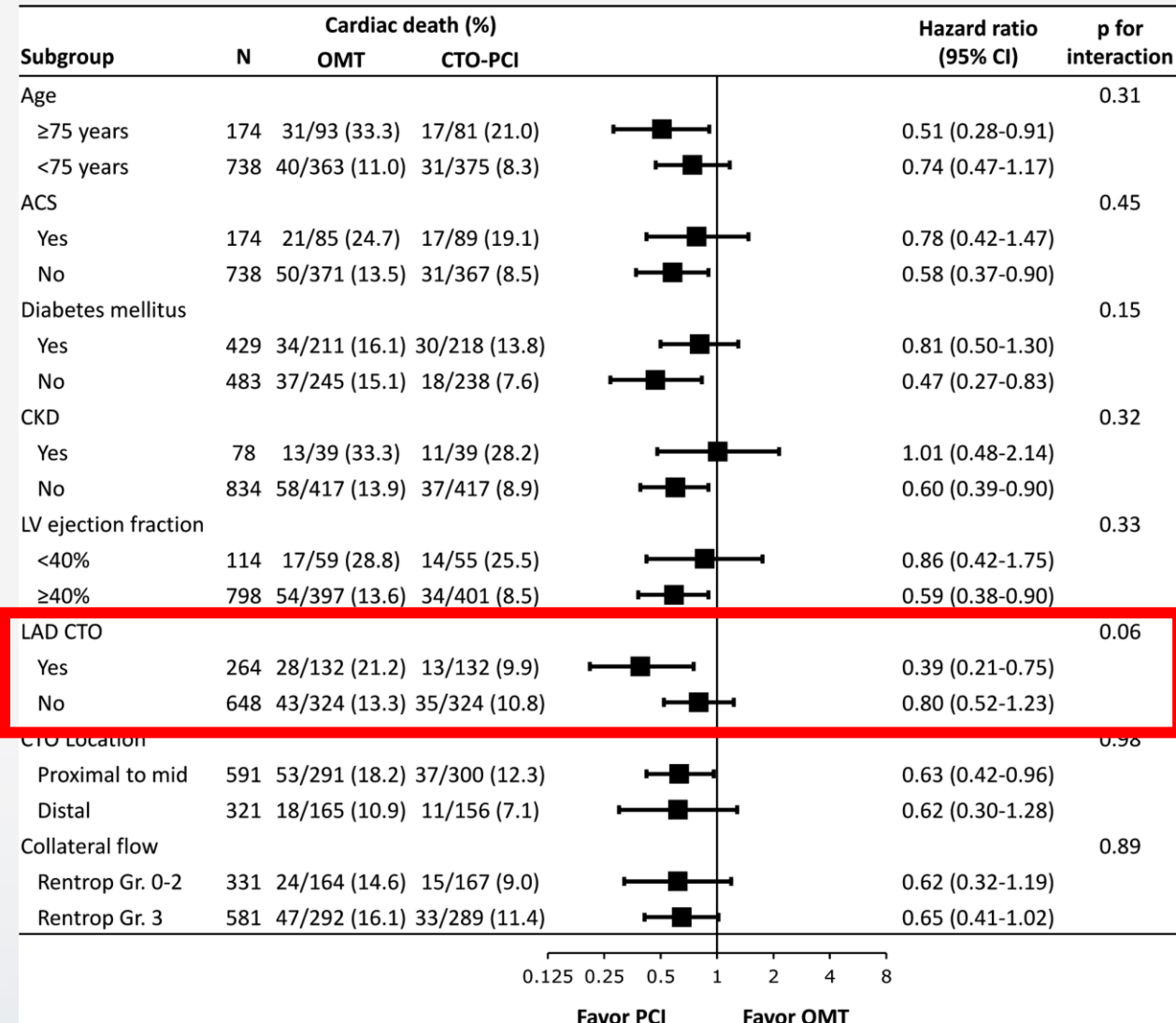
Clinical Outcomes in the Propensity Score–Matched Population (78.9% MVD)



10years Outcomes: OMT vs. CTO PCI

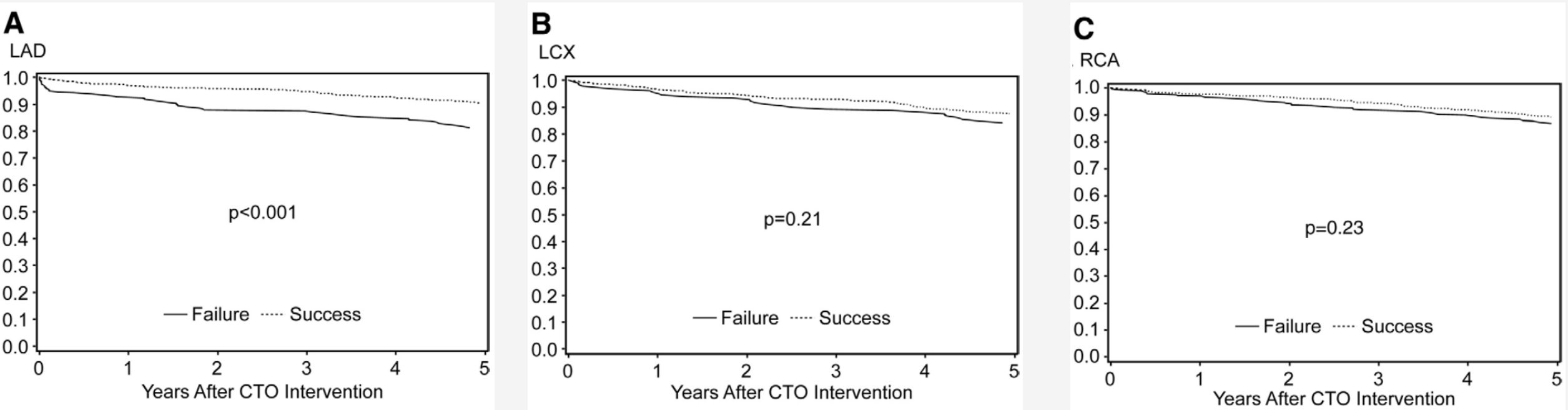
Clinical Outcomes in the Propensity Score–Matched Population (78.9% MVD)

Among the patients with CTO of the left anterior descending artery, the 10-year rate of cardiac death was lower in the CTO-PCI group than in the OMT group (9.9% versus 21.2%; HR, 0.39 [95% CI, 0.21–0.75]; P=0.004



Improvement in Survival Following Successful CTO-PCI after 5 years

n=2608

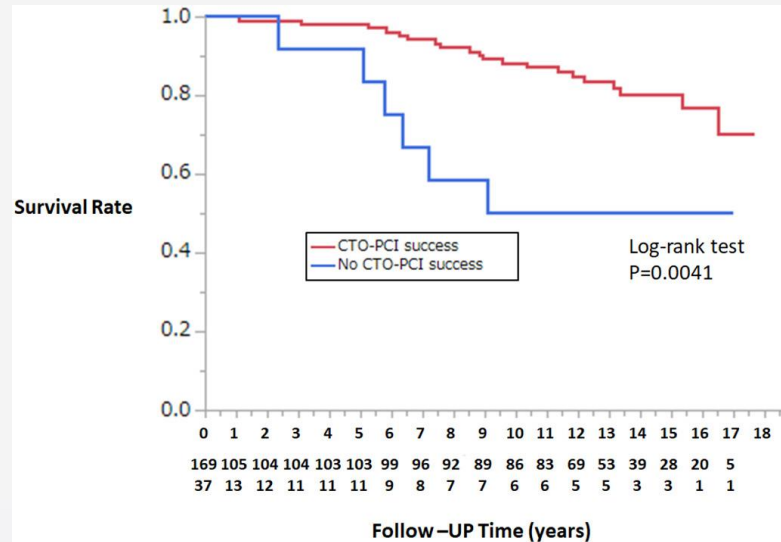


In multivariable analysis, CTO PCI success in the LAD group remained associated with decreased mortality risk (HR: 0.61, 95% CI: 0.42 to 0.89)

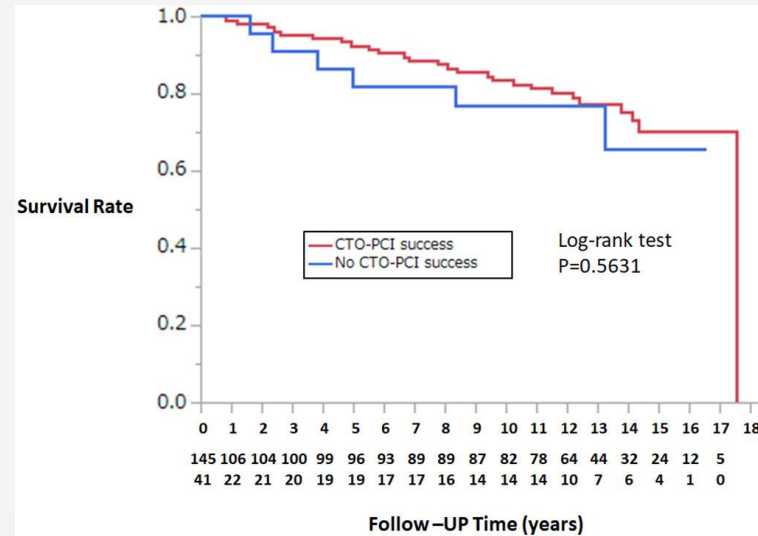
Survival rate of successful or unsuccessful CTO-PCI

10-year follow-up data also suggest that successful PCI of a CTO located in the LAD is associated with improved long-term survival.

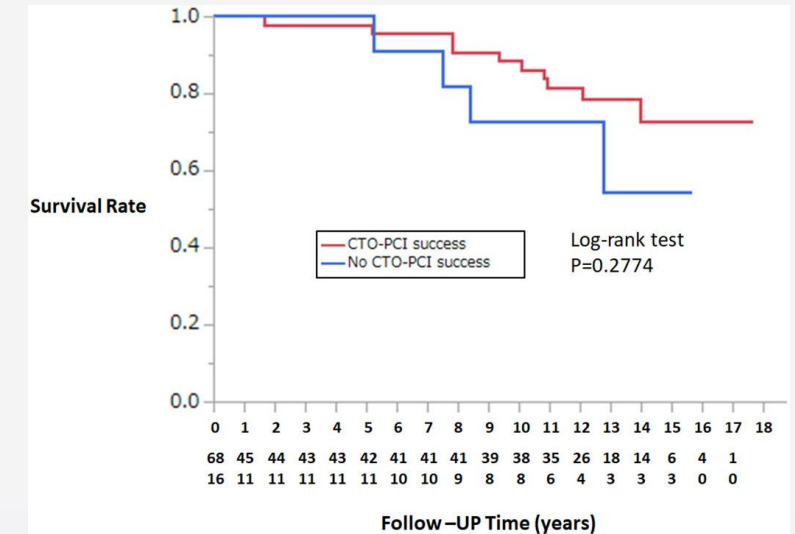
LAD



RCA



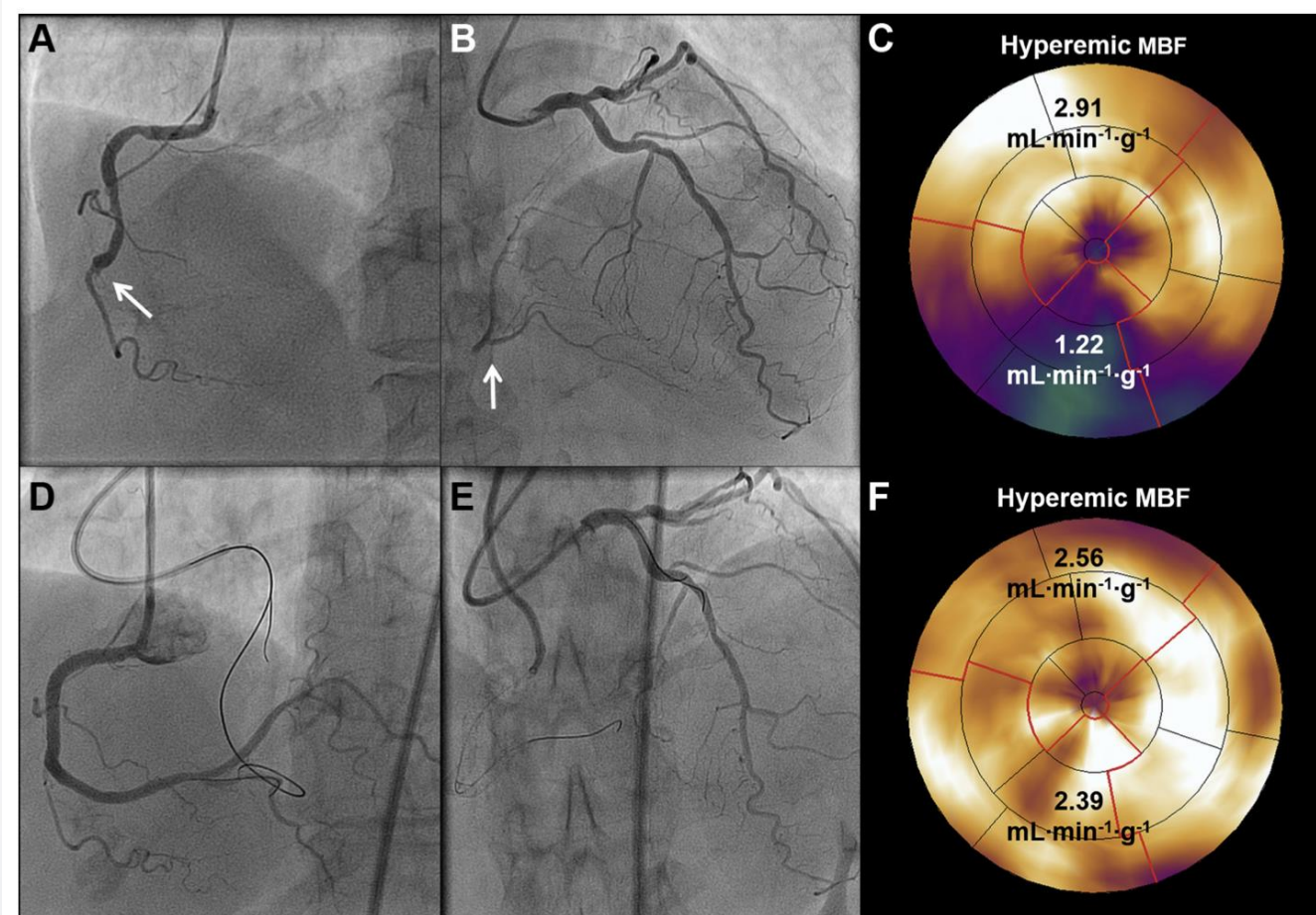
LCX



Yoneda K. *Cardiovasc Revasc Med.* 2021;25:44-46.

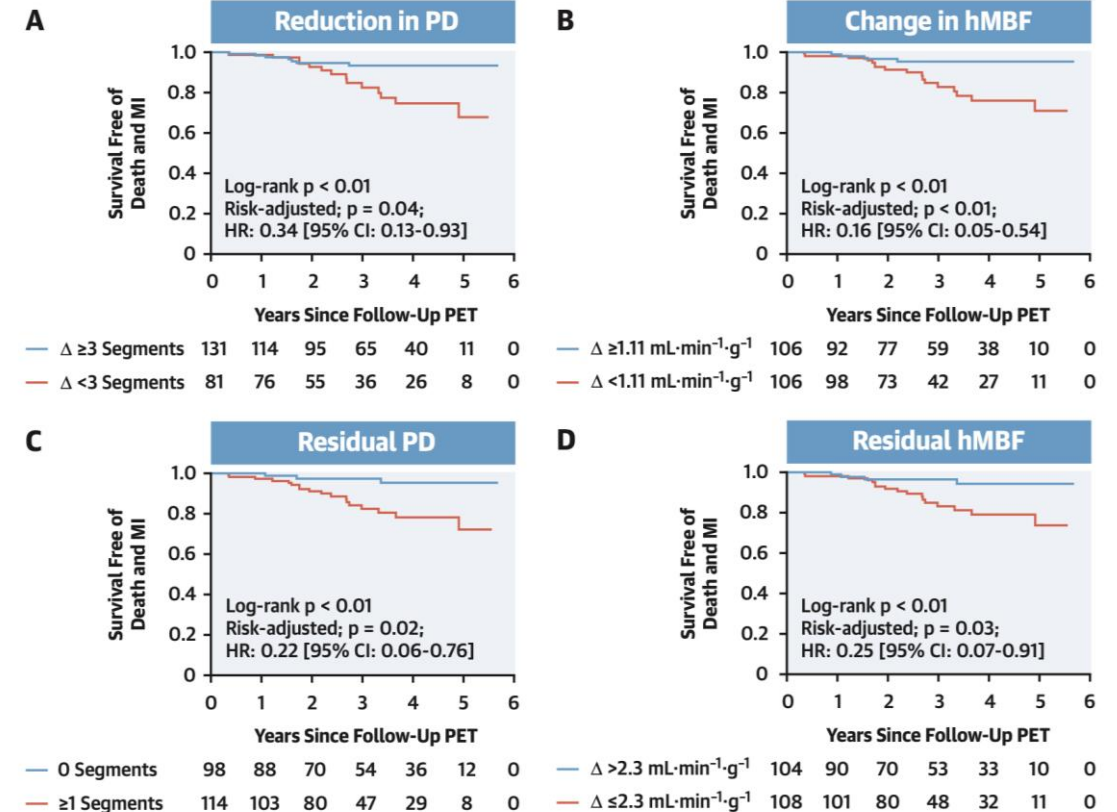
QUALITY OF REVASC

Ischemic Burden Reduction and Long-Term Clinical Outcomes After CTO PCI



Schumacher SP et al. *JACC Cardiovasc Interv.* 2021;14(13):1407-1418.

CENTRAL ILLUSTRATION Long-Term Prognosis Among 212 Patients With a CTO and $^{15}\text{H}_2\text{O}$ -PET Myocardial Perfusion Imaging Before and 3 Months After Successful PCI

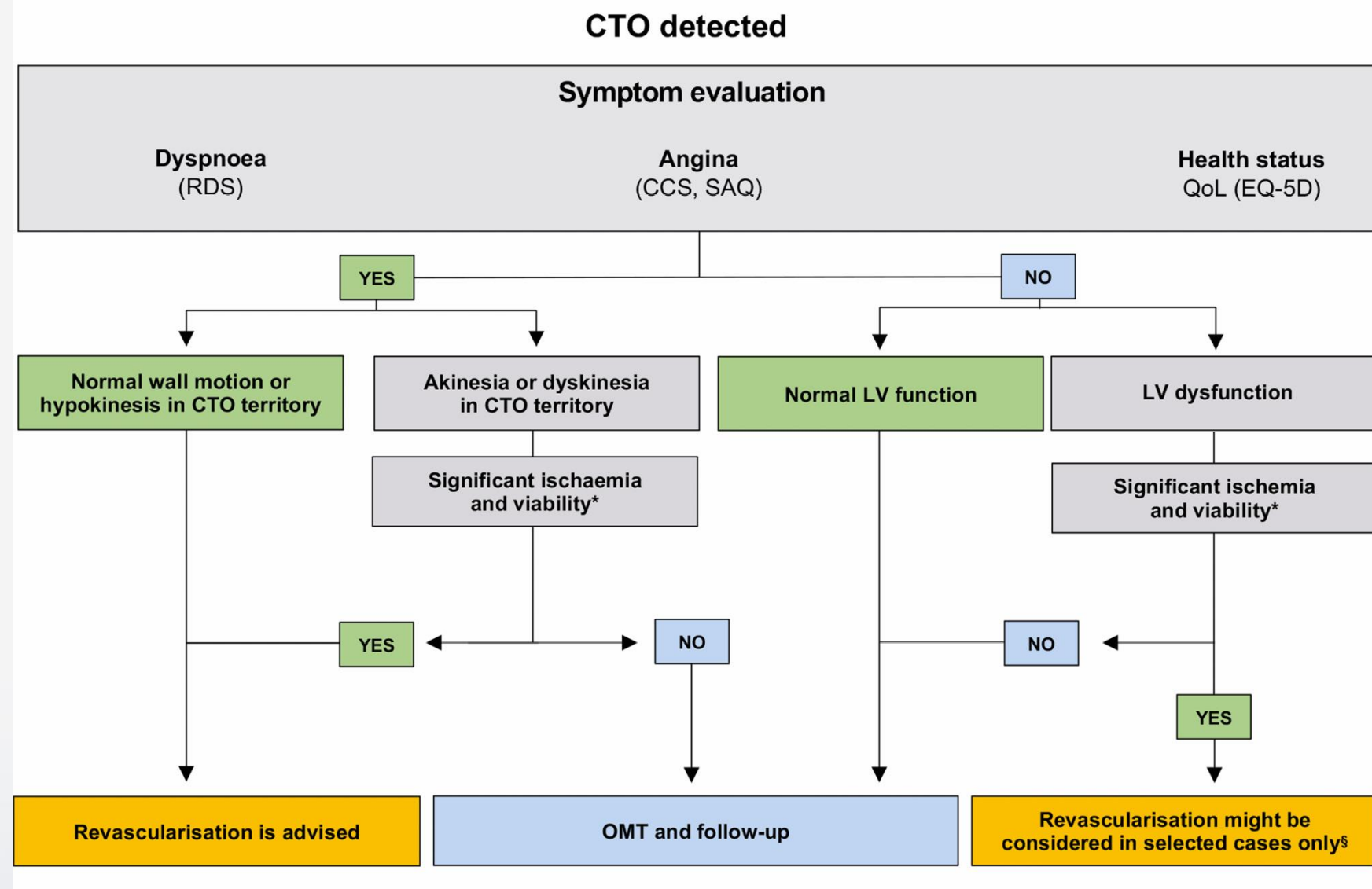


Schumacher, S.P. et al. *J Am Coll Cardiol Interv.* 2021;14(13):1407-18.

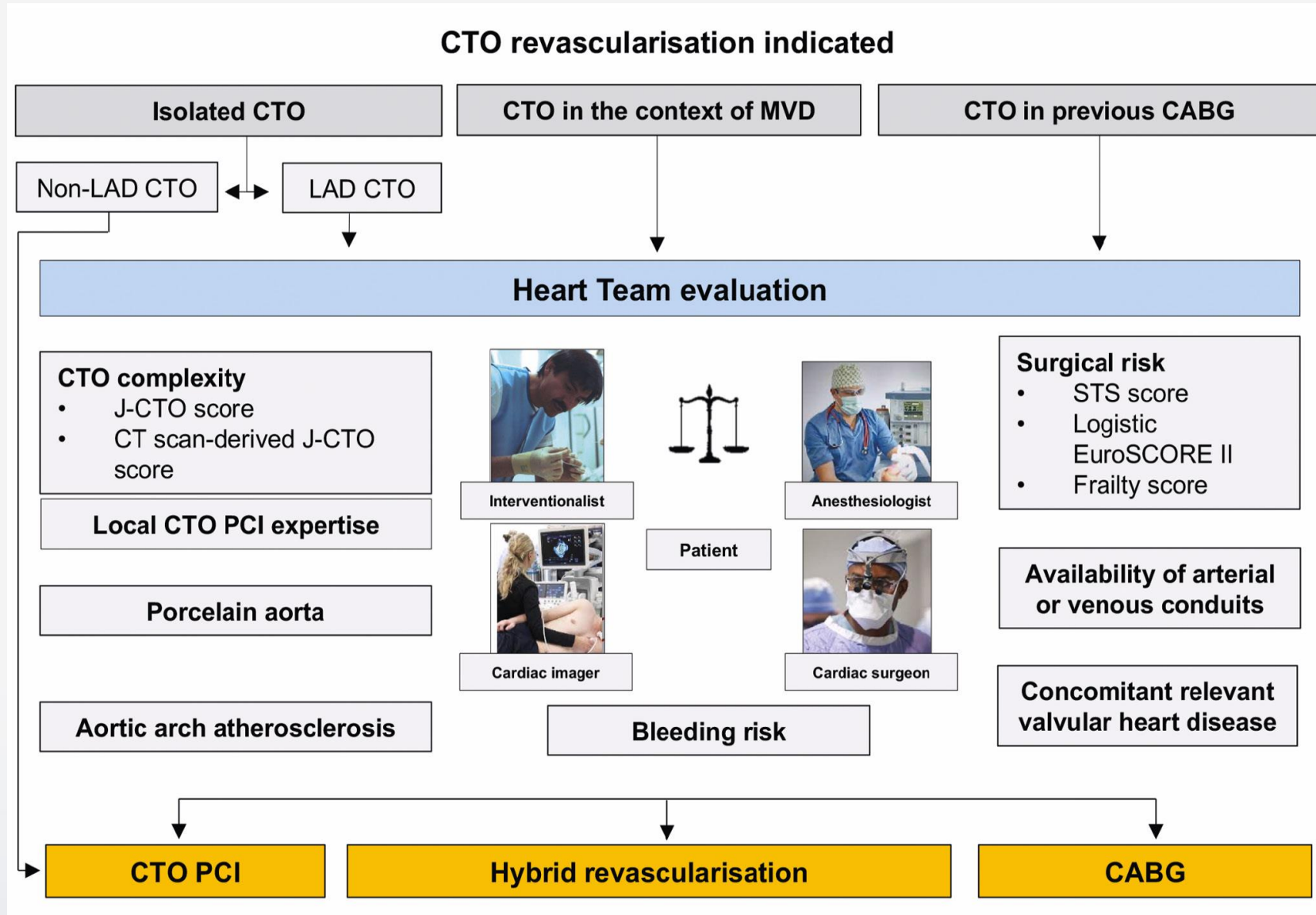
Survival free of death and nonfatal MI. Patients stratified according to the reduction in PD (A) and change in hMBF (B) in the CTO area after PCI. Patients stratified according to the residual PD (C) and hMBF (D) in the CTO area at 3-month follow-up PET. CI = confidence interval; CTO = chronic coronary total occlusion; hMBF = hyperemic myocardial blood flow; HR = hazard ratio; MI = myocardial infarction; PCI = percutaneous coronary intervention; PD = perfusion defect; PET = positron emission tomography.

RECOMMENDATION

Consensus statement of the EAPCI, EACVI and the ESC Working Group on Cardiovascular Surgery



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REGIONAL VARIETY

Lessons from the world regarding CTO PCI:

Asia

Patient: “Why do we need to open this vessel?”

Doctor: “Why do you think god gave you three arteries if you could live with only one or two of them?”

Austria

Patient: “Am I able to leave with this disease?”

Doctor: “Sure! You know, if god closed that artery, no one ever should open it!”



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19th – 21st September 2024

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Co-organized with: CTO Essentials 2024

More information online: www.eurocto2024.eu