Calcified Nodules in Complex PCI: Are They All the Same and How Should We Treat?

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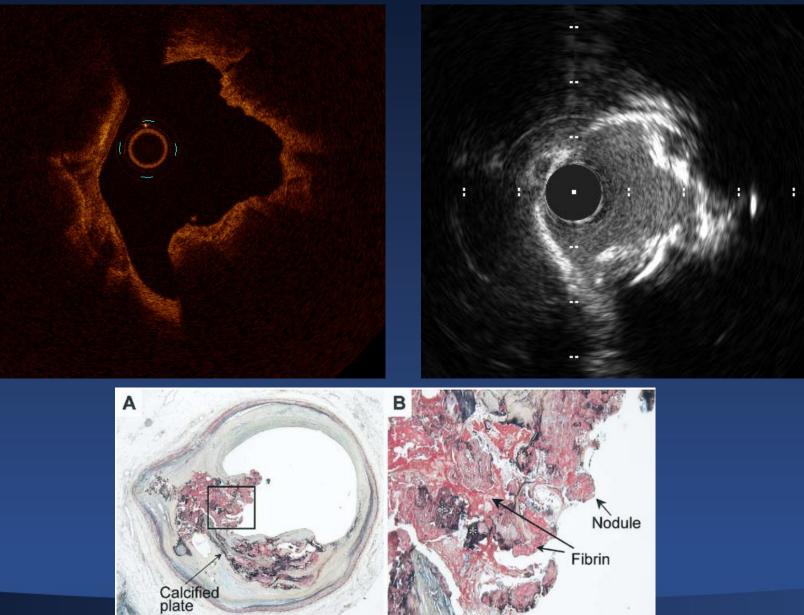
DISCLOSURE

- Consultant: Boston Scientific, Abbott Vascular, Philips
- Advisory Board: SpectraWave
- Speaker Honoraria: Nipro





Calcified Nodule





Virmani R et al. J Am Coll Cardiol 18;47:C13-8.

Columbia University Medical Center

CN: Clinical and Morphological Characteristics

	Calcified Nodule (n=37)	No Calcified Nodule (n=852)	P Value
Age, yrs	73 (65, 79)	66 (58, 73)	0.001
ACS presentation	45.9%	48.2%	0.79
DM	51.4%	33.3%	0.02
Hemodialysis	18.9%	2.6%	<0.001
Δ Angle in lesion	16 (14, 21)	9 (6, 14)	<0.001
OCT Max Ca angle, °	301 (247, 347)	64 (0, 123)	<0.001
Mean Ca angle, °	166 (134, 202)	48 (0, 81)	<0.001
Max Ca thickness, mm	1.18 (0.94, 1.3)	0.21 (0, 0.75)	<0.001





Lee T et al. JACC img 2017;10:833-91.

Comparison of CNs between ACS vs Stable CAD

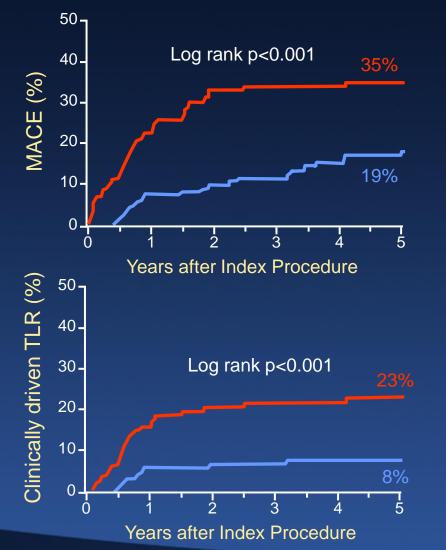
	ACS (n=17)	Stable CAD (n=20)	P value
RCA ostial location	17.6%	0%	0.09
RCA mid location	29.4%	35.0%	0.99
Δ Angle in the lesion	16 (14, 20)	16 (14, 21)	0.90
Minimum lumen area, mm ²	1.04 (0.69, 1.26)	1.61 (1.03, 2.06)	0.02
Thrombus	82.4%	20.0%	<0.001
Maximum calcium arc, °	273 (233, 332)	304 (252, 347)	0.50
Calcium length, mm	17 (14, 26)	18 (15, 27)	0.94
Adjacent TCFA	5.9%	5.3%	0.99



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Lee et al. JACC Interv 2017; 10, 883-91

IVUS-CN (n=128) vs no IVUS-CN (n=144) in heavily calcified lesions treated with RA+stenting



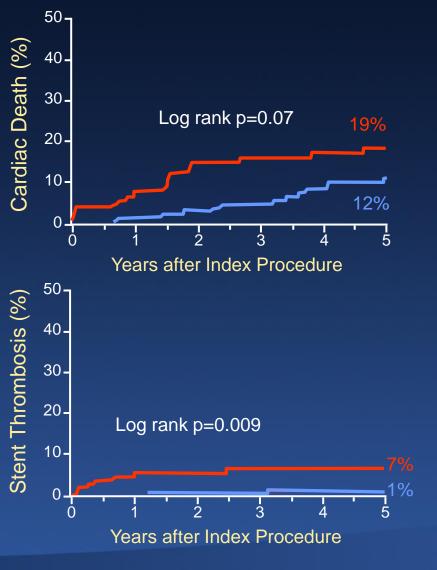
ardiovascular

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IVUS-CN No IVUS-CN

IPW Adjustment			
	HR	P-value	
MACE	2.52	<0.001	
CD-TLR	4.13	<0.001	
ST	8.53	0.04	
Cardiac death	1.49	0.3	

Independent risk factors of 5 yr MACE included hemodialysis, CN, ostial or RCA lesion, and LVEF

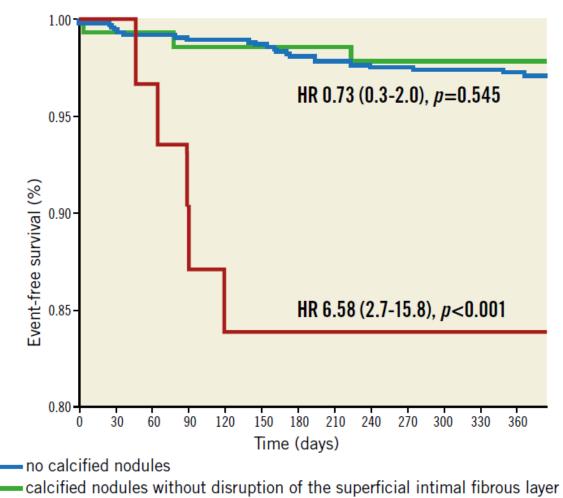


Morofuji et al. Cathet Cardiovasc Interv 2021;97:10-19

CLIMA: Eruptive vs non-eruptive CN

- Prevalence of CN=12.5% (222/1776) LADs
- Endpoint: cardiac death or target lesion MI
- Main difference was due to more cardiac death in eruptive vs non-eruptive (13.3% vs 2.0%) at 1 year



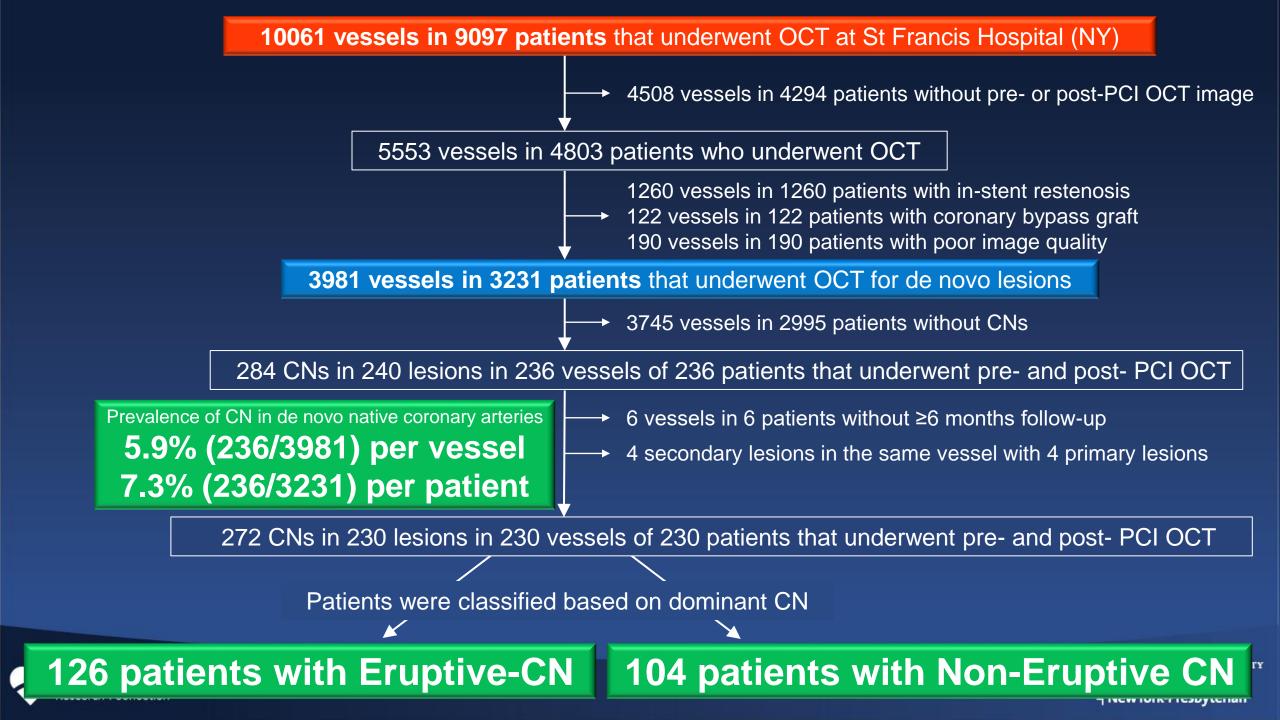


---- calcified nodules with disruption of the superficial intimal fibrous layer



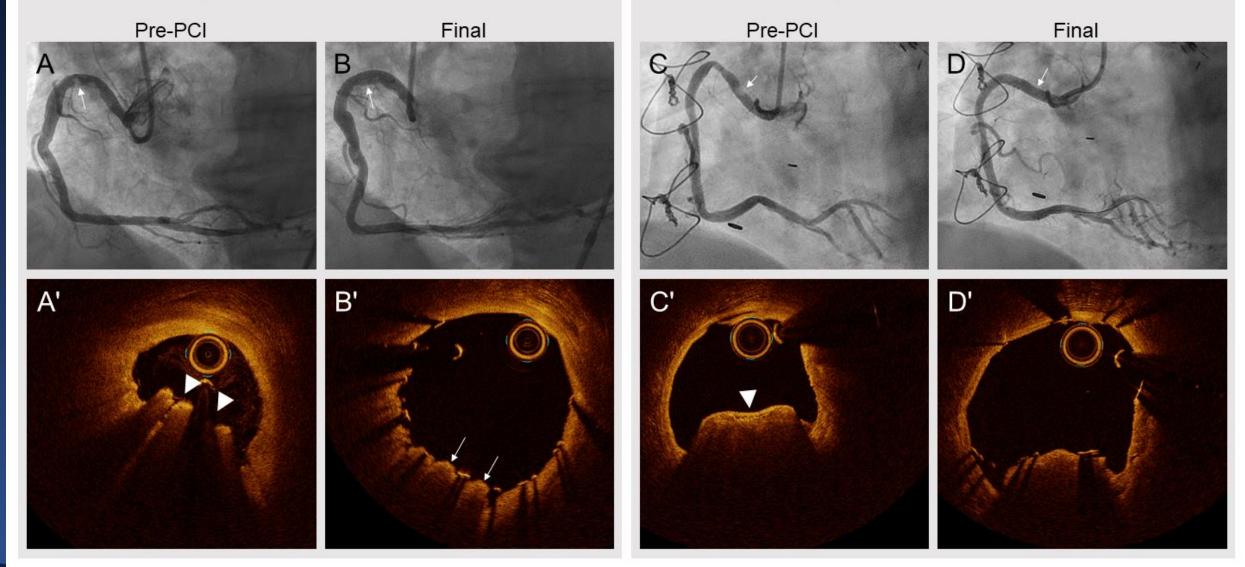
Prati F et al. Eurointevention 2020; 16: 380-6.





Eruptive Calcified Nodule

Non-Eruptive Calcified Nodule

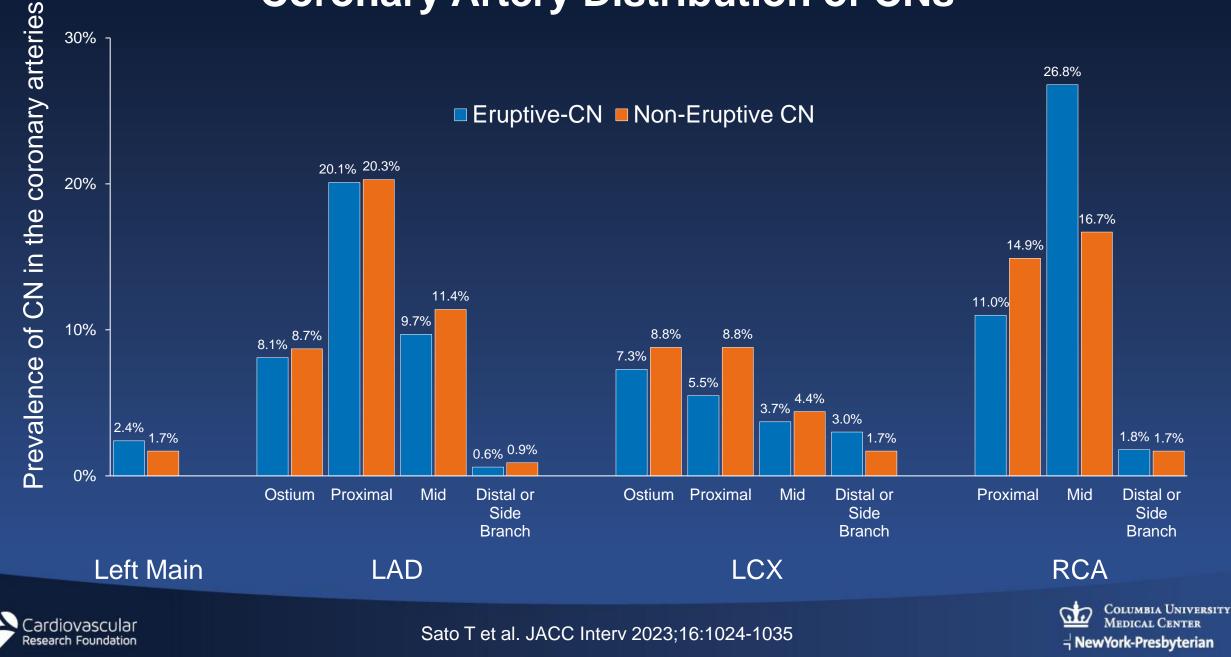




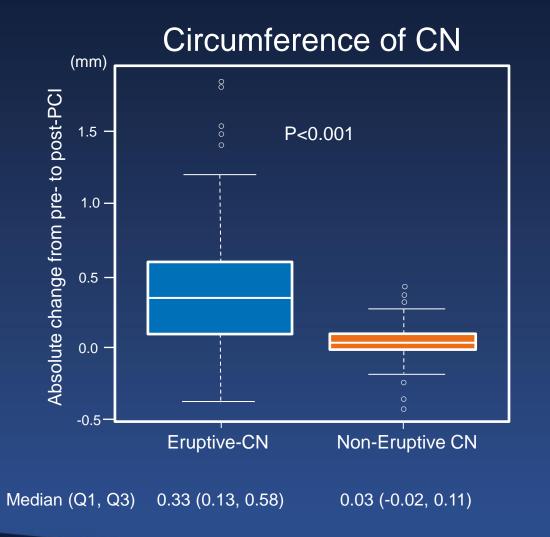


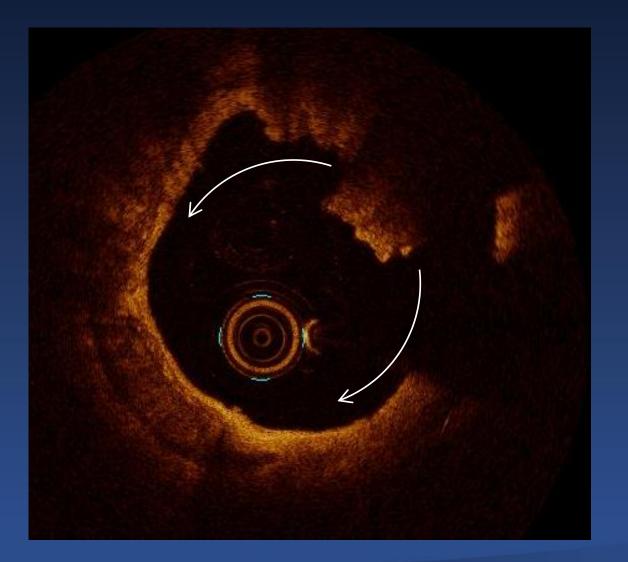
Mintz GS, et al. Eurointervention 2023 e110-112

Coronary Artery Distribution of CNs



Disruption (Re-distribution) of Eruptive CNs









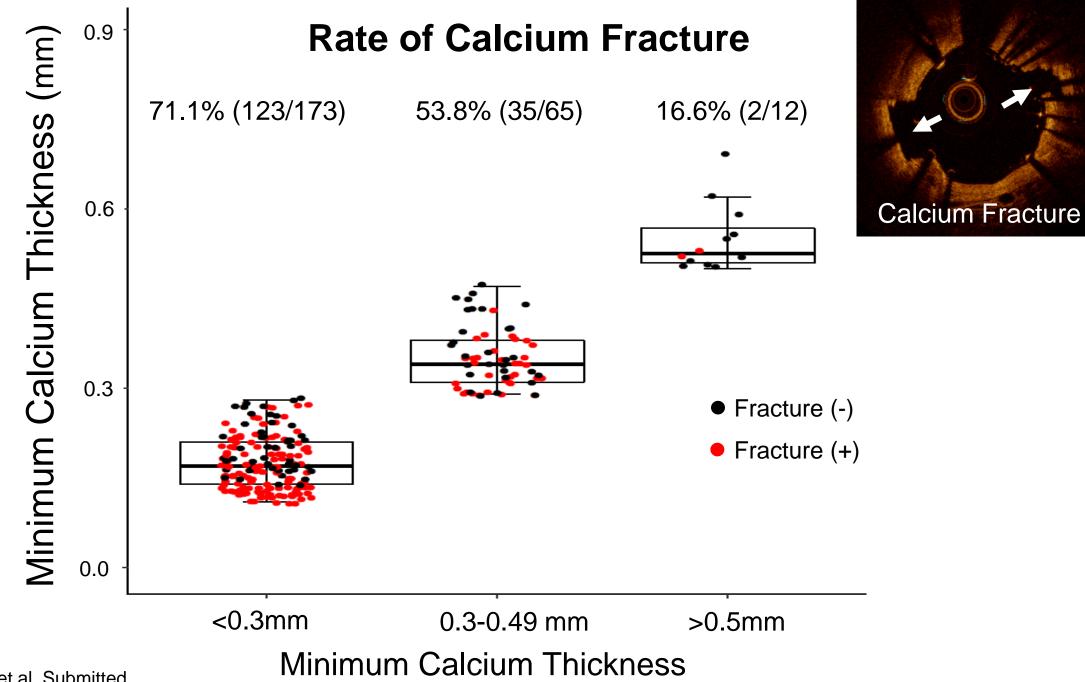
Better Stent Expansion in Eruptive CNs than non-Eruptive CN

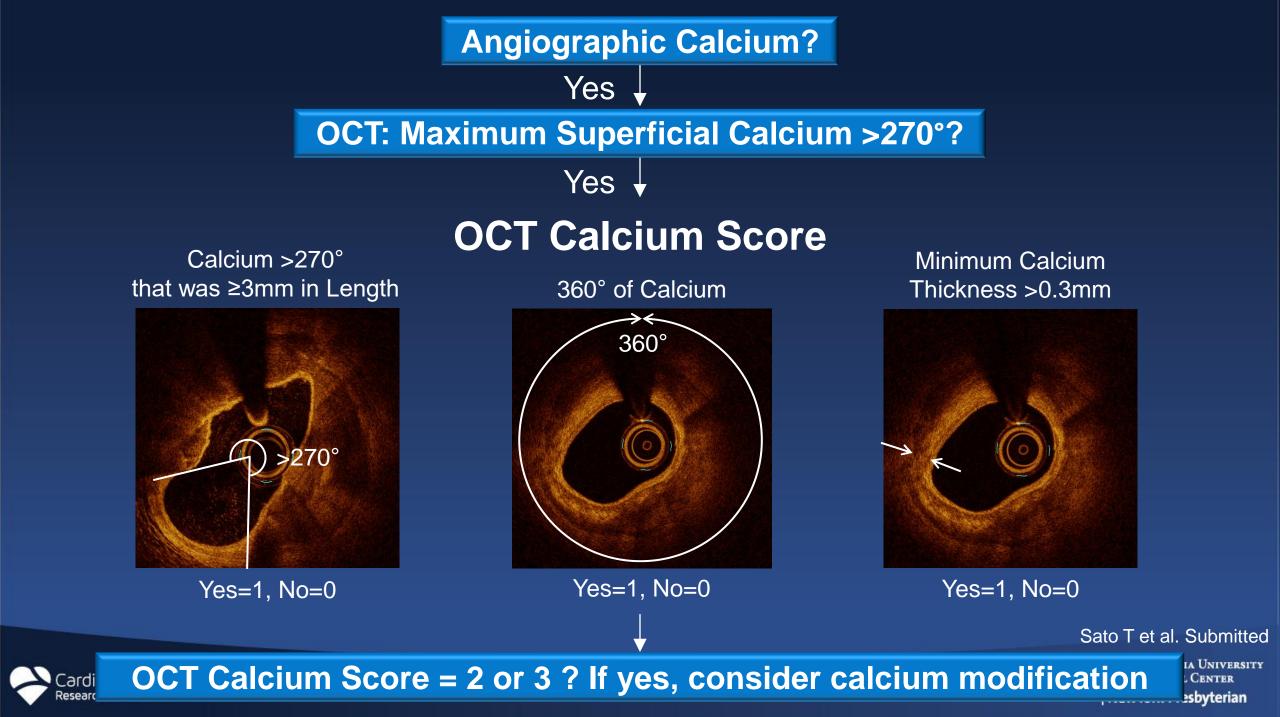
	Regression	
	coefficient (95% CI)	p value
Eruptive-CN vs. Non-eruptive CN (reference)	9.7 (4.0, 15.5)	0.001
Circumference of CN (mm)	-5.7 (-10.6, -0.8)	0.02
Surrounding calcium arc at CN site (per 90°)	-5.3 (-9.8, -0.1)	0.02
Minimum calcium thickness within non-CN site (mm)	-16.1 (-32.4, 0.1)	0.04
Negative remodeling at CN site	-9.3 (-16.6, -2.0)	0.01
Pre-PCI minimum lumen area at CN site (mm ²)	1.3 (-0.1, 2.9)	0.08
The use of orbital atherectomy, rotablator, or lithotripsy	4.6 (-1.3, 10.6)	0.10
Balloon/artery ratio	14.7 (-7.2, 36.6)	0.19
Maximum balloon pressure (atm)	0.1 (-0.7, 0.9)	0.79



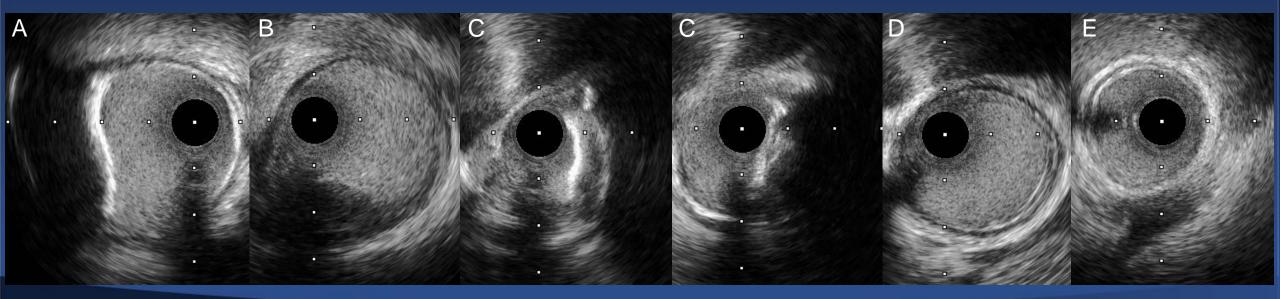
Sato T et al. JACC Interv 2023;16:1024-1035







Eccentric nodular calcium with negative remodeling





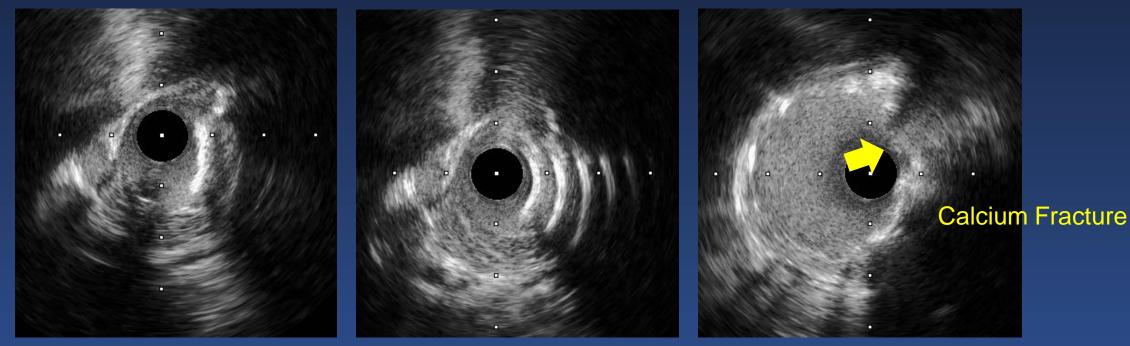


Change of Lesion Morphology

Pre-PCI

Post-OAS

Post-Stent



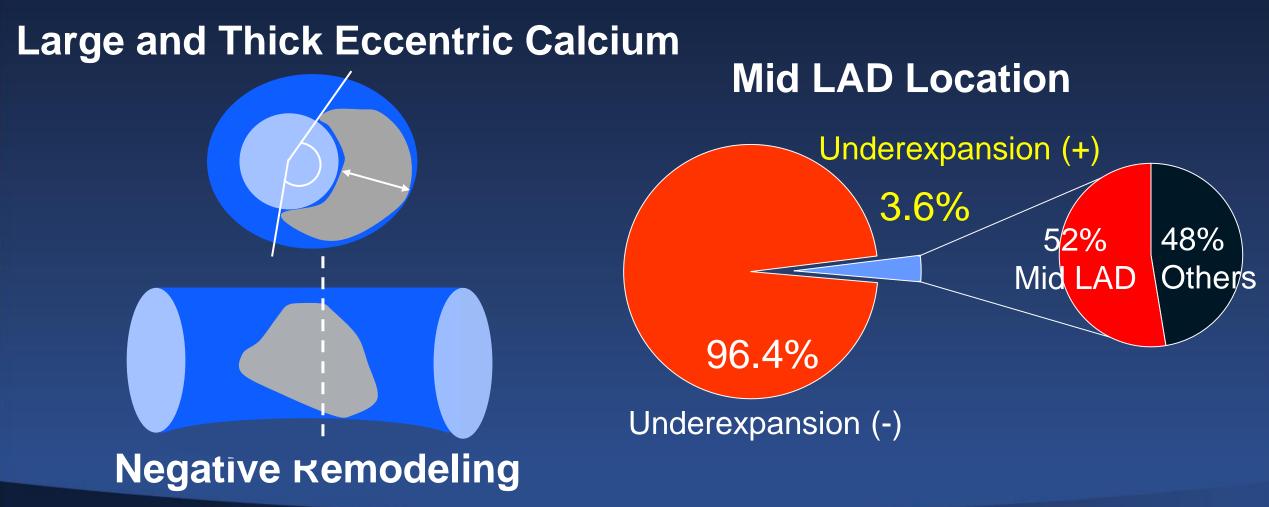
Minimum Stent Area=7.2mm²





Factors for Stent Underexpansion

in none/mild calcified lesions, calcium arc<180°





Sato T, et al. CCI 2024: 10.1002/ccd.31035



Better Stent Expansion in Eruptive CNs than non-Eruptive CN

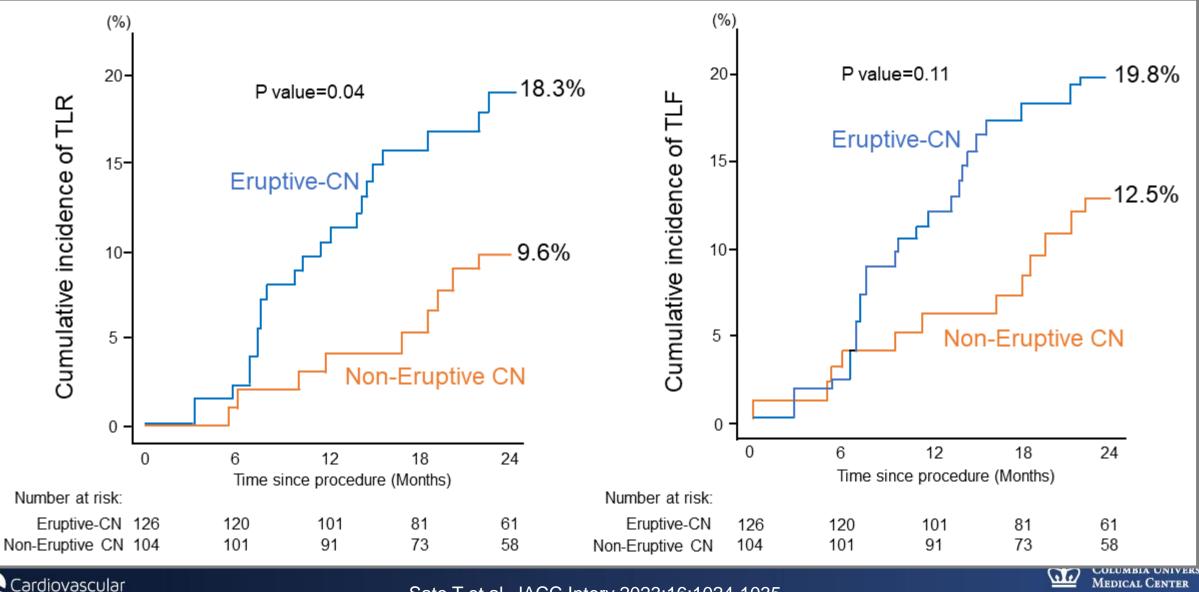
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Sato T et al. JACC Interv 2023;16:1024-1035



Worse Post-PCI Outcome in Eruptive CN



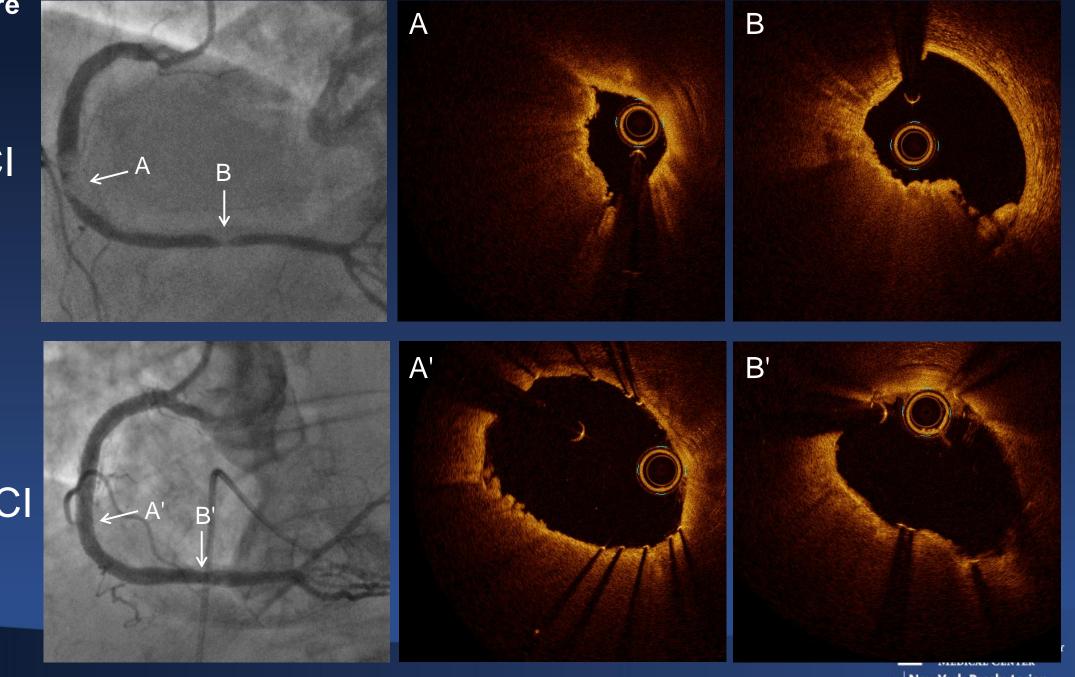
Sato T et al. JACC Interv 2023;16:1024-1035

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Index Procedure

Pre-PCI



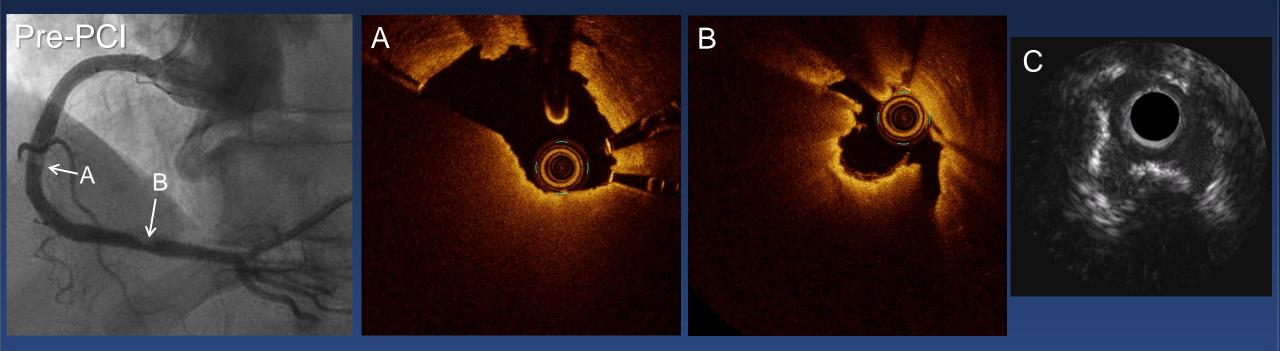
Post-PCI



Madhavan MV et al. JACC Interv 2023; DOI: <u>10.1016/j.jcin.2023.07.033</u>

- NewYork-Presbyterian

Recurrent CN 5 weeks later during staged procedure for LAD





Madhavan MV et al. JACC Interv 2023; DOI: <u>10.1016/j.jcin.2023.07.033</u>



Factors Associated with 2-Year TLF

	HR (95% CI)	p value
Eruptive CN vs noneruptive CN (reference)	2.07 (1.01, 4.50)	0.048
Circumference of CN, per mm	1.65 (1.01, 2.71)	0.047
Δ Angle in lesions, per 10 $^{\circ}$	2.43 (1.63, 3.63)	0.00001
Stent area at CN site, per mm2	0.78 (0.63, 0.94)	0.009
Age, per 10 years	0.66 (0.42, 1.03)	0.07
Diabetes mellitus	1.40 (0.68, 2.89)	0.35
Chronic kidney disease	1.59 (0.65, 3.87)	0.30

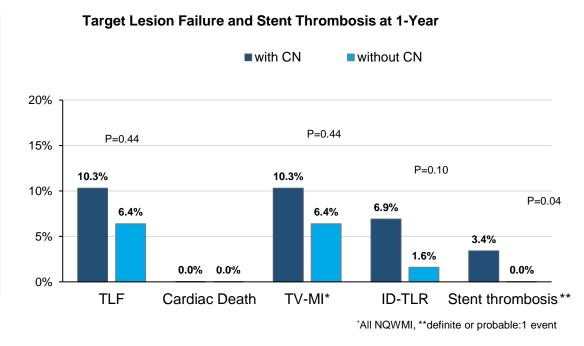




IVL Nodular Outcomes Promising at One Year

Consistent Outcomes in Patients With or Without Nodules

Post-stent Outcomes Core lab adjudicated	+ CN N=26	- CN N=128	P-value
MLA, mm ²	6.5 ± 2.0	6.2 ± 1.9	0.51
Area stenosis, %	21 ± 15	17 ± 21	0.34
MSA, mm²	6.2 ± 2.0	6.1 ± 1.9	0.80
Stent expansion @max calcium site, %	98 ± 27	103 ± 30	0.54
Mean stent expansion, %	101 ± 18	107 ± 31	0.59
Any malapposition strut, %	4.6 ± 3.3	3.3 ± 4.2	0.006



Abstract Presentation EuroPCR 2022 : Clinical impact of OCT findings after treatment with intravascular lithotripsy, B.Honton, EuroPCR 2022.

Summary

- 1. Stent implantation deformed an eruptive CN more than a noneruptive CN.
- 2. Non-eruptive CN, greater CN, greater surrounding calcium, negative remodeling were associated with poor stent expansion
- **3.** TLR increased at 6 months post-PCI in the eruptive CN group than non-eruptive CN group.
- 4. An eruptive CN, greater CN, greater hinge motion, small stent area were associated with worse 2- year TLF.



